



**TUVALU GOVERNMENT
POPULATION & HOUSING CENSUS 2012**

HOUSEHOLD & PERSONAL QUESTIONNAIRE

Collection Authority
 This Census is taken under the authority of the Statistics Act (CAP. 15).
 All information obtained will be kept confidential and used for statistical purposes only.

C1. ISLAND:

C2. VILLAGE:

C3. ENUMERATION AREA: **C4. HOUSEHOLD NO:**

C5. GPS CODE:

C6. DWELLING TYPE:

1. Household 2. Institution
 (Name of Household Head) (Name of Institution)

C7. STATUS

1. Completed 2. Partially 3. Vacant
 4. Demolished 5. Refused 6. Other

C8. ENUMERATOR:

C9. SUPERVISOR:

C10. SUMMARY: Table1 and Table2

	Males	Females	Total
Table1			
Table2			
Totals			

C11. CHECKS

	<i>Signature</i>	<i>Date</i>
1. Supervisor:	_____	_____
2 CSD		

TABLE1: PERSONS PRESENT ON CENSUS NIGHT

PERSON NUMBER	FIRST NAME	SURNAME	SEX	AGE
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				

TABLE1: PERSONS PRESENT ON CENSUS NIGHT

PERSON NUMBER	FIRST NAME	SURNAME	SEX	AGE
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				

QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP
H1	Type of living quarters <i>TICK ONE ANSWER CODE</i>	One family house detached from any other house	1 <input type="checkbox"/>	
		One family house attached to one or more houses	2 <input type="checkbox"/>	
		Building with two or more apartments	3 <input type="checkbox"/>	
		Building with two or more households which share a kitchen/toilet	4 <input type="checkbox"/>	
		Dwelling attached to a shop or other non-resident building	5 <input type="checkbox"/>	
		Lodging house	6 <input type="checkbox"/>	
		Other <input type="text"/> (specify)	7 <input type="checkbox"/>	
H2	House ownership <i>TICK ONE ANSWER CODE</i>	Own this house	1 <input type="checkbox"/>	GO TO H5
		Rent this house	2 <input type="checkbox"/>	
		Personal arrangements	3 <input type="checkbox"/>	GO TO H5
		Other <input type="text"/> (specify)	4 <input type="checkbox"/>	GO TO H5
H3	House is rented from <i>TICK ONE ANSWER CODE</i>	Government	1 <input type="checkbox"/>	
		Kaupule/Council	2 <input type="checkbox"/>	
		Corporation	3 <input type="checkbox"/>	
		Private individual	4 <input type="checkbox"/>	
		Other <input type="text"/> (specify)	5 <input type="checkbox"/>	
H4	How much rent is paid monthly?	Rent paid <input type="text"/> <input type="text"/> <input type="text"/>	Subsidy <input type="text"/> <input type="text"/> <input type="text"/>	Total <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
H5	Land ownership arrangement on which house is built? <i>TICK ONE ANSWER CODE</i>	Own land	1 <input type="checkbox"/>	
		Government lease	2 <input type="checkbox"/>	
		Private lease	3 <input type="checkbox"/>	
		Personal arrangements	4 <input type="checkbox"/>	
		No arrangements	5 <input type="checkbox"/>	
		Other <input type="text"/> (specify)	6 <input type="checkbox"/>	
H6	Main house construction (Record observation) <i>TICK ONE ANSWER CODE</i>	Permanent - concrete 1 <input type="checkbox"/> Local 3 <input type="checkbox"/>		
		Permanent - timber 2 <input type="checkbox"/> Combination 4 <input type="checkbox"/>		
		Other <input type="text"/> (specify)	5 <input type="checkbox"/>	
H7	Main material of the floor (Record observation) <i>TICK ONE ANSWER CODE</i>	Natural floor		
		Sand	1 <input type="checkbox"/>	
		Gravel	2 <input type="checkbox"/>	
		Rudimentary floor		
		Wood planks	3 <input type="checkbox"/>	
		Coconut midribs	4 <input type="checkbox"/>	
		Finished floor		
		Paraquet or polished wood	5 <input type="checkbox"/>	
		Ceramic tiles	6 <input type="checkbox"/>	
		Cement	7 <input type="checkbox"/>	
Carpet	8 <input type="checkbox"/>			
Other <input type="text"/> (specify)	9 <input type="checkbox"/>			

QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP			
H8	<u>Main</u> material of the roof (Record observation) TICK ONE ANSWER CODE	Natural roofing					
		Coconut thatch	1	<input type="checkbox"/>	GO TO H10		
		Pandanus thatch	2	<input type="checkbox"/>	GO TO H10		
		Rudimentary roofing					
		Wood planks	3	<input type="checkbox"/>	GO TO H10		
		Finished roofing					
H9	Type of roofing (Record observation) TICK ONE ANSWER CODE	Metal	4	<input type="checkbox"/>			
		Other <input type="text"/>	5	<input type="checkbox"/>	GO TO H10		
		(specify)					
		Gable roofing	1	<input type="checkbox"/>			
		Mono-pitch roofing	2	<input type="checkbox"/>			
		Flat roof	3	<input type="checkbox"/>			
H10	<u>Main</u> material of the exterior walls (Record observation) TICK ONE ANSWER CODE	Hip coned roof	4	<input type="checkbox"/>			
		Other	5	<input type="checkbox"/>			
		(specify)					
		Natural walls					
		Coconut midribs	1	<input type="checkbox"/>			
		Lapalapa	2	<input type="checkbox"/>			
		No wall	3	<input type="checkbox"/>			
		Rudimentary walls					
		Plywood	4	<input type="checkbox"/>			
		Hardiflex	5	<input type="checkbox"/>			
		Reused wood	6	<input type="checkbox"/>			
H11	Number of sleeping rooms	Cardboard	7	<input type="checkbox"/>			
		Finished walls					
		Cement	8	<input type="checkbox"/>			
		Cement blocks	9	<input type="checkbox"/>			
		Wood planks/shingles	10	<input type="checkbox"/>			
		Other <input type="text"/>	11	<input type="checkbox"/>			
		(specify)					
		H11		Rooms	<input type="checkbox"/>		
		H12	Type of kitchen (Record observation) TICK ONE ANSWER CODE	Rooms	<input type="checkbox"/>		
				Traditional	1	<input type="checkbox"/>	
				Modern	2	<input type="checkbox"/>	
H13	Floor area of house	Traditional and modern	3	<input type="checkbox"/>			
		Area in square metres		<input type="text"/>			
		Volume in liters (000s)		<input type="text"/>			
H14	What is the <u>main</u> source of drinking water for members of your household? TICK ONE ANSWER CODE	Volume in liters (000s)	<input type="text"/>				
		Cistern/tank					
		Piped into dwelling	1	<input type="checkbox"/>			
		Piped into yard/plot	2	<input type="checkbox"/>			
		Cistern/tank					
		Owned by community	3	<input type="checkbox"/>			
		Owned by neighbour	4	<input type="checkbox"/>			
		Dug well					
		Protected well	5	<input type="checkbox"/>			
		Unprotected well	6	<input type="checkbox"/>			
		Tanker truck	7	<input type="checkbox"/>			
H15	Bottled water	8	<input type="checkbox"/>				
		Other <input type="text"/>	9	<input type="checkbox"/>			
		(specify)					

QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
<p>H16 What is the <u>main</u> source of water used by your household for other purposes such as cooking and hand washing?</p> <p>TICK ONE ANSWER CODE</p>	<p>Cistern/tank</p> <p>Piped into dwelling 1 <input type="checkbox"/></p> <p>Piped into yard/plot 2 <input type="checkbox"/></p> <p>Cistern/tank</p> <p>Owned by community 3 <input type="checkbox"/></p> <p>Owned by neighbour 4 <input type="checkbox"/></p> <p>Dug well</p> <p>Protected well 5 <input type="checkbox"/></p> <p>Unprotected well 6 <input type="checkbox"/></p> <p>Tanker truck 7 <input type="checkbox"/></p> <p>Bottled water 8 <input type="checkbox"/></p> <p>Other <input type="text"/> 9 <input type="checkbox"/></p> <p>(specify)</p>																			
<p>H17 What kind of toilet facility do members of your family <u>mainly</u> use?</p> <p>TICK ONE ANSWER CODE</p>	<p>Flush or pour flush toilet</p> <p>Flush to septic tank 1 <input type="checkbox"/></p> <p>Flush to pit latrine 2 <input type="checkbox"/></p> <p>Flush to somewhere else 3 <input type="checkbox"/></p> <p>Flush do not know where 4 <input type="checkbox"/></p> <p>Pit latrine</p> <p>Ventilated improved pit latrine 5 <input type="checkbox"/></p> <p>Pit latrine with slab 6 <input type="checkbox"/></p> <p>Pit latrine without slab/open pit 7 <input type="checkbox"/></p> <p>Composting toilet 8 <input type="checkbox"/></p> <p>No facility/bush/beach 9 <input type="checkbox"/></p> <p>Other <input type="text"/> 10 <input type="checkbox"/></p> <p>(specify)</p>																			
<p>H18 <u>Main</u> source of cooking energy?</p> <p>TICK ONE ANSWER CODE</p>	<p>Electricity 1 <input type="checkbox"/> Wood 4 <input type="checkbox"/></p> <p>Gas 2 <input type="checkbox"/> Coconut parts 5 <input type="checkbox"/></p> <p>Kerosene 3 <input type="checkbox"/></p> <p>Other <input type="text"/> 6 <input type="checkbox"/></p> <p>(specify)</p>																			
<p>H19 Which source of cooking energy do you prefer most?</p> <p>TICK ONE ANSWER CODE</p>	<p>Electricity 1 <input type="checkbox"/> Wood 4 <input type="checkbox"/></p> <p>Gas 2 <input type="checkbox"/> Coconut parts 5 <input type="checkbox"/></p> <p>Kerosene 3 <input type="checkbox"/></p> <p>Other <input type="text"/> 6 <input type="checkbox"/></p> <p>(specify)</p>																			
<p>H20 Why do you prefer this source of cooking energy?</p> <p>TICK: 1=YES, 2=NO</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Affordable 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Available 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Safe 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Efficient 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Reliable 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Affordable 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	Available 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	Safe 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	Efficient 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	Reliable 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	
	Yes	No																		
Affordable 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>																		
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Safe 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>																		
Efficient 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>																		
Reliable 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>																		
<p>H21 What method of cooking is <u>mainly</u> used by this household?</p> <p>TICK ONE ANSWER CODE</p>	<p>Traditional 1 <input type="checkbox"/></p> <p>Modern 2 <input type="checkbox"/></p> <p>Traditional and modern 3 <input type="checkbox"/></p>																			
<p>H22 Why do you prefer this method of cooking?</p> <p>TICK: 1=YES, 2=NO</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Affordable 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Available 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Efficient 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Affordable 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	Available 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	Efficient 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>							
	Yes	No																		
Affordable 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>																		
Available 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>																		
Efficient 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>																		

QUESTIONS AND FILTERS		CODING CATEGORIES				SKIP			
H23	<u>Main</u> source of lightning? TICK ONE ANSWER CODE	Electricity 1 <input type="checkbox"/>	Solar 2 <input type="checkbox"/>	Other <input type="text"/> (specify)	Kerosene 3 <input type="checkbox"/>	Generator 4 <input type="checkbox"/>			
H24	Why is it the main source of lighting? TICK ONE ANSWER CODE	Affordable 1 <input type="checkbox"/>	Other <input type="text"/> (specify)	Only source available 2 <input type="checkbox"/>					
H25	How do you find the electricity supply? TICK ONE ANSWER CODE	No connection 1 <input type="checkbox"/>	Reliable 2 <input type="checkbox"/>	Unreliable 3 <input type="checkbox"/>	Other 4 <input type="checkbox"/>		GO TO H27		
H26	Were any of the following household electrical appliances damaged due to the unreliability of the electricity supply in the last 5 years? TICK: 1=YES, 2=NO	Rice cooker 1 <input type="checkbox"/> 2 <input type="checkbox"/> Electric kettle 1 <input type="checkbox"/> 2 <input type="checkbox"/> Freezer 1 <input type="checkbox"/> 2 <input type="checkbox"/> Refrigerator 1 <input type="checkbox"/> 2 <input type="checkbox"/> Washing machine 1 <input type="checkbox"/> 2 <input type="checkbox"/> Iron 1 <input type="checkbox"/> 2 <input type="checkbox"/> Electric fan 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No Stereo 1 <input type="checkbox"/> 2 <input type="checkbox"/> TV monitor 1 <input type="checkbox"/> 2 <input type="checkbox"/> Video deck 1 <input type="checkbox"/> 2 <input type="checkbox"/> Radio 1 <input type="checkbox"/> 2 <input type="checkbox"/> Desktop 1 <input type="checkbox"/> 2 <input type="checkbox"/> Laptop 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other 1 <input type="checkbox"/> 2 <input type="checkbox"/>						
H27	<u>Main</u> form of household waste disposal TICK ONE ANSWER CODE	Collected by Kaupule 1 <input type="checkbox"/>	Authorised collection sites 2 <input type="checkbox"/>	Recycling 3 <input type="checkbox"/>	Other <input type="text"/> (specify)	Burn 4 <input type="checkbox"/>	Bury 5 <input type="checkbox"/>	Composting 6 <input type="checkbox"/>	
H28	a) Does any member of this household grow any of the following crops? TICK: 1=YES, 2=NO (IF YES, ASK part b) b) For what purpose is the crop grown for? 1=Mainly subsistence 2=Mainly commercial 3=Both TICK ONE ANSWER CODE c) How often is the crop harvested? 1=Every week 3=Once monthly 2=Every fortnight 4=Occasionally TICK ONE ANSWER CODE	Coconut 1 <input type="checkbox"/> 2 <input type="checkbox"/> Breadfruit 1 <input type="checkbox"/> 2 <input type="checkbox"/> Pulaka 1 <input type="checkbox"/> 2 <input type="checkbox"/> Talo 1 <input type="checkbox"/> 2 <input type="checkbox"/> Banana 1 <input type="checkbox"/> 2 <input type="checkbox"/> Pandanus 1 <input type="checkbox"/> 2 <input type="checkbox"/> Sweet potato 1 <input type="checkbox"/> 2 <input type="checkbox"/> Felo 1 <input type="checkbox"/> 2 <input type="checkbox"/> Pumpkin 1 <input type="checkbox"/> 2 <input type="checkbox"/> Bele 1 <input type="checkbox"/> 2 <input type="checkbox"/> Tapioca 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other 1 <input type="checkbox"/> 2 <input type="checkbox"/>	a) Yes/No 1 <input type="checkbox"/> 2 <input type="checkbox"/>	b) Purpose 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	c) Frequency 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				
H29	Did any member of the household cut toddy in the past two weeks?	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>						GO TO H31
H30	How many litres of toddy are usually collected in a day? TICK ONE ANSWER CODE	1 - 5 litres 1 <input type="checkbox"/>	6-10 litres 2 <input type="checkbox"/>	11-15 litres 3 <input type="checkbox"/>	More than 15 litres 4 <input type="checkbox"/>				

QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP
H31	Does this household have a home garden?	Yes	1 <input type="checkbox"/>	GO TO H35
		No	2 <input type="checkbox"/>	
H32	How big is your home garden? <i>TICK ONE ANSWER CODE</i>	10 metres ² or less	1 <input type="checkbox"/>	
		11 to 15 metres ²	2 <input type="checkbox"/>	
		16 to 20 metres ²	3 <input type="checkbox"/>	
		21 to 25 metres ²	4 <input type="checkbox"/>	
		26 to 30 metres ²	5 <input type="checkbox"/>	
		More than 30 metres ²	6 <input type="checkbox"/>	
H33	a) Do you grow these vegetables in your home garden? <i>TICK: 1=YES, 2=NO</i> <i>(If YES, ASK Part b and c)</i>	<i>a) Yes/No</i>	<i>b) Kilogrammes</i>	<i>c) Cycles</i>
	Cabbage	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	Cucumber	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	Tomato	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	Pepper	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	b) How many kilograms do you harvest of each vegetable from your garden in a week?	Egg plant 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
		Pawpaw 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
		Other 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	c) How many crop cycles did you plant in the last 12 months for each vegetable in your home garden?			
H34	a) What kind of fertilizers does the household use in the home garden? <i>TICK: 1=YES, 2=NO</i> <i>(If YES, ASK part b)</i>	<i>a) Yes/No</i>	<i>b) Number of times</i>	
	Organic	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
	Chemical	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
	Animal waste	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
	b) How often is the fertilizer used? 1=Once per week 2=Twice per week 3=Thrice per week <i>TICK ONE ANSWER CODE</i>			
H35	a) Does this household own any of the following livestock, poultry or pets? <i>TICK 1=YES or 2=NO</i> <i>(IF YES ASK part b)</i>	<i>Yes No</i>	<i>Local Breed</i>	<i>Cross Breed</i>
	Pigs	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Chickens	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Ducks	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Goats	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
	b) How many of the following animals does this household own?	Dogs 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		Cats 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
H36	a) What type of housing does the household use for keeping these livestock? 1=No animals 4=Both 2=Modern 5=No housing 3=Local <i>TICK ONE ANSWER CODE</i>	<i>a) Housing</i>	<i>b) Waste</i>	<i>c) Distance</i>
	Pigs	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<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"/> 5
	Chickens	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<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"/> 5
	Ducks	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<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"/> 5
	Goats	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<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"/> 5
	b) How were the animals waste kept? 1=No animals 3=Pit 2=Septic tank 4=Open flush <i>TICK ONE ANSWER CODE</i>		c) How far is your household from the place you keep your animals? 1=No animals 4=101 to 150 metres 2= Less than 50 metres 5=More than 150 metres 3=51 to 100 metres <i>TICK ONE ANSWER CODE</i>	

QUESTIONS AND FILTERS		CODING CATEGORIES			SKIP				
H37	a) Does any member of the household catch <i>TICK: 1=YES, 2=NO</i> <i>(IF YES, ASK PART b and c)</i>	Birds?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				
	b) Was it for 1=Own use only? 2=Sale only? 3=Own use and sale? <i>TICK ONE ANSWER CODE</i>	Tupa?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				
H38	a) Does any member of this household catch fish or collect shellfish by <i>TICK ONE ANSWER CODE</i> <i>(IF YES, ASK part b)</i>	Collecting on reef flat?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr></table>	1	2	3	4
	1	2	3	4					
b) Was it for 1=Mainly subsistence 2=Mainly commercial 3=Both <i>TICK ONE ANSWER CODE</i>	Collecting on lagoon flat?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr></table>	1	2	3	4	
1	2	3	4						
H39	What type of fishing method is <u>commonly</u> used? <i>TICK ONE ANSWER CODE</i>	Collecting on the ocean flat?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr></table>	1	2	3	4
		1	2	3	4				
Reef fishing?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr></table>	1	2	3	4		
1	2	3	4						
H40	What type of shellfish is <u>usually</u> collected? <i>TICK ONE ANSWER CODE</i>	Lagoon fishing?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr></table>	1	2	3	4
		1	2	3	4				
Ocean fishing?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr></table>	1	2	3	4		
1	2	3	4						
H41	About how much kilogram of fish is caught in a week? <i>TICK ONE ANSWER CODE</i>	Reef fishing?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					
		Lagoon fishing?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					
H42	How often does this household buy fish or shellfish? 1=Never 2=Once a week 3=More than once a week 4=Once a month 5=Other <i>TICK ONE ANSWER CODE</i>	Reef fish	Frequency 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						
		Pelagic fish	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						
H43	a) Does any member of this household make the following handicrafts? <i>TICK: 1=YES, 2=NO</i> <i>(IF YES, ASK part b)</i>	Deepsea fish	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						
		Necklace	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					
H44	b) Was it for 1=Mainly for subsistence 2=Mainly commercial 3=Both <i>TICK ONE ANSWER CODE</i>	Mat	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					
		String	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					
H45	c) How often were they caught? 1=Every week 2=Every fortnight 3=Once a month 4=Occasionally <i>TICK ONE ANSWER CODE</i>	Canoe	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					
		Broom	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					
H46	c) How often were the fish caught or shellfish collected? 1=Every week 2=Every fortnight 3=Once a month 4=Occasionally <i>TICK ONE ANSWER CODE</i>	Fan	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					
		Basket	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					
H47	c) How often were the fish caught or shellfish collected? 1=Every week 2=Every fortnight 3=Once a month 4=Occasionally <i>TICK ONE ANSWER CODE</i>	Lau kie	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					
		Other	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					

NOTE:
(IF ALL NOS, GO TO H42)

QUESTIONS AND FILTERS		CODING CATEGORIES				SKIP				
H44 Does this household own the following items? (RECORD THE NUMBER OF ITEMS OWNED AND IN GOOD WORKING ORDER. IF NONE, ENTER ZERO '0')	<u>Cooking appliances</u>		<u>Transport</u>							
	Electric stove	<input type="checkbox"/>	Car	<input type="checkbox"/>						
	Gas stove	<input type="checkbox"/>	Truck	<input type="checkbox"/>						
	Kerosene stove	<input type="checkbox"/>	Van/Bus	<input type="checkbox"/>						
	Rice cooker	<input type="checkbox"/>	Motor bike	<input type="checkbox"/>						
	Electric kettle	<input type="checkbox"/>	3 or 4 Wheeler motor bike	<input type="checkbox"/>						
	<u>Household appliances</u>		Bicycle	<input type="checkbox"/>						
	Freezer	<input type="checkbox"/>	Hand cart	<input type="checkbox"/>						
	Refrigerator	<input type="checkbox"/>	<u>Fishing</u>							
	Washing machine	<input type="checkbox"/>	Boat	<input type="checkbox"/>						
	Sewing machine	<input type="checkbox"/>	Outboard motor	<input type="checkbox"/>						
	Iron	<input type="checkbox"/>	Canoe	<input type="checkbox"/>						
	Electric fan	<input type="checkbox"/>	<u>ICT goods</u>							
	Food safe	<input type="checkbox"/>	Radio	<input type="checkbox"/>						
	<u>Entertainment appliances</u>		Fixed telephone	<input type="checkbox"/>						
Stereo	<input type="checkbox"/>	Mobile phone	<input type="checkbox"/>							
TV monitor	<input type="checkbox"/>	Desk top	<input type="checkbox"/>							
Video deck	<input type="checkbox"/>	Laptop	<input type="checkbox"/>							
Video/digital camera	<input type="checkbox"/>	I-Pad	<input type="checkbox"/>							
<u>Agricultural tools</u>		I-Pod	<input type="checkbox"/>							
Spade	<input type="checkbox"/>									
Shovel	<input type="checkbox"/>									
Rake	<input type="checkbox"/>									
Bush knife	<input type="checkbox"/>									
H45 Do members of this household have access to these ICT items at home? TICK: 1= YES, 2=NO	Radio	1	<input type="checkbox"/>	2	<input type="checkbox"/>					
	Mobile phone	1	<input type="checkbox"/>	2	<input type="checkbox"/>					
	Fixed telephone	1	<input type="checkbox"/>	2	<input type="checkbox"/>					
	TV connection	1	<input type="checkbox"/>	2	<input type="checkbox"/>					
	Desktop/Laptop	1	<input type="checkbox"/>	2	<input type="checkbox"/>					
	Internet connection	1	<input type="checkbox"/>	2	<input type="checkbox"/>	IF NO GO TO H47				
H46 What types of Internet access does this household have? TICK: 1= YES, 2=NO	Analogue modem	1	<input type="checkbox"/>	2	<input type="checkbox"/>	Other fixed broadband	1	<input type="checkbox"/>	2	<input type="checkbox"/>
	Other narrowband	1	<input type="checkbox"/>	2	<input type="checkbox"/>	Mobile broadband	1	<input type="checkbox"/>	2	<input type="checkbox"/>
	DSL	1	<input type="checkbox"/>	2	<input type="checkbox"/>	Do not know	1	<input type="checkbox"/>	2	<input type="checkbox"/>
	Cable modem	1	<input type="checkbox"/>	2	<input type="checkbox"/>					
H47 Does this household have a cultural artifact in possession? TICK: 1= YES, 2=NO	Uaniu	1	<input type="checkbox"/>	2	<input type="checkbox"/>	Lima	1	<input type="checkbox"/>	2	<input type="checkbox"/>
	Umaga	1	<input type="checkbox"/>	2	<input type="checkbox"/>	Tau o aso	1	<input type="checkbox"/>	2	<input type="checkbox"/>
	Mulivaka	1	<input type="checkbox"/>	2	<input type="checkbox"/>	Faaita fale	1	<input type="checkbox"/>	2	<input type="checkbox"/>
	'Fo/'Po	1	<input type="checkbox"/>	2	<input type="checkbox"/>	Faaita vaka	1	<input type="checkbox"/>	2	<input type="checkbox"/>
	Vaiao	1	<input type="checkbox"/>	2	<input type="checkbox"/>	Teutega/Lakei	1	<input type="checkbox"/>	2	<input type="checkbox"/>
	Kaiva	1	<input type="checkbox"/>	2	<input type="checkbox"/>	Niisi	1	<input type="checkbox"/>	2	<input type="checkbox"/>

QUESTIONS AND FILTERS

CODING CATEGORIES

SKIP

H48	<p>a) Did any member of this household receive cash from the following sources in the last 12 months? TICK: 1= YES, 2=NO (IF YES, ASK part b)</p> <p>b) How often is the cash received? 1=Every month 2=Every 2-6 months 3=Once a year 4=Occasionally TICK ONE ANSWER CODE</p>	Wages/salary	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
		Remittances	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
		Rent of building	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
		Rent of land	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
		Rent of equipment	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
		Senior citizens pay	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
		Pensions	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
		Handicraft sales	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
		Fish sales	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
		Animal sales	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
		Crop sales	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
		Gifts	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
		Own business	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
		Investments	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
Other	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			

H49	<p>From where were the remittances received from? TICK ONE ANSWER CODE</p>	No remittances	1 <input type="checkbox"/>	
		Within Tuvalu only	2 <input type="checkbox"/>	
		Outside Tuvalu only	3 <input type="checkbox"/>	
		Within and outside Tuvalu	4 <input type="checkbox"/>	

H50	<p>Has this household ever been affected by the TICK: 1=YES, 2=NO</p>	King tide in the last 3 years?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	
		Storm surge in the last 5 years?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	

H51	<p>Have any members of this household died in the past 3 years?</p>	Yes	1 <input type="checkbox"/>	GO TO H53
		No	2 <input type="checkbox"/>	

H52	<p>For any residents who died during the last 3 years, a) provide details of sex, age, date of death b) If FEMALE aged 15-49 at the time of death, was she: 1=Pregnant 2=Giving birth 3= Within 6 weeks of pregnancy or childbirth 4=Don't know TICK ONE ANSWER CODE</p>	<u>Sex</u>	<u>Age</u>	<u>Date of death</u>	<u>b) Female 16-49 years</u>
		M F	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		M F	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		M F	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		M F	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		M F	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

INTERVIEWER TO READ OUT THE DEFINITION OF DISABILITY

H53	<p>Is there any member of this household who falls under the definition of disability and is aged 60 years and under?</p>	Yes	1 <input type="checkbox"/>	GO TO H55
		No	2 <input type="checkbox"/>	

H54	<p>Please provide the details of</p>	<u>Names</u>	<u>Person Number</u>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

H55 GO BACK AND CHECK ALL QUESTIONS THEN GO TO INDIVIDUAL QUESTIONNAIRE

ALL PERSONS

LINE No.	Name of each person including visitors who spent census night in this dwelling.	What is name's relationship to household head?	Is name Male or Female?	What was name's date of birth?	Age last birthday
	(FIRST NAME and SURNAME)	CODEP02	M=Male, F=Female		(WRITE '000' IF BABY < 1 YEAR OLD)
P00	P01	P02	P03	P04	P05
01		<input type="text"/>	M <input type="checkbox"/> 1 F <input type="checkbox"/> 2	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
02		<input type="text"/>	M <input type="checkbox"/> 1 F <input type="checkbox"/> 2	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
03		<input type="text"/>	M <input type="checkbox"/> 1 F <input type="checkbox"/> 2	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
04		<input type="text"/>	M <input type="checkbox"/> 1 F <input type="checkbox"/> 2	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
05		<input type="text"/>	M <input type="checkbox"/> 1 F <input type="checkbox"/> 2	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
06		<input type="text"/>	M <input type="checkbox"/> 1 F <input type="checkbox"/> 2	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
07		<input type="text"/>	M <input type="checkbox"/> 1 F <input type="checkbox"/> 2	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
08		<input type="text"/>	M <input type="checkbox"/> 1 F <input type="checkbox"/> 2	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
09		<input type="text"/>	M <input type="checkbox"/> 1 F <input type="checkbox"/> 2	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
10		<input type="text"/>	M <input type="checkbox"/> 1 F <input type="checkbox"/> 2	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
11		<input type="text"/>	M <input type="checkbox"/> 1 F <input type="checkbox"/> 2	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
12		<input type="text"/>	M <input type="checkbox"/> 1 F <input type="checkbox"/> 2	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
13		<input type="text"/>	M <input type="checkbox"/> 1 F <input type="checkbox"/> 2	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
14		<input type="text"/>	M <input type="checkbox"/> 1 F <input type="checkbox"/> 2	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

CODEP02	
01 Household head	08 Grand parent
02 Spouse	09 Aunty/Uncle
03 Son/Daughter	10 Nephew/Niece
04 Adopted Son/Daughter	11 Cousin
05 Brother/Sister	12 Other
06 Father/Mother	13 Unrelated
07 Grandchild	

ALL PERSONS

LINE No.	What is name's nationality?	Where does name usually live?	Is name a resident?	What is name's home island?
	1=Tuvaluan 2=Other country (SPECIFY)	1=Tuvalu (SPECIFY ISLAND) 2=Other Country (SPECIFY)	(If P07=2, TICK NO, GO TO NEXT PERSON)	1=Address in front 2=Other island/ country (SPECIFY)
P00	P06	P07	P08	P09
01	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
02	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
03	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
04	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
05	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
06	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
07	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
08	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
09	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
10	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
11	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
12	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
13	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
14	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

ALL PERSONS

LINE No.	Is name's biological mother still alive?	Is she living in this household?	Is name's biological father still alive?	Is he living in this household?	What is name's place of birth?		What is name's ethnicity?	What is name's religion?
	Y=YES N=NO (IF NO GO TO P12)	Y=YES, N=NO (IF YES, ENTER PERSON NUMBER)	Y=YES N=NO (IF NO GO TO P14)	Y=YES, N=NO (IF YES, ENTER PERSON NUMBER)	1=Address in front 2=Other islands/countries (SPECIFY)		CODEP15	CODEP16
P00	P10	P11	P12	P13	P14		P15	P16
01	Y <input type="checkbox"/> 1 N <input type="checkbox"/> 2	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Y <input type="checkbox"/> 1 N <input type="checkbox"/> 2	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Y <input type="checkbox"/> 1 N <input type="checkbox"/> 2	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Y <input type="checkbox"/> 1 N <input type="checkbox"/> 2	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Y <input type="checkbox"/> 1 N <input type="checkbox"/> 2	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	Y <input type="checkbox"/> 1 N <input type="checkbox"/> 2	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	Y <input type="checkbox"/> 1 N <input type="checkbox"/> 2	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	Y <input type="checkbox"/> 1 N <input type="checkbox"/> 2	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	Y <input type="checkbox"/> 1 N <input type="checkbox"/> 2	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Y <input type="checkbox"/> 1 N <input type="checkbox"/> 2	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Y <input type="checkbox"/> 1 N <input type="checkbox"/> 2	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Y <input type="checkbox"/> 1 N <input type="checkbox"/> 2	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Y <input type="checkbox"/> 1 N <input type="checkbox"/> 2	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Y <input type="checkbox"/> 1 N <input type="checkbox"/> 2	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	Y <input type="checkbox"/> 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CODEP15
 1 Tuvaluan
 2 Tuvaluan/I-Kiribati
 3 Tuvaluan/Other
 4 Other

CODEP16
 01 EKT
 02 SDA
 03 Jehovah's Witness
 04 Bahai
 05 Brethren
 06 AOG
 07 Catholic
 08 LDS
 09 Other
 10 None
 11 Refused

ALL PERSONS

LINE No.	Have name ever been affected by ciguatera food poisoning (CFG)?	How many times have name been affected by CFG?	For these poisoning incidences, what fish or shellfish did name eat?										
	(IF NO GO TO P21)		TICK: 1=YES or 2=NO										
P00	P17	P18	P19										
01	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2
02	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2
03	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2
04	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2
05	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2
06	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2
07	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2
08	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2
09	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2
10	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2
11	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2
12	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2
13	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2
14	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2

CODEP18
 1 Once
 2 Twice
 3 Thrice
 4 More than thrice

CODEP19
Shellfish
 01 Fasua
 02 Panea
 03 Kasi
 04 Kalea
 05 Niisi figota
Fish
 06 Gatala
 07 Fakamea/Fagamea
 08 Ponelelo
 09 Poneuli
 10 Pauea/Taotao
 11 Niisi ika

ALL PERSONS

LINE No.	What is the <u>main</u> symptom that name experienced?	Is name affected by any form of disability?	What form of disability/disabilities does name have?	What caused this/these disability/disabilities?
		CHECK H54 (IF NO GO TO IQ1)	TICK: 1=YES or 2=NO	TICK: 1=YES or 2=NO
	CODEP20		CODEP22	CODEP23
P00	P20	P21	P22	P23
01	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 05 <input type="checkbox"/> 1 <input type="checkbox"/> 2 06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2
02	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 05 <input type="checkbox"/> 1 <input type="checkbox"/> 2 06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2
03	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 05 <input type="checkbox"/> 1 <input type="checkbox"/> 2 06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2
04	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 05 <input type="checkbox"/> 1 <input type="checkbox"/> 2 06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2
05	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 05 <input type="checkbox"/> 1 <input type="checkbox"/> 2 06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2
06	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 05 <input type="checkbox"/> 1 <input type="checkbox"/> 2 06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2
07	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 05 <input type="checkbox"/> 1 <input type="checkbox"/> 2 06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2
08	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 05 <input type="checkbox"/> 1 <input type="checkbox"/> 2 06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2
09	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 05 <input type="checkbox"/> 1 <input type="checkbox"/> 2 06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2
10	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 05 <input type="checkbox"/> 1 <input type="checkbox"/> 2 06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2
11	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 05 <input type="checkbox"/> 1 <input type="checkbox"/> 2 06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2
12	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 05 <input type="checkbox"/> 1 <input type="checkbox"/> 2 06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2
13	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 05 <input type="checkbox"/> 1 <input type="checkbox"/> 2 06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2
14	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 05 <input type="checkbox"/> 1 <input type="checkbox"/> 2 06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2

CODEP20
 1 Numbness
 2 Itchiness
 3 Diarrhoea
 4 Vomitting
 5 Other

CODEP22
 01 Physical impairment
 02 Visual impairment
 03 Hearing impairment
 04 Speech disorder
 05 Intellectual impairment
 06 Other

CODEP23
 01 Disabled since birth
 02 Illness/Sickness
 03 Injury/Accident
 04 Other

PERSONS AGED 3 YEARS AND ABOVE

PERSONS AGED 6 YEARS AND ABOVE

LINE No.	Is name currently attending a school or an institution?	What is the level of education name is currently attending now?	What is the <u>highest</u> education level name has completed?
	<i>(IF 3 GO TO P29; IF 4 GO TO IQ2)</i>		
	CODEP27	CODEP28	CODEP28
P00	P27	P28	P29
01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Is name aged 6 years and above?
CHECK P05 <i>(IF NO NEXT PERSON)</i>
IQ2
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>

Did name have use of a mobile telephone during some or all of the last 12 months?	Have name used a computer from any location in the last 12 months?	Has name used the Internet from any location in the last 12 months?
<i>(IF NO GO TO IQ3)</i>		
P30	P31	P32
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2

CODEP27
 1 Yes, full-time
 2 Yes, part-time
 3 No, left school
 4 No, never attended

CODEP28
 01 Old mission school 08 Primary class3 15 Secondary form4
 02 No level completed 09 Primary class4 16 Secondary form5
 03 Preschool year1 10 Primary class5 17 Secondary form6
 04 Preschool year2 11 Primary class6 18 Form7 / AFP
 05 Preschool year3 12 Primary class7 19 Vocational
 06 Primary class1 13 Primary class8 20 Tertiary
 07 Primary class2 14 Secondary form3

PERSONS AGED 6 YEARS AND ABOVE

LINE No.	For which of the following activities did name use the Internet for private purposes in the last 12 months (from any location)?															Is name aged 15 years and above?	
	TICK: 1=YES or 2=NO															CHECK P05	
	CODEP33															(IF NO, NEXT PERSON)	
P00	P33															IQ3	
01	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2	15 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
02	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2	15 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
03	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2	15 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
04	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2	15 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
05	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2	15 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
06	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2	15 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
07	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2	15 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
08	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2	15 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
09	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2	15 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2	15 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2	15 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2	15 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2	15 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2	15 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>

CODEP33

- | | |
|--|--|
| 01 Getting information about goods and services | 10 Education or learning activities (formal) |
| 02 Getting information related to health and health services | 11 Playing or downloading video games or computer games |
| 03 Getting information from government organisations | 12 Downloading movies, images, music, watching TV or video, or listening to radio or music |
| 04 Interacting with government organisations | 13 Downloading software |
| 05 Sending or receiving email | 14 Reading or downloading on-line newspapers or magazines, electronic books |
| 06 Telephoning over the internet/VoIP | 15 Other activities |
| 07 Posting information or instant messaging | |
| 08 Purchasing or ordering goods and services | |
| 09 Internet banking | |

PERSONS AGED 15 YEARS AND ABOVE

LINE No.	Can name read and write a simple sentence in these languages - a) Tuvaluan, b) Nuian, c) English?			Does name smoke?	Does name drink alcohol?	Does name drink kava?	What is the highest education qualification name has completed since leaving school?	What is name's present marital status?
	ENTER: 1=YES, 2=NO, 3=REFUSED, 4=DON'T KNOW			ENTER ONE CODE				
P00	P34			P35	P36	P37	P38	P39
01	Tuvaluan <input type="checkbox"/>	Nuian <input type="checkbox"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
02	Tuvaluan <input type="checkbox"/>	Nuian <input type="checkbox"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
03	Tuvaluan <input type="checkbox"/>	Nuian <input type="checkbox"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
04	Tuvaluan <input type="checkbox"/>	Nuian <input type="checkbox"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
05	Tuvaluan <input type="checkbox"/>	Nuian <input type="checkbox"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
06	Tuvaluan <input type="checkbox"/>	Nuian <input type="checkbox"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
07	Tuvaluan <input type="checkbox"/>	Nuian <input type="checkbox"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
08	Tuvaluan <input type="checkbox"/>	Nuian <input type="checkbox"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
09	Tuvaluan <input type="checkbox"/>	Nuian <input type="checkbox"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
10	Tuvaluan <input type="checkbox"/>	Nuian <input type="checkbox"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
11	Tuvaluan <input type="checkbox"/>	Nuian <input type="checkbox"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
12	Tuvaluan <input type="checkbox"/>	Nuian <input type="checkbox"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
13	Tuvaluan <input type="checkbox"/>	Nuian <input type="checkbox"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
14	Tuvaluan <input type="checkbox"/>	Nuian <input type="checkbox"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

- | CODEP38 | |
|----------------------------|--------------------------------|
| 01 No qualification | 10 Maritime certificate |
| 02 Still in school | 11 Trade certificate |
| 03 Primary School Leaver | 12 Teacher certificate |
| 04 CTC Leaver | 13 Nursing/Medical certificate |
| 05 Colony/Fiji Junior Cert | 14 Other certificate |
| 06 Form 5 Certificate/TSC | 15 Diploma |
| 07 Form 6 Certificate/PSSC | 16 Degree |
| 08 Form 7/AFP | 17 Masters/Post graduate |
| 09 Vocational | 18 Other qualification |

- | CODEP35/36/37 |
|----------------------|
| 1 Never |
| 2 Regular |
| 3 Sometimes |
| 4 No longer |

- | CODEP39 |
|-----------------|
| 1 Never married |
| 2 Married |
| 3 Separated |
| 4 Divorced |
| 5 Widowed |
| 6 Other |

PERSONS AGED 15 YEARS AND ABOVE

LINE No.	Does name have any traditional skills?	What traditional skills does name have?													
	(IF NO GO TO P42)	TICK: 1=YES or 2=NO													
	CODEP41														
P00	P40	P41													
01	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2
02	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2
03	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2
04	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2
05	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2
06	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2
07	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2
08	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2
09	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2
10	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2
11	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2
12	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2
13	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2
14	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2

CODEP41	
01 Faaite fale	08 Fai vaivao
02 Faaite vaka	09 Lima/Logo
03 Mulivaka	10 'Fo/'Po
04 Umaga	11 'Laga
05 Uaniu	12 Mea-taulima
06 Fai kaleve	13 Folau
07 Fai vailakau	14 Other

PERSONS AGED 15 YEARS AND ABOVE

LINE No.	What was name's main activity in the last week?	What was name's <u>main</u> occupation?
	(IF 1-9 GO to P43) (IF 10-12 GO to P45) (IF 13 GO to P46)	(Please describe)
	CODEP42	
P00	P42	P43
01	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>

CODEP42

- | | |
|---|-----------------------------------|
| 01 Employer | 10 Student |
| 02 Employee (Gov) | 11 Home duties |
| 03 Employee (SOE) | 12 Retired |
| 04 Employee (Private) | 13 Did not work/none of the above |
| 05 Employee (as in 2, 3 4 but on leave, sick, holiday etc) | |
| 06 Self-employed, producing goods/services for sale | |
| 07 Self-employed, producing goods/services for own/family use | |
| 08 Unpaid worker in family business | |
| 09 Voluntary work | |

PERSONS AGED 15 YEARS AND ABOVE

LINE No.	What is the <u>main</u> industry name works in?		Apart from name's main activity as stated earlier, what is name's secondary (part-time) activity?
	<i>(Please describe)</i> <i>(If government employee, state the name of the ministry and department)</i> <i>(If others, state the name of the employer or business)</i>		CODEP45
P00	P44	P45	
01			<input type="checkbox"/>
02			<input type="checkbox"/>
03			<input type="checkbox"/>
04			<input type="checkbox"/>
05			<input type="checkbox"/>
06			<input type="checkbox"/>
07			<input type="checkbox"/>
08			<input type="checkbox"/>
09			<input type="checkbox"/>
10			<input type="checkbox"/>
11			<input type="checkbox"/>
12			<input type="checkbox"/>
13			<input type="checkbox"/>
14			<input type="checkbox"/>

- CODEP45**
- 1 Part-time working for wages
 - 2 Unpaid worker in family business
 - 3 Producing goods mainly for sale
 - 4 Producing goods mainly for own use
 - 5 Tending the livestock/garden
 - 6 Home duties
 - 7 Other
 - 8 None

PERSONS AGED 15 YEARS AND ABOVE

FEMALES AGED 15+

LINE No.	Is P42=1 - 6?
	Check P42 (IF YES GO TO IQ5, ELSE CONTINUE)
P00	IQ4
01	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
02	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
03	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
04	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
05	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
06	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
07	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
08	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
09	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
10	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
11	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
12	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
13	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
14	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2

Did name actively look for paid work in the last week?	Why did not name look for work?	Was name willing and available to start work?
(IF YES GO TO P48)	CODEP47	
P46	P47	P48
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2

Is name Male or Female?
Check P03 (IF MALE NEXT PERSON)
IQ5
Male <input type="checkbox"/>
Female <input type="checkbox"/>
Male <input type="checkbox"/>
Female <input type="checkbox"/>
Male <input type="checkbox"/>
Female <input type="checkbox"/>
Male <input type="checkbox"/>
Female <input type="checkbox"/>
Male <input type="checkbox"/>
Female <input type="checkbox"/>
Male <input type="checkbox"/>
Female <input type="checkbox"/>
Male <input type="checkbox"/>
Female <input type="checkbox"/>
Male <input type="checkbox"/>
Female <input type="checkbox"/>

Has name ever given birth, even if the child later died?	How many live born children of each sex, have in total been born by name?
(IF NO, GO TO IQ6)	M=MALE F=FEMALE T=TOTAL
F1	F2
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	F <input type="text"/> <input type="text"/>
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	F <input type="text"/> <input type="text"/>
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	F <input type="text"/> <input type="text"/>
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	F <input type="text"/> <input type="text"/>
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	F <input type="text"/> <input type="text"/>
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	F <input type="text"/> <input type="text"/>
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	F <input type="text"/> <input type="text"/>

CODEP47

- 1 Attending school
- 2 Did not want to work
- 3 Believes no paid work available
- 4 Discouraged
- 5 Weather/No transport
- 6 Retired/Too old
- 7 Disabled
- 8 Other

FEMALES AGED 15 YEARS AND ABOVE

LINE No.	How many children of each sex have been born alive to name and are living with her?	How many children of each sex have been born alive to name and are living elsewhere inside Tuvalu?	How many children of each sex have been born alive to name and are living elsewhere outside Tuvalu?	How many children of each sex did name give birth to who have died?	What is the date of birth, age and sex of name's last born?
	M=MALE F=FEMALE T=TOTAL	M=MALE F=FEMALE T=TOTAL	M=MALE F=FEMALE T=TOTAL	M=MALE F=FEMALE T=TOTAL	Date of Birth (DOB): dd/mm/yy Sex: M=Male, F=Female
P00	F3	F4	F5	F6	F7
01	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <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"/> SEX <input type="text"/> <input type="text"/>
02	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <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"/> SEX <input type="text"/> <input type="text"/>
03	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <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"/> SEX <input type="text"/> <input type="text"/>
04	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <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"/> SEX <input type="text"/> <input type="text"/>
05	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <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"/> SEX <input type="text"/> <input type="text"/>
06	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <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"/> SEX <input type="text"/> <input type="text"/>
07	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <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"/> SEX <input type="text"/> <input type="text"/>
08	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <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"/> SEX <input type="text"/> <input type="text"/>
09	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <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"/> SEX <input type="text"/> <input type="text"/>
10	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <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"/> SEX <input type="text"/> <input type="text"/>
11	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <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"/> SEX <input type="text"/> <input type="text"/>
12	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <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"/> SEX <input type="text"/> <input type="text"/>
13	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <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"/> SEX <input type="text"/> <input type="text"/>
14	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <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"/> SEX <input type="text"/> <input type="text"/>

FEMALES AGED 15 YEARS AND ABOVE

LINE No.	Is name never married?	What island community is name actively participating in? 1=Address in front 2=Outer island/ country (<i>SPECIFY</i>) (NEXT PERSON)
	Check P39 (If YES, NEXT PERSON)	
P00	IQ6	F8
01	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
02	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
03	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
04	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
05	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
06	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
07	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
08	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
09	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
10	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
11	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
12	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
13	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
14	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>

TABLE2: PERSONS OUT OF COUNTRY ON CENSUS NIGHT

PERSON NUMBER	FIRST NAME	SURNAME	SEX	AGE	HOME ISLAND
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					