

| Region | District | Village | Enumeration Area | Household Number |
|--|---|--|--|------------------|
| H/hold Type | Total Buildings | Total Persons | Total Males | Total Females |
| POPULATION INTERVIEW SCHEDULE | | | | |
| P1 - P17: ASK ALL PERSONS IN THE HOUSEHOLD AT "CENSUS MOMENT" | | | | |
| NOVEMBER 6th 2006 | | | | |
| P1 | Write the Person number | | | |
| | Write the Person name | | | |
| P2 | If not present, where and why is this person absent? | 1. Present No specify: | 1. Present No specify: | |
| P3 | Sex of this person | 1. Male 2. Female | 1. Male 2. Female | |
| P4 | Relationship of this person to the Head of Household | | | |
| P5 | Date of birth: (Day/Month/Year) | Day Month Year | Day Month Year | |
| P6 | Completed Age by November 6th 2006 | | | |
| P7 | What is his/her country or countries of citizenships? | 1. Samoan Specify other: | 1. Samoan Specify other: | |
| P8 | What is his/her country of nationality/ethnicity? | 1. Samoan Specify other: | 1. Samoan Specify other: | |
| P9 | Is this person's biological mother still alive? | 1. Yes 2. No 3. Not sure | 1. Yes 2. No 3. Not sure | |
| P10 | Is this person's biological father still alive? | 1. Yes 2. No 3. Not sure | 1. Yes 2. No 3. Not sure | |
| P11 | What is his/her marital status? | 1. Single 2. Married/Defacto 3. Div/Sep 4. Widow/er | 1. Single 2. Married/Defacto 3. Div/Sep 4. Widow/er | |
| P12 | Is this person contributing to the community as a matai? | | | |
| P13 | If disabled, specify the type of disability | | | |
| P14 | If disabled, is he/she able to look after himself/herself? | | | |
| P15 | What languages are used to communicate in the family? | 1. Samoan 2. English 3. Sam/Eng 4. Sign 5. Other | 1. Samoan 2. English 3. Sam/Eng 4. Sign 5. Other | |
| P16 | What is the village or country of residence at birth? | Village/Country: | Village/Country: | |
| P17 | What is the village or country of usual residence? | Village/Country: | Village/Country: | |
| P18-P21: ASK ALL PERSONS 5 YEARS OF AGE AND OVER | | | | |
| P18 | Where did this person usually reside in November 2005? | Village/Country: | Village/Country: | |
| P19 | Where did this person usually reside in November 2001? | Village/Country: | Village/Country: | |
| P20 | What is the religious denomination of this person? | | | |
| P21 | What is the highest educational level completed before 2006? | | | |
| P22-P25: ASK ALL PERSONS 5 - 24 YEARS OF AGE | | | | |
| P22 | Did this person attend school this year? | 1. Full-time 2. Part-time only 3. No (P25) | 1. Full-time 2. Part-time only 3. No (P25) | |
| P23 | Please specify class/course taken and name of school | | | |
| P24 | Did he/she ever drop-out before completion in 2006? | 1. Yes- dropout 2. No- continued/completed (P26) | 1. Yes- dropout 2. No- continued/completed (P26) | |
| P25 | Why was this person not at school or dropped-out? | | | |
| P26-P36: ASK ALL PERSONS 10 YEARS OF AGE AND OVER | | | | |
| P26 | What is the highest qualification or certificate completed? | | | |
| P27 | What is the main activity in the last 7 days? | | | |
| P28 | What is the type of employment status?(SE:Self-employed) | 1. Employer 2. Employee 3. SE 4. Donations 5. Unpaid | 1. Employer 2. Employee 3. SE 4. Donations 5. Unpaid | |
| P29 | What is the principle occupation? (job title) | | | |
| P30 | What industry is this person working for? | | | |
| P31 | How long have you worked in this job? | 1. Less than one year 2. More than a year | 1. Less than one year 2. More than a year | |
| P32 | What is the weekly or annual salary/wages? | \$ \$ | \$ \$ | |
| P33 | Specify office/company/family where this person works | | | |
| P34 | Since November 2005, what were your last three paid jobs? | 1. _____ 2. _____ 3. _____ | 1. _____ 2. _____ 3. _____ | |
| P35 | Why did you change jobs? | | | |
| P36 | As a domestic worker, how many hours did you spend for these activities in the last 7 days (if none write 00) | Agricultural Crafts Fishing TOTAL | Agricultural Crafts Fishing TOTAL | |
| P37-P39: ASK ONLY PERSONS 15 - 24 YEARS OF AGE | | | | |
| P37 | Is he/she able to read a newspaper or Bible? | 1. Yes 2. No Samoan English | 1. Yes 2. No Samoan English | |
| P38 | Is he/she able to write a sentence about himself/herself? | 1. Yes 2. No Samoan English | 1. Yes 2. No Samoan English | |
| P39 | Does he/she understand a simple instruction? | 1. Yes 2. No Samoan English | 1. Yes 2. No Samoan English | |
| P40-P55 : ASK ALL FEMALES 15 - 49 YEARS OF AGE | | | | |
| P40 | Have you ever given birth to a live-born child? | 1. Yes 2. No (End Questions) | 1. Yes 2. No (End Questions) | |
| P41 | Specify the total number of own-children ever born | T otal Male Female | T otal Male Female | |
| P42 | Number of own children died | T otal Male Female | T otal Male Female | |
| P43 | Number of own children still alive and living with you | T otal Male Female | T otal Male Female | |
| P44 | Number of own children still alivebut not living with you | T otal Male Female | T otal Male Female | |
| P45 | Date of birth of your own last born child/twins/triplet? | Day Month Year | Day Month Year | |
| P46 | Sex of last born child (if twins record the youngest first) | 1. Male 2. Female | 1. Male 2. Female | |
| P47 | Is the last born child still alive? | 1. Yes 2. No | 1. Yes 2. No | |
| P48 | Was this child immunized to prevent measles and rubella? | 1. Yes 2. No Misela Rupela | 1. Yes 2. No Misela Rupela | |
| P49 | Who delivered your lastborn baby/babies? | | | |
| P50 | Sex of your second last born child | 1. Male 2. Female | 1. Male 2. Female | |
| P51 | Is that second last born child still alive? | 1. Yes 2. No | 1. Yes 2. No | |
| P52 | Was this child immunized to prevent measles and rubella? | 1. Yes 2. No Misela Rupela | 1. Yes 2. No Misela Rupela | |
| P53 | Sex of the eldest triplet | 1. Male 2. Female | 1. Male 2. Female | |
| P54 | Is that third last born child still alive? | 1. Yes 2. No | 1. Yes 2. No | |
| P55 | Was this child immunized to prevent measles and rubella? | 1. Yes 2. No Misela Rupela | 1. Yes 2. No Misela Rupela | |

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|---|---------------------------------------|---|--|------------------------|----------------------|----------------------|----------------------|-------------------------|----------------------|----------------------|----------------------|
| Region | <input type="text"/> | District | <input type="text"/> | Village | <input type="text"/> | E/Area | <input type="text"/> | Household number | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Household type | <input type="text"/> | Total buildings | <input type="text"/> | Total Household | <input type="text"/> | Total Males | <input type="text"/> | Total Females | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| H1 - H6: BUILDING DETAILS | | | | | | | | | | | |
| H1 | Circle the Building Number | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | <u>6</u> | <u>7</u> | <u>8</u> | <u>9</u> | <u>10</u> |
| H2 | Type of building | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| H3 | Is it an occupied or vacant building? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| H4 | Materials of floor | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| H5 | Materials of outer walls | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| H6 | Materials of roof | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <i>codes</i> | <i>H2</i> | 1.Open Samoan fale 2.Open Samoa fale with extension 3.Closed Samoa fale 4.Closed Samoa fale with extension 5.Open European 6.Open European with extension 7.Closed European house 8.Closed European with extension 9.European house - 2 or more floors 10.Samoa fale - 2 floors 11. Others-specify: | | | | | | | | |
| | <i>codes</i> | <i>H3</i> | 1. Occupied 2.Occupied when required (faletalimalo) 3.Vacant house | | | | | | | | |
| | <i>codes</i> | <i>H4</i> | 1. Wood 2.Stone 3. Concrete 4. Sand 5.Others specify: | | | | | | | | |
| | <i>codes</i> | <i>H5</i> | 1. Open walls 2. Wood 3. Brick/Concrete 4. Metal sheets 5.Others specify: | | | | | | | | |
| | <i>codes</i> | <i>H6</i> | 1.Thatched 2. Metal sheets 3. Thatches & metal sheets 4. Others specify: | | | | | | | | |
| H7 - H25: SOCIO-ECONOMIC STATUS OF THE HOUSEHOLD | | | | | | | | | | | |
| H7 | Land ownership/tenure | 1.Customary 2. Freehold 3. Leased 4. Government land 5.Church land 6. Employer's land | | | | | | | | | |
| H8 | House ownership/tenure | 1.Owned 2. Rented 3. Employer's house 4. Church/Congregation's house | | | | | | | | | |
| H9 | Main source of water supply | 1. Tap 2. Tap(shared) 3. Metered Tap 4. Metered Tap (shared) 5. Rainwater/ 6. Well/Spring | | | | | | | | | |
| H10 | Main type of drinking water | 1. Tap water 2. Metred tap water 3.Well/Spring water 4. Stored Rainwater 5.Paid purified water/(cooler) | | | | | | | | | |
| H11 | Main source of lighting | 1. Electricity 2. Electricity(cash power) 3. Kerosene/Benzene 4. Others | | | | | | | | | |
| H12 | Sources of cooking fuel | 1.Wood 2.Gas 3.Kerosene 4.Electricity 5.Charcoal 6.Wood/Gas 7.Wood/Kerosene 8.Wood/Electricity 9.Wood/Charcoal | | | | | | | | | |
| H13 | Means of waste disposal | 1.Use Public rubbish 3.Burned/buried at home 4.Dispose at sea 5.Dispose at bush | | | | | | | | | |
| H14 | Type of toilet facility | 1. Flush 2.Flush(shared) 3. Pour flush 4. Pour flush(shared) 5. Pit 6. Pit(shared) | | | | | | | | | |
| H15 | Does the household have a telephone? | 1. Yes - operating 2.Yes - not operating 3. No telephone | | | | | | | | | |
| H16 | Does the household have a computer? | 1. Yes - operating 2.Yes - not operating 3. No computer | | | | | | | | | |

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|-----|--|----------------------------------|---|--------------------------|
| H17 | Does the household have an internet line? | 1. Yes - operating | 2. Yes - not operating | 3. No internet |
| H18 | Does the household have a cellular phone? | 1. Yes - operating | 2. Yes - not operating | 3. No cellular phone |
| H19 | Does the household have a homezone telephone? | 1. Yes - operating | 2. Yes - not operating | 3. No homezone telephone |
| H20 | Does the household have a refrigerator/freezer? | 1. Yes - operating | 2. Yes - not operating | 3. No refrigerator |
| H21 | Does the household have a radio? | 1. Yes - operating | 2. Yes - not operating | 3. No radio |
| H22 | Does the household have a video or dvd? | 1. Yes - operating | 2. Yes - not operating | 3. No video/dvd |
| H23 | Does the household have a play-station? | 1. Yes - operating | 2. Yes - not operating | 3. No playstation |
| H24 | How many cars does the household own? | Private <input type="checkbox"/> | Commercial purpose <input type="checkbox"/> | <input type="checkbox"/> |
| H25 | Name three main sources of income(Codebook) | 1. | 2. | 3. |

D1-D6: MATERNAL DEATHS BETWEEN NOVEMBER 2004- NOVEMBER 2006

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|----|---|----------------------|----------------------|
| D1 | Was there any female from this household who passed away between Nov 2004 - Nov 2006 due to pregnancy or birth delivery problems? | 1. Yes | 2. No (GO D7) |
| | Name of deceased female | | |
| D2 | Date of birth of the deceased female | <input type="text"/> | <input type="text"/> |
| D3 | Date of death of the deceased female | <input type="text"/> | <input type="text"/> |
| D4 | Completed Age at death | <input type="text"/> | <input type="text"/> |
| D5 | Main cause of maternal death: 1.Pregnancy problem 2. Birth delivery problem | <input type="text"/> | <input type="text"/> |
| D6 | Who delivered the mother when she gave birth? | | |

D7- D12: HOUSEHOLD DEATHS BETWEEN NOVEMBER 2004- NOVEMBER 2006

| | | | |
|-----|--|----------------------|-----------------------|
| D7 | Was there anybody from this household who passed away between November 2004 - November 2006? | 1. Yes | 2. No - End Questions |
| | Name of deceased person | | |
| D8 | Sex of the deceased person | <input type="text"/> | <input type="text"/> |
| D9 | Date of birth of the deceased person | <input type="text"/> | <input type="text"/> |
| D10 | Date of death of the deceased person | <input type="text"/> | <input type="text"/> |
| D11 | Completed age at death | <input type="text"/> | <input type="text"/> |
| D12 | Specify the main cause of death | | |