

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06
Q1. Name of each person including visitors who spent census night in this dwelling (household).	First or Given name Surname or family name	First or Given name Surname or family name	First or Given name Surname or family name	First or Given name Surname or family name	First or Given name Surname or family name	First or Given name Surname or family name
Q2. Is (name) male or female?	01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female	01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female	01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female	01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female	01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female	01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female
Q3. What is (name's) relationship to the head of this household?	01 <input type="checkbox"/> Head of Household 02 <input type="checkbox"/> Wife/Husband 03 <input type="checkbox"/> Son/Daughter 04 <input type="checkbox"/> Adopted Son/Daughter 05 <input type="checkbox"/> Son/Daughter in Law 06 <input type="checkbox"/> Grand Son/Daughter 07 <input type="checkbox"/> Brother/Sister 08 <input type="checkbox"/> Brother/Sister in Law 09 <input type="checkbox"/> Father/Mother 10 <input type="checkbox"/> Father/Mother in Law 11 <input type="checkbox"/> Other Relative 12 <input type="checkbox"/> Unrelated	01 <input type="checkbox"/> Head of Household 02 <input type="checkbox"/> Wife/Husband 03 <input type="checkbox"/> Son/Daughter 04 <input type="checkbox"/> Adopted Son/Daughter 05 <input type="checkbox"/> Son/Daughter in Law 06 <input type="checkbox"/> Grand Son/Daughter 07 <input type="checkbox"/> Brother/Sister 08 <input type="checkbox"/> Brother/Sister in Law 09 <input type="checkbox"/> Father/Mother 10 <input type="checkbox"/> Father/Mother in Law 11 <input type="checkbox"/> Other Relative 12 <input type="checkbox"/> Unrelated	01 <input type="checkbox"/> Head of Household 02 <input type="checkbox"/> Wife/Husband 03 <input type="checkbox"/> Son/Daughter 04 <input type="checkbox"/> Adopted Son/Daughter 05 <input type="checkbox"/> Son/Daughter in Law 06 <input type="checkbox"/> Grand Son/Daughter 07 <input type="checkbox"/> Brother/Sister 08 <input type="checkbox"/> Brother/Sister in Law 09 <input type="checkbox"/> Father/Mother 10 <input type="checkbox"/> Father/Mother in Law 11 <input type="checkbox"/> Other Relative 12 <input type="checkbox"/> Unrelated	01 <input type="checkbox"/> Head of Household 02 <input type="checkbox"/> Wife/Husband 03 <input type="checkbox"/> Son/Daughter 04 <input type="checkbox"/> Adopted Son/Daughter 05 <input type="checkbox"/> Son/Daughter in Law 06 <input type="checkbox"/> Grand Son/Daughter 07 <input type="checkbox"/> Brother/Sister 08 <input type="checkbox"/> Brother/Sister in Law 09 <input type="checkbox"/> Father/Mother 10 <input type="checkbox"/> Father/Mother in Law 11 <input type="checkbox"/> Other Relative 12 <input type="checkbox"/> Unrelated	01 <input type="checkbox"/> Head of Household 02 <input type="checkbox"/> Wife/Husband 03 <input type="checkbox"/> Son/Daughter 04 <input type="checkbox"/> Adopted Son/Daughter 05 <input type="checkbox"/> Son/Daughter in Law 06 <input type="checkbox"/> Grand Son/Daughter 07 <input type="checkbox"/> Brother/Sister 08 <input type="checkbox"/> Brother/Sister in Law 09 <input type="checkbox"/> Father/Mother 10 <input type="checkbox"/> Father/Mother in Law 11 <input type="checkbox"/> Other Relative 12 <input type="checkbox"/> Unrelated	01 <input type="checkbox"/> Head of Household 02 <input type="checkbox"/> Wife/Husband 03 <input type="checkbox"/> Son/Daughter 04 <input type="checkbox"/> Adopted Son/Daughter 05 <input type="checkbox"/> Son/Daughter in Law 06 <input type="checkbox"/> Grand Son/Daughter 07 <input type="checkbox"/> Brother/Sister 08 <input type="checkbox"/> Brother/Sister in Law 09 <input type="checkbox"/> Father/Mother 10 <input type="checkbox"/> Father/Mother in Law 11 <input type="checkbox"/> Other Relative 12 <input type="checkbox"/> Unrelated
Q4. What is (name's) religion? (Answer not compulsory)	01 <input type="checkbox"/> Nauruan Congregational 02 <input type="checkbox"/> Roman Catholic 03 <input type="checkbox"/> Nauru Independent 04 <input type="checkbox"/> Other (specify) 05 <input type="checkbox"/> No Religion 06 <input type="checkbox"/> Do not wish to answer	01 <input type="checkbox"/> Nauruan Congregational 02 <input type="checkbox"/> Roman Catholic 03 <input type="checkbox"/> Nauru Independent 04 <input type="checkbox"/> Other (specify) 05 <input type="checkbox"/> No Religion 06 <input type="checkbox"/> Do not wish to answer	01 <input type="checkbox"/> Nauruan Congregational 02 <input type="checkbox"/> Roman Catholic 03 <input type="checkbox"/> Nauru Independent 04 <input type="checkbox"/> Other (specify) 05 <input type="checkbox"/> No Religion 06 <input type="checkbox"/> Do not wish to answer	01 <input type="checkbox"/> Nauruan Congregational 02 <input type="checkbox"/> Roman Catholic 03 <input type="checkbox"/> Nauru Independent 04 <input type="checkbox"/> Other (specify) 05 <input type="checkbox"/> No Religion 06 <input type="checkbox"/> Do not wish to answer	01 <input type="checkbox"/> Nauruan Congregational 02 <input type="checkbox"/> Roman Catholic 03 <input type="checkbox"/> Nauru Independent 04 <input type="checkbox"/> Other (specify) 05 <input type="checkbox"/> No Religion 06 <input type="checkbox"/> Do not wish to answer	01 <input type="checkbox"/> Nauruan Congregational 02 <input type="checkbox"/> Roman Catholic 03 <input type="checkbox"/> Nauru Independent 04 <input type="checkbox"/> Other (specify) 05 <input type="checkbox"/> No Religion 06 <input type="checkbox"/> Do not wish to answer
Q5. What is (name's) date of birth?	Day Month Year [ ][ ] [ ][ ] [ ][ ][ ][ ]	Day Month Year [ ][ ] [ ][ ] [ ][ ][ ][ ]	Day Month Year [ ][ ] [ ][ ] [ ][ ][ ][ ]	Day Month Year [ ][ ] [ ][ ] [ ][ ][ ][ ]	Day Month Year [ ][ ] [ ][ ] [ ][ ][ ][ ]	Day Month Year [ ][ ] [ ][ ] [ ][ ][ ][ ]
Q6. What was (name's) age last birthday?	[ ][ ] years If unknown estimate age	[ ][ ] years If unknown estimate age	[ ][ ] years If unknown estimate age	[ ][ ] years If unknown estimate age	[ ][ ] years If unknown estimate age	[ ][ ] years If unknown estimate age
Q7. In what country was (name) born?	01 <input type="checkbox"/> Nauru 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvalu 04 <input type="checkbox"/> Australia 05 <input type="checkbox"/> New Zealand 06 <input type="checkbox"/> Fiji 07 <input type="checkbox"/> Solomon Island 08 <input type="checkbox"/> Philippines 09 <input type="checkbox"/> PR China 10 <input type="checkbox"/> Republic of China 11 <input type="checkbox"/> Hong Kong 12 <input type="checkbox"/> India 13 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauru 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvalu 04 <input type="checkbox"/> Australia 05 <input type="checkbox"/> New Zealand 06 <input type="checkbox"/> Fiji 07 <input type="checkbox"/> Solomon Island 08 <input type="checkbox"/> Philippines 09 <input type="checkbox"/> PR China 10 <input type="checkbox"/> Republic of China 11 <input type="checkbox"/> Hong Kong 12 <input type="checkbox"/> India 13 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauru 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvalu 04 <input type="checkbox"/> Australia 05 <input type="checkbox"/> New Zealand 06 <input type="checkbox"/> Fiji 07 <input type="checkbox"/> Solomon Island 08 <input type="checkbox"/> Philippines 09 <input type="checkbox"/> PR China 10 <input type="checkbox"/> Republic of China 11 <input type="checkbox"/> Hong Kong 12 <input type="checkbox"/> India 13 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauru 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvalu 04 <input type="checkbox"/> Australia 05 <input type="checkbox"/> New Zealand 06 <input type="checkbox"/> Fiji 07 <input type="checkbox"/> Solomon Island 08 <input type="checkbox"/> Philippines 09 <input type="checkbox"/> PR China 10 <input type="checkbox"/> Republic of China 11 <input type="checkbox"/> Hong Kong 12 <input type="checkbox"/> India 13 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauru 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvalu 04 <input type="checkbox"/> Australia 05 <input type="checkbox"/> New Zealand 06 <input type="checkbox"/> Fiji 07 <input type="checkbox"/> Solomon Island 08 <input type="checkbox"/> Philippines 09 <input type="checkbox"/> PR China 10 <input type="checkbox"/> Republic of China 11 <input type="checkbox"/> Hong Kong 12 <input type="checkbox"/> India 13 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauru 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvalu 04 <input type="checkbox"/> Australia 05 <input type="checkbox"/> New Zealand 06 <input type="checkbox"/> Fiji 07 <input type="checkbox"/> Solomon Island 08 <input type="checkbox"/> Philippines 09 <input type="checkbox"/> PR China 10 <input type="checkbox"/> Republic of China 11 <input type="checkbox"/> Hong Kong 12 <input type="checkbox"/> India 13 <input type="checkbox"/> Other (specify)

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Q8. What is (name's) family's local tribe? i.e. grandmother's or mother+B96's tribe	01 <input type="checkbox"/> Deiboe 02 <input type="checkbox"/> Eamangum 03 <input type="checkbox"/> Eamwidamwit 04 <input type="checkbox"/> Eamwidara 05 <input type="checkbox"/> Eano 06 <input type="checkbox"/> Eaoru 07 <input type="checkbox"/> Emea 08 <input type="checkbox"/> Eamwit 09 <input type="checkbox"/> Iruwa 10 <input type="checkbox"/> Ranibok 11 <input type="checkbox"/> Iwi 12 <input type="checkbox"/> Irutsi 13 <input type="checkbox"/> Unknown 14 <input type="checkbox"/> No Tribe	01 <input type="checkbox"/> Deiboe 02 <input type="checkbox"/> Eamangum 03 <input type="checkbox"/> Eamwidamwit 04 <input type="checkbox"/> Eamwidara 05 <input type="checkbox"/> Eano 06 <input type="checkbox"/> Eaoru 07 <input type="checkbox"/> Emea 08 <input type="checkbox"/> Eamwit 09 <input type="checkbox"/> Iruwa 10 <input type="checkbox"/> Ranibok 11 <input type="checkbox"/> Iwi 12 <input type="checkbox"/> Irutsi 13 <input type="checkbox"/> Unknown 14 <input type="checkbox"/> No Tribe	01 <input type="checkbox"/> Deiboe 02 <input type="checkbox"/> Eamangum 03 <input type="checkbox"/> Eamwidamwit 04 <input type="checkbox"/> Eamwidara 05 <input type="checkbox"/> Eano 06 <input type="checkbox"/> Eaoru 07 <input type="checkbox"/> Emea 08 <input type="checkbox"/> Eamwit 09 <input type="checkbox"/> Iruwa 10 <input type="checkbox"/> Ranibok 11 <input type="checkbox"/> Iwi 12 <input type="checkbox"/> Irutsi 13 <input type="checkbox"/> Unknown 14 <input type="checkbox"/> No Tribe	01 <input type="checkbox"/> Deiboe 02 <input type="checkbox"/> Eamangum 03 <input type="checkbox"/> Eamwidamwit 04 <input type="checkbox"/> Eamwidara 05 <input type="checkbox"/> Eano 06 <input type="checkbox"/> Eaoru 07 <input type="checkbox"/> Emea 08 <input type="checkbox"/> Eamwit 09 <input type="checkbox"/> Iruwa 10 <input type="checkbox"/> Ranibok 11 <input type="checkbox"/> Iwi 12 <input type="checkbox"/> Irutsi 13 <input type="checkbox"/> Unknown 14 <input type="checkbox"/> No Tribe	01 <input type="checkbox"/> Deiboe 02 <input type="checkbox"/> Eamangum 03 <input type="checkbox"/> Eamwidamwit 04 <input type="checkbox"/> Eamwidara 05 <input type="checkbox"/> Eano 06 <input type="checkbox"/> Eaoru 07 <input type="checkbox"/> Emea 08 <input type="checkbox"/> Eamwit 09 <input type="checkbox"/> Iruwa 10 <input type="checkbox"/> Ranibok 11 <input type="checkbox"/> Iwi 12 <input type="checkbox"/> Irutsi 13 <input type="checkbox"/> Unknown 14 <input type="checkbox"/> No Tribe	01 <input type="checkbox"/> Deiboe 02 <input type="checkbox"/> Eamangum 03 <input type="checkbox"/> Eamwidamwit 04 <input type="checkbox"/> Eamwidara 05 <input type="checkbox"/> Eano 06 <input type="checkbox"/> Eaoru 07 <input type="checkbox"/> Emea 08 <input type="checkbox"/> Eamwit 09 <input type="checkbox"/> Iruwa 10 <input type="checkbox"/> Ranibok 11 <input type="checkbox"/> Iwi 12 <input type="checkbox"/> Irutsi 13 <input type="checkbox"/> Unknown 14 <input type="checkbox"/> No Tribe
Q9. Is (name) married to a Nauruan?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO
Q10. What is (name's) marital status?	01 <input type="checkbox"/> Never Married 02 <input type="checkbox"/> Now Married 03 <input type="checkbox"/> Now Divorced 04 <input type="checkbox"/> Now Separated 05 <input type="checkbox"/> Now Widowed 06 <input type="checkbox"/> De facto	01 <input type="checkbox"/> Never Married 02 <input type="checkbox"/> Now Married 03 <input type="checkbox"/> Now Divorced 04 <input type="checkbox"/> Now Separated 05 <input type="checkbox"/> Now Widowed 06 <input type="checkbox"/> De facto	01 <input type="checkbox"/> Never Married 02 <input type="checkbox"/> Now Married 03 <input type="checkbox"/> Now Divorced 04 <input type="checkbox"/> Now Separated 05 <input type="checkbox"/> Now Widowed 06 <input type="checkbox"/> De facto	01 <input type="checkbox"/> Never Married 02 <input type="checkbox"/> Now Married 03 <input type="checkbox"/> Now Divorced 04 <input type="checkbox"/> Now Separated 05 <input type="checkbox"/> Now Widowed 06 <input type="checkbox"/> De facto	01 <input type="checkbox"/> Never Married 02 <input type="checkbox"/> Now Married 03 <input type="checkbox"/> Now Divorced 04 <input type="checkbox"/> Now Separated 05 <input type="checkbox"/> Now Widowed 06 <input type="checkbox"/> De facto	01 <input type="checkbox"/> Never Married 02 <input type="checkbox"/> Now Married 03 <input type="checkbox"/> Now Divorced 04 <input type="checkbox"/> Now Separated 05 <input type="checkbox"/> Now Widowed 06 <input type="checkbox"/> De facto
Q11. What is (name's) nationality?	01 <input type="checkbox"/> Nauruan (Go to Q15) 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvaluan 04 <input type="checkbox"/> Australian 05 <input type="checkbox"/> New Zealander 06 <input type="checkbox"/> Fijian 07 <input type="checkbox"/> Solomon Islander 08 <input type="checkbox"/> Filipino 09 <input type="checkbox"/> Chinese 10 <input type="checkbox"/> Taiwanese 11 <input type="checkbox"/> Indian 12 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauruan (Go to Q15) 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvaluan 04 <input type="checkbox"/> Australian 05 <input type="checkbox"/> New Zealander 06 <input type="checkbox"/> Fijian 07 <input type="checkbox"/> Solomon Islander 08 <input type="checkbox"/> Filipino 09 <input type="checkbox"/> Chinese 10 <input type="checkbox"/> Taiwanese 11 <input type="checkbox"/> Indian 12 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauruan (Go to Q15) 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvaluan 04 <input type="checkbox"/> Australian 05 <input type="checkbox"/> New Zealander 06 <input type="checkbox"/> Fijian 07 <input type="checkbox"/> Solomon Islander 08 <input type="checkbox"/> Filipino 09 <input type="checkbox"/> Chinese 10 <input type="checkbox"/> Taiwanese 11 <input type="checkbox"/> Indian 12 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauruan (Go to Q15) 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvaluan 04 <input type="checkbox"/> Australian 05 <input type="checkbox"/> New Zealander 06 <input type="checkbox"/> Fijian 07 <input type="checkbox"/> Solomon Islander 08 <input type="checkbox"/> Filipino 09 <input type="checkbox"/> Chinese 10 <input type="checkbox"/> Taiwanese 11 <input type="checkbox"/> Indian 12 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauruan (Go to Q15) 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvaluan 04 <input type="checkbox"/> Australian 05 <input type="checkbox"/> New Zealander 06 <input type="checkbox"/> Fijian 07 <input type="checkbox"/> Solomon Islander 08 <input type="checkbox"/> Filipino 09 <input type="checkbox"/> Chinese 10 <input type="checkbox"/> Taiwanese 11 <input type="checkbox"/> Indian 12 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauruan (Go to Q15) 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvaluan 04 <input type="checkbox"/> Australian 05 <input type="checkbox"/> New Zealander 06 <input type="checkbox"/> Fijian 07 <input type="checkbox"/> Solomon Islander 08 <input type="checkbox"/> Filipino 09 <input type="checkbox"/> Chinese 10 <input type="checkbox"/> Taiwanese 11 <input type="checkbox"/> Indian 12 <input type="checkbox"/> Other (specify)
Q12. Is (name) a contract worker?	01 <input type="checkbox"/> YES (Go to Q14) 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (Go to Q14) 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (Go to Q14) 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (Go to Q14) 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (Go to Q14) 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (Go to Q14) 02 <input type="checkbox"/> NO
Q13. Is (name) a dependant of a contract worker?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06
Q14 Number of months/years spent in Nauru?	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>
Q15. Is (name) a passport ID holder?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO
Q16. Is (name's) passport(s) ID(s) still valid?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO
Q17 What type of passport does (name) have?	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____
Q18 What is (name's) citizenship	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____ _____	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____ _____	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____ _____	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____ _____	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____ _____	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____ _____
	If 'Other' go to next person	If 'Other' go to next person	If 'Other' go to next person	If 'Other' go to next person	If 'Other' go to next person	If 'Other' go to next person

**ONLY CONTINUE FOR PERSONS AGED 6 YEARS OR MORE ( BORN BEFORE OCTOBER 1997)**

Q19. Is (name) still attending any type of school or educational institution?	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)	
Q20. What type of educational institution is (name) attending now?	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)

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

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

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06	
Q32. Time elapsed between completion of education and (name's) first job:	01 <input type="checkbox"/> Less than 1 month 02 <input type="checkbox"/> 1 - 2 months 03 <input type="checkbox"/> 3 - 5 months 04 <input type="checkbox"/> 6 - 8 months 05 <input type="checkbox"/> 9 -11 months 06 <input type="checkbox"/> 1 year 07 <input type="checkbox"/> 2 years 08 <input type="checkbox"/> 3 years 09 <input type="checkbox"/> 4 years 10 <input type="checkbox"/> 5 years 11 <input type="checkbox"/> More than 5 years 12 <input type="checkbox"/> No job	01 <input type="checkbox"/> Less than 1 month 02 <input type="checkbox"/> 1 - 2 months 03 <input type="checkbox"/> 3 - 5 months 04 <input type="checkbox"/> 6 - 8 months 05 <input type="checkbox"/> 9 -11 months 06 <input type="checkbox"/> 1 year 07 <input type="checkbox"/> 2 years 08 <input type="checkbox"/> 3 years 09 <input type="checkbox"/> 4 years 10 <input type="checkbox"/> 5 years 11 <input type="checkbox"/> More than 5 years 12 <input type="checkbox"/> No job	01 <input type="checkbox"/> Less than 1 month 02 <input type="checkbox"/> 1 - 2 months 03 <input type="checkbox"/> 3 - 5 months 04 <input type="checkbox"/> 6 - 8 months 05 <input type="checkbox"/> 9 -11 months 06 <input type="checkbox"/> 1 year 07 <input type="checkbox"/> 2 years 08 <input type="checkbox"/> 3 years 09 <input type="checkbox"/> 4 years 10 <input type="checkbox"/> 5 years 11 <input type="checkbox"/> More than 5 years 12 <input type="checkbox"/> No job	01 <input type="checkbox"/> Less than 1 month 02 <input type="checkbox"/> 1 - 2 months 03 <input type="checkbox"/> 3 - 5 months 04 <input type="checkbox"/> 6 - 8 months 05 <input type="checkbox"/> 9 -11 months 06 <input type="checkbox"/> 1 year 07 <input type="checkbox"/> 2 years 08 <input type="checkbox"/> 3 years 09 <input type="checkbox"/> 4 years 10 <input type="checkbox"/> 5 years 11 <input type="checkbox"/> More than 5 years 12 <input type="checkbox"/> No job	01 <input type="checkbox"/> Less than 1 month 02 <input type="checkbox"/> 1 - 2 months 03 <input type="checkbox"/> 3 - 5 months 04 <input type="checkbox"/> 6 - 8 months 05 <input type="checkbox"/> 9 -11 months 06 <input type="checkbox"/> 1 year 07 <input type="checkbox"/> 2 years 08 <input type="checkbox"/> 3 years 09 <input type="checkbox"/> 4 years 10 <input type="checkbox"/> 5 years 11 <input type="checkbox"/> More than 5 years 12 <input type="checkbox"/> No job	01 <input type="checkbox"/> Less than 1 month 02 <input type="checkbox"/> 1 - 2 months 03 <input type="checkbox"/> 3 - 5 months 04 <input type="checkbox"/> 6 - 8 months 05 <input type="checkbox"/> 9 -11 months 06 <input type="checkbox"/> 1 year 07 <input type="checkbox"/> 2 years 08 <input type="checkbox"/> 3 years 09 <input type="checkbox"/> 4 years 10 <input type="checkbox"/> 5 years 11 <input type="checkbox"/> More than 5 years 12 <input type="checkbox"/> No job	01 <input type="checkbox"/> Less than 1 month 02 <input type="checkbox"/> 1 - 2 months 03 <input type="checkbox"/> 3 - 5 months 04 <input type="checkbox"/> 6 - 8 months 05 <input type="checkbox"/> 9 -11 months 06 <input type="checkbox"/> 1 year 07 <input type="checkbox"/> 2 years 08 <input type="checkbox"/> 3 years 09 <input type="checkbox"/> 4 years 10 <input type="checkbox"/> 5 years 11 <input type="checkbox"/> More than 5 years 12 <input type="checkbox"/> No job
Q33. Did name receive sponsorship for overseas studies?	01 <input type="checkbox"/> YES (lower age) 02 <input type="checkbox"/> YES (higher age) 03 <input type="checkbox"/> YES, OTHER (specify sponsors) 04 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (lower age) 02 <input type="checkbox"/> YES (higher age) 03 <input type="checkbox"/> YES, OTHER (specify sponsors) 04 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (lower age) 02 <input type="checkbox"/> YES (higher age) 03 <input type="checkbox"/> YES, OTHER (specify sponsors) 04 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (lower age) 02 <input type="checkbox"/> YES (higher age) 03 <input type="checkbox"/> YES, OTHER (specify sponsors) 04 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (lower age) 02 <input type="checkbox"/> YES (higher age) 03 <input type="checkbox"/> YES, OTHER (specify sponsors) 04 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (lower age) 02 <input type="checkbox"/> YES (higher age) 03 <input type="checkbox"/> YES, OTHER (specify sponsors) 04 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (lower age) 02 <input type="checkbox"/> YES (higher age) 03 <input type="checkbox"/> YES, OTHER (specify sponsors) 04 <input type="checkbox"/> NO
Q34. What language(s) does (name) speak? (can tick all)	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English 03 <input type="checkbox"/> Others (specify all) _____ _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English 03 <input type="checkbox"/> Others (specify) _____ _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English 03 <input type="checkbox"/> Others (specify) _____ _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English 03 <input type="checkbox"/> Others (specify) _____ _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English 03 <input type="checkbox"/> Others (specify) _____ _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English 03 <input type="checkbox"/> Others (specify) _____ _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English 03 <input type="checkbox"/> Others (specify) _____ _____ _____
Q35. What language does (name) usually speak at home?	01 _____ _____ _____	01 _____ _____ _____	01 _____ _____ _____	01 _____ _____ _____	01 _____ _____ _____	01 _____ _____ _____	
<b>ONLY CONTINUE FOR PERSONS 16 YEARS OR MORE (BORN BEFORE OCTOBER 1966)</b>							
Q36. Did (name) do any work other than housework last week?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (go to Q39)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (go to Q39)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (go to Q39)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (go to Q39)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (go to Q39)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (go to Q39)	
Q37. Does (name) receive (or expect) payment for the work done last week?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	
Q38. What type of work did (name) do last week?	01 <input type="checkbox"/> Traditional work only (Go to Q48 ) 02 <input type="checkbox"/> Paid regular work only (Go to Q42) 03 <input type="checkbox"/> Other type of work only (Go to Q42) 04 <input type="checkbox"/> A combination of the above (Go to Q42)	01 <input type="checkbox"/> Traditional work only (Go to Q48 ) 02 <input type="checkbox"/> Paid regular work only (Go to Q42) 03 <input type="checkbox"/> Other type of work only (Go to Q42) 04 <input type="checkbox"/> A combination of the above (Go to Q42)	01 <input type="checkbox"/> Traditional work only (Go to Q48 ) 02 <input type="checkbox"/> Paid regular work only (Go to Q42) 03 <input type="checkbox"/> Other type of work only (Go to Q42) 04 <input type="checkbox"/> A combination of the above (Go to Q42)	01 <input type="checkbox"/> Traditional work only (Go to Q48 ) 02 <input type="checkbox"/> Paid regular work only (Go to Q42) 03 <input type="checkbox"/> Other type of work only (Go to Q42) 04 <input type="checkbox"/> A combination of the above (Go to Q42)	01 <input type="checkbox"/> Traditional work only (Go to Q48 ) 02 <input type="checkbox"/> Paid regular work only (Go to Q42) 03 <input type="checkbox"/> Other type of work only (Go to Q42) 04 <input type="checkbox"/> A combination of the above (Go to Q42)	01 <input type="checkbox"/> Traditional work only (Go to Q48 ) 02 <input type="checkbox"/> Paid regular work only (Go to Q42) 03 <input type="checkbox"/> Other type of work only (Go to Q42) 04 <input type="checkbox"/> A combination of the above (Go to Q42)	

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



