

REPUBLIC OF NAURU – BUREAU OF STATISTICS



**Collection Authority:**

This information is collected under the authority of the Republic of Nauru Census Act 1973. Your co-operation in completing this form will play an important part in the success of the census.

**Privacy**

Your privacy is protected by law. No one outside the Nauru Statistics Bureau can see your form or link your answers with your name and address. The enumerator who visits you has signed a confidentiality agreement.

**Coverage**

All persons present in this household on census night must be counted, whether or not they are family members. Please ensure that all persons who spent census night in this household but are not here now are included.

IDENTIFICATION															
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>														
DISTRICT NAME/DISTRICT NUMBER _____															
EA NUMBER _____															
DWELLING NUMBER _____															
HOUSEHOLD NUMBER _____															
FORM NUMBER _____															

INTERVIEWER RESULTS				
	1	2	3	FINAL RESULT
DATE _____	_____	_____	_____	DAY _____
				MONTH _____
				YEAR _____
INTERVIEWER'S NAME _____	_____	_____	_____	INT. NUMBER _____
RESULT* _____	_____	_____	_____	RESULT _____
NEXT TIME OF INTERVIEW: DATE _____ TIME _____	_____	_____		TOTAL NUMBER OF INTERVIEWS _____
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF INTERVIEW 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD _____  TOTAL WOMEN _____  TOTAL MEN _____
LANGUAGE OF INTERVIEW	1 ENGLISH	2 NAURUAN	3 OTHER	LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE _____
LANGUAGE OF RESPONDENT	1 ENGLISH	2 NAURUAN	3 OTHER	

SUPERVISOR NAME _____ DATE _____	OFFICE EDITOR NAME _____ DATE _____	KEYED BY _____	KEYED BY _____
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HOUSE ENUMERATED Yes   
 (TICK) No

SUMMARY SHEET TO BE FILLED IN BY ENUMERATOR

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

<p>H1. Type of building (main building)</p>	<p>01 <input type="checkbox"/> Permanent -single housing unit  02 <input type="checkbox"/> Permanent - more than single unit  03 <input type="checkbox"/> Building with two or more apartments  04 <input type="checkbox"/> Dwelling attached to shop or other non-residential building  05 <input type="checkbox"/> Lodging house  06 <input type="checkbox"/> Traditional  07 <input type="checkbox"/> Improvised  08 <input type="checkbox"/> Other (specify) _____</p>	<p>H9. Materials and condition of guttering</p> <p>1. No guttering  2. Asbestos  3. Tin/Aluminium  4. Plastic (PVC)  5. Improvised</p>	<table border="1"> <thead> <tr> <th></th> <th>Fully Working</th> <th>Needs Repair</th> <th>Needs Replacing</th> </tr> </thead> <tbody> <tr><td>01</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>02</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>03</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>04</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>05</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Fully Working	Needs Repair	Needs Replacing	01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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<p>H2. Materials of outer walls</p>	<p>01 <input type="checkbox"/> Concrete (permanent)  02 <input type="checkbox"/> Wood (permanent)  03 <input type="checkbox"/> Tin/corrugated iron/other improvised  04 <input type="checkbox"/> Other materials (specify) _____  05 <input type="checkbox"/></p>	<p>H10. Materials and condition of downpipes</p> <p>1. No downpipe GO TO H12  2. Asbestos  3. Tin/Aluminium  4. Plastic (PVC)  5. Improvised</p>	<table border="1"> <thead> <tr> <th></th> <th>Fully Working</th> <th>Needs Repair</th> <th>Needs Replacing</th> </tr> </thead> <tbody> <tr><td>01</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>02</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>03</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>04</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>05</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Fully Working	Needs Repair	Needs Replacing	01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
<p>H3. Period building first constructed?</p>	<p>01 <input type="checkbox"/> Less than two years ago  02 <input type="checkbox"/> 2-5 years ago  03 <input type="checkbox"/> 6-10 years ago  04 <input type="checkbox"/> 11-20 years ago  05 <input type="checkbox"/> 21 -50 years ago  06 <input type="checkbox"/> More than 50 years ago</p>	<p>H11. Is downpipe connected to storage tank?</p>	<p>01 <input type="checkbox"/> Yes  02 <input type="checkbox"/> No</p>																												
<p>H4. Do the occupants of this house:</p>	<p>01 <input type="checkbox"/> Own these living quarters  02 <input type="checkbox"/> Rent them from a private landlord  03 <input type="checkbox"/> Rent them from a housing authority/corporation  04 <input type="checkbox"/> Occupy housing belonging to employer  05 <input type="checkbox"/> Occupy government housing  06 <input type="checkbox"/> Live here as squatters  07 <input type="checkbox"/> Occupy living quarters in some other way  08 <input type="checkbox"/> Other (specify) _____</p>	<p>H12. Main source of drinking water?</p>	<p>01 <input type="checkbox"/> Water dispatcher/desalination plant  02 <input type="checkbox"/> Well/underground water  03 <input type="checkbox"/> Rain catchment  04 <input type="checkbox"/> Bottle Water</p>																												
<p>H5. How many rooms does this house have?  (Do not include toilets, bathrooms, storerooms, garage, halls, laundries)</p>	<table border="1"> <thead> <tr> <th></th> <th>No. of rooms</th> </tr> </thead> <tbody> <tr><td>01</td><td><input type="checkbox"/> Bedrooms _____</td></tr> <tr><td>02</td><td><input type="checkbox"/> Dining room _____</td></tr> <tr><td>03</td><td><input type="checkbox"/> Kitchen _____</td></tr> <tr><td>04</td><td><input type="checkbox"/> Total rooms _____ (excl. bathroom, laundry)</td></tr> </tbody> </table>		No. of rooms	01	<input type="checkbox"/> Bedrooms _____	02	<input type="checkbox"/> Dining room _____	03	<input type="checkbox"/> Kitchen _____	04	<input type="checkbox"/> Total rooms _____ (excl. bathroom, laundry)	<p>H13. Main source of water in general?</p>	<p>01 <input type="checkbox"/> Water dispatcher/desalination plant  02 <input type="checkbox"/> Well/underground water  03 <input type="checkbox"/> Rain catchment  04 <input type="checkbox"/> Bottle Water</p>																		
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<p>H6. Does this house have a shared bathroom/shower unit?</p>	<p>01 <input type="checkbox"/> YES, bathroom/shower unit shared by two or more household  02 <input type="checkbox"/> NO</p>	<p>H14. What is the capacity of the households water storage tank?</p>	<p>01 <input type="checkbox"/> No supply storage  02 <input type="checkbox"/> Cistern (tank) less than 3,000 gallons  03 <input type="checkbox"/> 3,000 - 5,000 gallon cistern  04 <input type="checkbox"/> 5,000 - 10,000 gallon cistern  05 <input type="checkbox"/> 10,000+ gallon cistern</p>																												
<p>H7. Does this house have a shared kitchen unit?</p>	<p>01 <input type="checkbox"/> YES, kitchen is shared by two or more households  02 <input type="checkbox"/> NO</p>	<p>H15. Material of water storage tank</p>	<p>01 <input type="checkbox"/> Concrete  02 <input type="checkbox"/> Aluminium/Galvanised iron  03 <input type="checkbox"/> Plastic  04 <input type="checkbox"/> Fibreglass  05 <input type="checkbox"/> Barrel</p>																												
<p>H8. Materials and condition of roofing</p>	<table border="1"> <thead> <tr> <th></th> <th>Fully Working</th> <th>Needs Repair</th> <th>Needs Replacing</th> </tr> </thead> <tbody> <tr><td>01</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>02</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>03</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>04</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>05</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>06</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Fully Working	Needs Repair	Needs Replacing	01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>H16. Does this house's main water supply dry up?</p>	<p>01 <input type="checkbox"/> Never  02 <input type="checkbox"/> Sometimes  03 <input type="checkbox"/> Frequently</p>
	Fully Working	Needs Repair	Needs Replacing																												
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	Fully Working	Needs Repair	Needs Replacing																												
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		<p>H18. Where does the water from this household come from during periods when water is scarce?</p>	<p>01 <input type="checkbox"/> Ground water  02 <input type="checkbox"/> Surface water (lagoon)  03 <input type="checkbox"/> Surface water (cave)  04 <input type="checkbox"/> Seawater (privately owned)  05 <input type="checkbox"/> Seawater (govt owned)</p>																												

<p>H19. Use of underground water for and water abstraction type:</p> <p>1. Do not use underground water 2. Washing 3. Kitchen 4. Personal bathing 5. Cooking 6. Drinking 7. Gardening/Outdoor use 8. Other (including income generation)</p>	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="2">Abstraction Type</th> <th></th> </tr> <tr> <th colspan="2"></th> <th>Pressure Pump</th> <th>Bail/Bucket</th> <th></th> </tr> </thead> <tbody> <tr> <td>01</td> <td><input type="checkbox"/></td> <td>1 <input checked="" type="checkbox"/></td> <td>2 <input checked="" type="checkbox"/></td> <td>If 1 Go to next question</td> </tr> <tr> <td>02</td> <td><input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>03</td> <td><input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>04</td> <td><input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>05</td> <td><input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>06</td> <td><input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>07</td> <td><input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>08</td> <td><input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>			Abstraction Type					Pressure Pump	Bail/Bucket		01	<input type="checkbox"/>	1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	If 1 Go to next question	02	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		03	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		04	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		05	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		06	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		07	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		08	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<p>H24. Main source of lighting</p>	<p>01 <input type="checkbox"/> Electricity 02 <input type="checkbox"/> Gas 03 <input type="checkbox"/> Kerosene 04 <input type="checkbox"/> Other (specify) _____</p>																																																														
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<p>H20. Main toilet facilities this household use?</p>	<p>01 <input type="checkbox"/> Tank Flush - private/inside dwelling 02 <input type="checkbox"/> Tank Flush - private/outside dwelling 03 <input type="checkbox"/> Tank Flush - share with others 04 <input type="checkbox"/> Pour Flush - Private/inside dwelling 05 <input type="checkbox"/> Pour Flush - Private/outside dwelling 06 <input type="checkbox"/> Pour Flush - share with others 07 <input type="checkbox"/> Compost - private/inside dwelling 08 <input type="checkbox"/> Compost - private/outside dwelling 09 <input type="checkbox"/> Compost - share with others 10 <input type="checkbox"/> None</p>	<p>H25. Main fuel for cooking</p>	<p>01 <input type="checkbox"/> Electricity 02 <input type="checkbox"/> Gas 03 <input type="checkbox"/> Kerosene 04 <input type="checkbox"/> Wood/open fire 05 <input type="checkbox"/> Other (specify) _____</p>																																																																																																																
<p>H21. Is the toilet flushed with:</p>	<p>01 <input type="checkbox"/> Water dispatcher/desalination plant 02 <input type="checkbox"/> Well/underground water 03 <input type="checkbox"/> Rain catchment 04 <input type="checkbox"/> Other source (specify) _____</p>	<p>H26. Main source of electricity?</p>	<p>01 <input type="checkbox"/> Government supplied 02 <input type="checkbox"/> Own generator 03 <input type="checkbox"/> Solar 04 <input type="checkbox"/> No electricity 05 <input type="checkbox"/> Other (specify) _____</p>																																																																																																																
<p>H22. Is the toilet flushed into:</p>	<p>01 <input type="checkbox"/> Sewerage system 02 <input type="checkbox"/> Septic tank 03 <input type="checkbox"/> Cesspit/Soakaway 04 <input type="checkbox"/> Other (specify) _____</p>	<p>H27. Do the occupants of this household undertake the following activities and for which purpose:</p> <p>i. Collecting on ocean flat (eg; by hand) ii. Collecting on reef flat (eg; by hand) iii. Ocean fishing (eg; fishing line/spear) iv. Reef fishing (eg; fishing line/spear) v. Net fishing vi. Aquaculture vii. Noddybird catch</p>	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="4">own use sale Both</th> <th></th> </tr> <tr> <th colspan="2"></th> <th>No</th> <th>use</th> <th>sale</th> <th>Both</th> <th></th> </tr> </thead> <tbody> <tr> <td>01</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td rowspan="7">IF "NO" GO TO NEXT ITEM IN THE QUESTION</td> </tr> <tr> <td>02</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>03</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>04</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>05</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>06</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>07</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </tbody> </table>			own use sale Both							No	use	sale	Both		01	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	IF "NO" GO TO NEXT ITEM IN THE QUESTION	02	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	03	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	04	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	05	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	06	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	07	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>																																																							
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<p>H23. Does this household own any of the following items in working order?</p> <p>A. For sustaining quality of life</p> <p>B. ICT and communications</p> <p>C. Of commercial or subsistence value</p>	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="2">Number</th> </tr> </thead> <tbody> <tr> <td colspan="4"><i>Tick box if yes</i></td> </tr> <tr> <td>01</td> <td><input type="checkbox"/> Motor car</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>02</td> <td><input type="checkbox"/> Motor bike</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>03</td> <td><input type="checkbox"/> Truck/ Van/Mini-bus</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>04</td> <td><input type="checkbox"/> Bicycle</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>05</td> <td><input type="checkbox"/> Refrigerator</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>06</td> <td><input type="checkbox"/> Deep freezer</td> <td><input type="checkbox"/></td> <td><input 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Fibreglass</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>21</td> <td><input type="checkbox"/> Motor boat – Wood</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4"> </td> </tr> <tr> <td>22</td> <td><input type="checkbox"/> Traditional canoe</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>23</td> <td><input type="checkbox"/> Outboard motor</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			Number		<i>Tick box if yes</i>				01	<input type="checkbox"/> Motor car	<input type="checkbox"/>	<input type="checkbox"/>	02	<input type="checkbox"/> Motor bike	<input type="checkbox"/>	<input type="checkbox"/>	03	<input type="checkbox"/> Truck/ Van/Mini-bus	<input type="checkbox"/>	<input type="checkbox"/>	04	<input type="checkbox"/> Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	05	<input type="checkbox"/> 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Does this house have a kitchen garden?</p>	<p>01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO</p>
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<p>H29. What type of crop does this household grow and for what purpose?</p> <p>i. Pumpkin ii. Mangoes iii. Paw Paw iv. Bread Fruit v. Cabbage (all) vi. Other tropical crop vii. Other foreign crop viii. Other (specify) _____</p>		<p>H30. What livestock does this household produce/have?</p>	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="4">own use sale Both</th> <th></th> </tr> <tr> <th colspan="2"></th> <th>No</th> <th>use</th> <th>sale</th> <th>Both</th> <th></th> </tr> </thead> <tbody> <tr> <td>01</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td rowspan="8">IF "NO" GO TO NEXT ITEM</td> </tr> <tr> <td>02</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>03</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>04</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>05</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>06</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>07</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>08</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </tbody> </table>			own use sale Both							No	use	sale	Both		01	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	IF "NO" GO TO NEXT ITEM	02	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	03	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	04	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	05	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	06	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	07	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	08	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>																																																	
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<p>H31. MAIN CASH INFLOW: What was the main source of income for this household during the last 3 months?</p>		<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="2">Number</th> </tr> <tr> <th colspan="2"></th> <th>Penned</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>01</td> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>02</td> <td><input type="checkbox"/> Pigs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>03</td> <td><input type="checkbox"/> Chicken</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>04</td> <td><input type="checkbox"/> Ducks</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>05</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			Number				Penned	Other	01	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	02	<input type="checkbox"/> Pigs	<input type="checkbox"/>	<input type="checkbox"/>	03	<input type="checkbox"/> Chicken	<input type="checkbox"/>	<input type="checkbox"/>	04	<input type="checkbox"/> Ducks	<input type="checkbox"/>	<input type="checkbox"/>	05	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>																																																																																					
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<p>H32. Have any residents of this household died during the last 3 years?</p>	<p>01 02 03</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>																																																
<p>If "Yes" then provide details;</p>	<p>01 02 03</p>	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="2">AGE</th> <th colspan="5">Date of Death</th> </tr> <tr> <th>1</th> <th>2</th> <th colspan="2"></th> <th colspan="5"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>M</td> <td><input type="checkbox"/></td> <td>F</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>M</td> <td><input type="checkbox"/></td> <td>F</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>M</td> <td><input type="checkbox"/></td> <td>F</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>			AGE		Date of Death					1	2								<input type="checkbox"/>	M	<input type="checkbox"/>	F							<input type="checkbox"/>	M	<input type="checkbox"/>	F							<input type="checkbox"/>	M	<input type="checkbox"/>	F						
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<input type="checkbox"/>	M	<input type="checkbox"/>	F																																															
<p>If Female aged 15-49 at the time of death was she?</p>	<p>01 02 03</p>	<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td></td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Codes</p> <ol style="list-style-type: none"> <li>1. Pregnant</li> <li>2. Giving birth</li> <li>3. Within 6 wks after pregnancy or childbirth</li> <li>4. Non related</li> <li>5. Do not know</li> </ol> </div>			1	2	3	4	5	<input type="checkbox"/>							<input type="checkbox"/>							<input type="checkbox"/>																										
		1	2	3	4	5																																												
<input type="checkbox"/>																																																		
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<input type="checkbox"/>																																																		

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06
P1. 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
P2. 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
P3. What is (name's) relationship to the head of this household?	01 <input type="checkbox"/> Head of Household 02 <input type="checkbox"/> Wife/Husband/Defacto Son/Daughter 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/Defacto Son/Daughter 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/Defacto Son/Daughter 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/Defacto Son/Daughter 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/Defacto Son/Daughter 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/Defacto Son/Daughter 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
P4. What is (name's) religion? (Answer not compulsory)	01 <input type="checkbox"/> No Religion 02 <input type="checkbox"/> Nauruan Congregational 03 <input type="checkbox"/> Roman Catholic 04 <input type="checkbox"/> Nauru Independent 05 <input type="checkbox"/> Do not wish to answer 06 <input type="checkbox"/> Other	01 <input type="checkbox"/> No Religion 02 <input type="checkbox"/> Nauruan Congregational 03 <input type="checkbox"/> Roman Catholic 04 <input type="checkbox"/> Nauru Independent 05 <input type="checkbox"/> Do not wish to answer 06 <input type="checkbox"/> Other	01 <input type="checkbox"/> No Religion 02 <input type="checkbox"/> Nauruan Congregational 03 <input type="checkbox"/> Roman Catholic 04 <input type="checkbox"/> Nauru Independent 05 <input type="checkbox"/> Do not wish to answer 06 <input type="checkbox"/> Other	01 <input type="checkbox"/> No Religion 02 <input type="checkbox"/> Nauruan Congregational 03 <input type="checkbox"/> Roman Catholic 04 <input type="checkbox"/> Nauru Independent 05 <input type="checkbox"/> Do not wish to answer 06 <input type="checkbox"/> Other	01 <input type="checkbox"/> No Religion 02 <input type="checkbox"/> Nauruan Congregational 03 <input type="checkbox"/> Roman Catholic 04 <input type="checkbox"/> Nauru Independent 05 <input type="checkbox"/> Do not wish to answer 06 <input type="checkbox"/> Other	01 <input type="checkbox"/> No Religion 02 <input type="checkbox"/> Nauruan Congregational 03 <input type="checkbox"/> Roman Catholic 04 <input type="checkbox"/> Nauru Independent 05 <input type="checkbox"/> Do not wish to answer 06 <input type="checkbox"/> Other
P5. 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 [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
P6. What was (name's) age last birthday?	[ ][ ][ ] years	[ ][ ][ ] years	[ ][ ][ ] years	[ ][ ][ ] years	[ ][ ][ ] years	[ ][ ][ ] years
P7. 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)

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06	
P8. Is (name) biological mother still alive?	01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No (GO TO P10) 03 <input type="checkbox"/> Don't Know	01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No (GO TO P10) 03 <input type="checkbox"/> Don't Know	01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No (GO TO P10) 03 <input type="checkbox"/> Don't Know	01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No (GO TO P10) 03 <input type="checkbox"/> Don't Know	01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No (GO TO P10) 03 <input type="checkbox"/> Don't Know	01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No (GO TO P10) 03 <input type="checkbox"/> Don't Know	
P9. Is she living in this HH? If "Y" state mother's person number	01 <input type="checkbox"/> Yes → <input type="text"/> <input type="text"/> 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't Know	01 <input type="checkbox"/> Yes → <input type="text"/> <input type="text"/> 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't Know	01 <input type="checkbox"/> Yes → <input type="text"/> <input type="text"/> 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't Know	01 <input type="checkbox"/> Yes → <input type="text"/> <input type="text"/> 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't Know	01 <input type="checkbox"/> Yes → <input type="text"/> <input type="text"/> 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't Know	01 <input type="checkbox"/> Yes → <input type="text"/> <input type="text"/> 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't Know	
P10. What is (name's) mother's local tribe?	01 <input type="checkbox"/> Unknown 02 <input type="checkbox"/> No Tribe 03 <input type="checkbox"/> Deiboe 04 <input type="checkbox"/> Eamangum 05 <input type="checkbox"/> Eamwitmwit 06 <input type="checkbox"/> Eamwidara 07 <input type="checkbox"/> Eano 08 <input type="checkbox"/> Eaoru 09 <input type="checkbox"/> Emea 10 <input type="checkbox"/> Eamwit 11 <input type="checkbox"/> Ranibok 12 <input type="checkbox"/> Iwi 13 <input type="checkbox"/> Irutsi 14 <input type="checkbox"/> Iruwa	01 <input type="checkbox"/> Unknown 02 <input type="checkbox"/> No Tribe 03 <input type="checkbox"/> Deiboe 04 <input type="checkbox"/> Eamangum 05 <input type="checkbox"/> Eamwitmwit 06 <input type="checkbox"/> Eamwidara 07 <input type="checkbox"/> Eano 08 <input type="checkbox"/> Eaoru 09 <input type="checkbox"/> Emea 10 <input type="checkbox"/> Eamwit 11 <input type="checkbox"/> Ranibok 12 <input type="checkbox"/> Iwi 13 <input type="checkbox"/> Irutsi 14 <input type="checkbox"/> Iruwa	01 <input type="checkbox"/> Unknown 02 <input type="checkbox"/> No Tribe 03 <input type="checkbox"/> Deiboe 04 <input type="checkbox"/> Eamangum 05 <input type="checkbox"/> Eamwitmwit 06 <input type="checkbox"/> Eamwidara 07 <input type="checkbox"/> Eano 08 <input type="checkbox"/> Eaoru 09 <input type="checkbox"/> Emea 10 <input type="checkbox"/> Eamwit 11 <input type="checkbox"/> Ranibok 12 <input type="checkbox"/> Iwi 13 <input type="checkbox"/> Irutsi 14 <input type="checkbox"/> Iruwa	01 <input type="checkbox"/> Unknown 02 <input type="checkbox"/> No Tribe 03 <input type="checkbox"/> Deiboe 04 <input type="checkbox"/> Eamangum 05 <input type="checkbox"/> Eamwitmwit 06 <input type="checkbox"/> Eamwidara 07 <input type="checkbox"/> Eano 08 <input type="checkbox"/> Eaoru 09 <input type="checkbox"/> Emea 10 <input type="checkbox"/> Eamwit 11 <input type="checkbox"/> Ranibok 12 <input type="checkbox"/> Iwi 13 <input type="checkbox"/> Irutsi 14 <input type="checkbox"/> Iruwa	01 <input type="checkbox"/> Unknown 02 <input type="checkbox"/> No Tribe 03 <input type="checkbox"/> Deiboe 04 <input type="checkbox"/> Eamangum 05 <input type="checkbox"/> Eamwitmwit 06 <input type="checkbox"/> Eamwidara 07 <input type="checkbox"/> Eano 08 <input type="checkbox"/> Eaoru 09 <input type="checkbox"/> Emea 10 <input type="checkbox"/> Eamwit 11 <input type="checkbox"/> Ranibok 12 <input type="checkbox"/> Iwi 13 <input type="checkbox"/> Irutsi 14 <input type="checkbox"/> Iruwa	01 <input type="checkbox"/> Unknown 02 <input type="checkbox"/> No Tribe 03 <input type="checkbox"/> Deiboe 04 <input type="checkbox"/> Eamangum 05 <input type="checkbox"/> Eamwitmwit 06 <input type="checkbox"/> Eamwidara 07 <input type="checkbox"/> Eano 08 <input type="checkbox"/> Eaoru 09 <input type="checkbox"/> Emea 10 <input type="checkbox"/> Eamwit 11 <input type="checkbox"/> Ranibok 12 <input type="checkbox"/> Iwi 13 <input type="checkbox"/> Irutsi 14 <input type="checkbox"/> Iruwa	
P11. Is (name) biological father still alive?	01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't Know	01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't Know	01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't Know	01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't Know	01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't Know	01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't Know	
P12. What is (name's) marital/relationship status? FOR ANSWERS 02 TO 05 GO TO P14	01 <input type="checkbox"/> Now Married 02 <input type="checkbox"/> Never Married (GO TO P14) 03 <input type="checkbox"/> Now Divorced (GO TO P14) 04 <input type="checkbox"/> Now Separated (GO TO P14) 05 <input type="checkbox"/> Now Widowed (GO TO P14) 06 <input type="checkbox"/> De facto relationship	01 <input type="checkbox"/> Now Married 02 <input type="checkbox"/> Never Married (GO TO P14) 03 <input type="checkbox"/> Now Divorced (GO TO P14) 04 <input type="checkbox"/> Now Separated (GO TO P14) 05 <input type="checkbox"/> Now Widowed (GO TO P14) 06 <input type="checkbox"/> De facto relationship	01 <input type="checkbox"/> Now Married 02 <input type="checkbox"/> Never Married (GO TO P14) 03 <input type="checkbox"/> Now Divorced (GO TO P14) 04 <input type="checkbox"/> Now Separated (GO TO P14) 05 <input type="checkbox"/> Now Widowed (GO TO P14) 06 <input type="checkbox"/> De facto relationship	01 <input type="checkbox"/> Now Married 02 <input type="checkbox"/> Never Married (GO TO P14) 03 <input type="checkbox"/> Now Divorced (GO TO P14) 04 <input type="checkbox"/> Now Separated (GO TO P14) 05 <input type="checkbox"/> Now Widowed (GO TO P14) 06 <input type="checkbox"/> De facto relationship	01 <input type="checkbox"/> Now Married 02 <input type="checkbox"/> Never Married (GO TO P14) 03 <input type="checkbox"/> Now Divorced (GO TO P14) 04 <input type="checkbox"/> Now Separated (GO TO P14) 05 <input type="checkbox"/> Now Widowed (GO TO P14) 06 <input type="checkbox"/> De facto relationship	01 <input type="checkbox"/> Now Married 02 <input type="checkbox"/> Never Married (GO TO P14) 03 <input type="checkbox"/> Now Divorced (GO TO P14) 04 <input type="checkbox"/> Now Separated (GO TO P14) 05 <input type="checkbox"/> Now Widowed (GO TO P14) 06 <input type="checkbox"/> De facto relationship	
P13. Is (name) married or in relationship 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	
P14. What is (name's) nationality?	01 <input type="checkbox"/> Nauruan 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 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 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 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 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 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 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)

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06
P15. What is (name's) citizenship	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Nauruan+other 03 <input type="checkbox"/> Other (specify all) _____ _____	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Nauruan+other 03 <input type="checkbox"/> Other (specify all) _____ _____	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Nauruan+other 03 <input type="checkbox"/> Other (specify all) _____ _____	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Nauruan+other 03 <input type="checkbox"/> Other (specify all) _____ _____	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Nauruan+other 03 <input type="checkbox"/> Other (specify all) _____ _____	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Nauruan+other 03 <input type="checkbox"/> Other (specify all) _____ _____
P16. Number of months/years spent in Nauru?	01 <input type="checkbox"/> years <input type="checkbox"/> <input type="checkbox"/> 02 <input type="checkbox"/> months <input type="checkbox"/> <input type="checkbox"/> IF < YEARS 03 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IF < MONTH	01 <input type="checkbox"/> years <input type="checkbox"/> <input type="checkbox"/> 02 <input type="checkbox"/> months <input type="checkbox"/> <input type="checkbox"/> IF < YEARS 03 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IF < MONTH	01 <input type="checkbox"/> years <input type="checkbox"/> <input type="checkbox"/> 02 <input type="checkbox"/> months <input type="checkbox"/> <input type="checkbox"/> IF < YEARS 03 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IF < MONTH	01 <input type="checkbox"/> years <input type="checkbox"/> <input type="checkbox"/> 02 <input type="checkbox"/> months <input type="checkbox"/> <input type="checkbox"/> IF < YEARS 03 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IF < MONTH	01 <input type="checkbox"/> years <input type="checkbox"/> <input type="checkbox"/> 02 <input type="checkbox"/> months <input type="checkbox"/> <input type="checkbox"/> IF < YEARS 03 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IF < MONTH	01 <input type="checkbox"/> years <input type="checkbox"/> <input type="checkbox"/> 02 <input type="checkbox"/> months <input type="checkbox"/> <input type="checkbox"/> IF < YEARS 03 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IF < MONTH
P17. This question asks about difficulties this person may have, doing certain activities because of a health problem. Does this person have difficulty in:	ND SD CD 01 a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 06 f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 07 g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	ND SD CD 01 a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 06 f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 07 g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	ND SD CD 01 a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 06 f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 07 g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	ND SD CD 01 a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 06 f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 07 g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	ND SD CD 01 a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 06 f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 07 g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	ND SD CD 01 a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 06 f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 07 g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
<b>ONLY CONTINUE FOR PERSONS AGED 5 YEARS OR MORE ( BORN BEFORE OCTOBER 2006)</b>						
P18. 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 P20) 04 <input type="checkbox"/> Never been to school (go to P30)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to P20) 04 <input type="checkbox"/> Never been to school (go to P30)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to P20) 04 <input type="checkbox"/> Never been to school (go to P30)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to P20) 04 <input type="checkbox"/> Never been to school (go to P30)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to P20) 04 <input type="checkbox"/> Never been to school (go to P30)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to P20) 04 <input type="checkbox"/> Never been to school (go to P30)
P19. What type of educational institution is (name) attending now?	01 <input type="checkbox"/> Pre-school (Go to P30) 02 <input type="checkbox"/> Primary School, Govt (go to P30) 03 <input type="checkbox"/> Primary School, Non-Govt (go to P30) 04 <input type="checkbox"/> Secondary, Govt (go to P30) 05 <input type="checkbox"/> Secondary Non-Govt (go to P30) 06 <input type="checkbox"/> Tertiary (go to P23) 07 <input type="checkbox"/> Other institutions (specify) (go to P23)	01 <input type="checkbox"/> Pre-school (Go to P30) 02 <input type="checkbox"/> Primary School, Govt (go to P30) 03 <input type="checkbox"/> Primary School, Non-Govt (go to P30) 04 <input type="checkbox"/> Secondary, Govt (go to P30) 05 <input type="checkbox"/> Secondary Non-Govt (go to P30) 06 <input type="checkbox"/> Tertiary (go to P23) 07 <input type="checkbox"/> Other institutions (specify) (go to P23)	01 <input type="checkbox"/> Pre-school (Go to P30) 02 <input type="checkbox"/> Primary School, Govt (go to P30) 03 <input type="checkbox"/> Primary School, Non-Govt (go to P30) 04 <input type="checkbox"/> Secondary, Govt (go to P30) 05 <input type="checkbox"/> Secondary Non-Govt (go to P30) 06 <input type="checkbox"/> Tertiary (go to P23) 07 <input type="checkbox"/> Other institutions (specify) (go to P23)	01 <input type="checkbox"/> Pre-school (Go to P30) 02 <input type="checkbox"/> Primary School, Govt (go to P30) 03 <input type="checkbox"/> Primary School, Non-Govt (go to P30) 04 <input type="checkbox"/> Secondary, Govt (go to P30) 05 <input type="checkbox"/> Secondary Non-Govt (go to P30) 06 <input type="checkbox"/> Tertiary (go to P23) 07 <input type="checkbox"/> Other institutions (specify) (go to P23)	01 <input type="checkbox"/> Pre-school (Go to P30) 02 <input type="checkbox"/> Primary School, Govt (go to P30) 03 <input type="checkbox"/> Primary School, Non-Govt (go to P30) 04 <input type="checkbox"/> Secondary, Govt (go to P30) 05 <input type="checkbox"/> Secondary Non-Govt (go to P30) 06 <input type="checkbox"/> Tertiary (go to P23) 07 <input type="checkbox"/> Other institutions (specify) (go to P23)	01 <input type="checkbox"/> Pre-school (Go to P30) 02 <input type="checkbox"/> Primary School, Govt (go to P30) 03 <input type="checkbox"/> Primary School, Non-Govt (go to P30) 04 <input type="checkbox"/> Secondary, Govt (go to P30) 05 <input type="checkbox"/> Secondary Non-Govt (go to P30) 06 <input type="checkbox"/> Tertiary (go to P23) 07 <input type="checkbox"/> Other institutions (specify) (go to P23)



	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06	
P20. 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	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
P21. What is (name's) highest qualification?	01 <input type="checkbox"/> None 02 <input type="checkbox"/> Secondary leavers cert. 03 <input type="checkbox"/> Matriculation Certificate 04 <input type="checkbox"/> Diploma/Certificate 05 <input type="checkbox"/> Degree (Undergraduate) 06 <input type="checkbox"/> Post Graduate Degree 07 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> None 02 <input type="checkbox"/> Secondary leavers cert. 03 <input type="checkbox"/> Matriculation Certificate 04 <input type="checkbox"/> Diploma/Certificate 05 <input type="checkbox"/> Degree (Undergraduate) 06 <input type="checkbox"/> Post Graduate Degree 07 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> None 02 <input type="checkbox"/> Secondary leavers cert. 03 <input type="checkbox"/> Matriculation Certificate 04 <input type="checkbox"/> Diploma/Certificate 05 <input type="checkbox"/> Degree (Undergraduate) 06 <input type="checkbox"/> Post Graduate Degree 07 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> None 02 <input type="checkbox"/> Secondary leavers cert. 03 <input type="checkbox"/> Matriculation Certificate 04 <input type="checkbox"/> Diploma/Certificate 05 <input type="checkbox"/> Degree (Undergraduate) 06 <input type="checkbox"/> Post Graduate Degree 07 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> None 02 <input type="checkbox"/> Secondary leavers cert. 03 <input type="checkbox"/> Matriculation Certificate 04 <input type="checkbox"/> Diploma/Certificate 05 <input type="checkbox"/> Degree (Undergraduate) 06 <input type="checkbox"/> Post Graduate Degree 07 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> None 02 <input type="checkbox"/> Secondary leavers cert. 03 <input type="checkbox"/> Matriculation Certificate 04 <input type="checkbox"/> Diploma/Certificate 05 <input type="checkbox"/> Degree (Undergraduate) 06 <input type="checkbox"/> Post Graduate Degree 07 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> None 02 <input type="checkbox"/> Secondary leavers cert. 03 <input type="checkbox"/> Matriculation Certificate 04 <input type="checkbox"/> Diploma/Certificate 05 <input type="checkbox"/> Degree (Undergraduate) 06 <input type="checkbox"/> Post Graduate Degree 07 <input type="checkbox"/> Other (specify)
P22. 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	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
P23. 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 P26)	01 <input type="checkbox"/> YES Name of Institution _____ Type of Training 02 <input type="checkbox"/> NO (Go to P26)	01 <input type="checkbox"/> YES Name of Institution _____ Type of Training 02 <input type="checkbox"/> NO (Go to P26)	01 <input type="checkbox"/> YES Name of Institution _____ Type of Training 02 <input type="checkbox"/> NO (Go to P26)	01 <input type="checkbox"/> YES Name of Institution _____ Type of Training 02 <input type="checkbox"/> NO (Go to P26)	01 <input type="checkbox"/> YES Name of Institution _____ Type of Training 02 <input type="checkbox"/> NO (Go to P26)	01 <input type="checkbox"/> YES Name of Institution _____ Type of Training 02 <input type="checkbox"/> NO (Go to P26)
P24. Did (name) complete that training?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (Go to P26) 03 <input type="checkbox"/> Still studying (Go to P26)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (Go to P26) 03 <input type="checkbox"/> Still studying (Go to P26)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (Go to P26) 03 <input type="checkbox"/> Still studying (Go to P26)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (Go to P26) 03 <input type="checkbox"/> Still studying (Go to P26)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (Go to P26) 03 <input type="checkbox"/> Still studying (Go to P26)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (Go to P26) 03 <input type="checkbox"/> Still studying (Go to P26)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (Go to P26) 03 <input type="checkbox"/> Still studying (Go to P26)
P25. What was the name of the qualification did (name) receive? (specify) eg. Certificate in Auto Engineering.	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06
P26. 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
P27 Is (name) currently doing any course leading to a trade, professional or career qualification?	01 <input type="checkbox"/> YES Vocational/Technical (Go to P30) 02 <input type="checkbox"/> YES Tertiary Course (Go to P30) 03 <input type="checkbox"/> YES University (Go to P30) 04 <input type="checkbox"/> NO, finished it 05 <input type="checkbox"/> NO/None (go to P30)	01 <input type="checkbox"/> YES Vocational/Technical (Go to P30) 02 <input type="checkbox"/> YES Tertiary Course (Go to P30) 03 <input type="checkbox"/> YES University (Go to P30) 04 <input type="checkbox"/> NO, finished it 05 <input type="checkbox"/> NO/None (go to P30)	01 <input type="checkbox"/> YES Vocational/Technical (Go to P30) 02 <input type="checkbox"/> YES Tertiary Course (Go to P30) 03 <input type="checkbox"/> YES University (Go to P30) 04 <input type="checkbox"/> NO, finished it 05 <input type="checkbox"/> NO/None (go to P30)	01 <input type="checkbox"/> YES Vocational/Technical (Go to P30) 02 <input type="checkbox"/> YES Tertiary Course (Go to P30) 03 <input type="checkbox"/> YES University (Go to P30) 04 <input type="checkbox"/> NO, finished it 05 <input type="checkbox"/> NO/None (go to P30)	01 <input type="checkbox"/> YES Vocational/Technical (Go to P30) 02 <input type="checkbox"/> YES Tertiary Course (Go to P30) 03 <input type="checkbox"/> YES University (Go to P30) 04 <input type="checkbox"/> NO, finished it 05 <input type="checkbox"/> NO/None (go to P30)	01 <input type="checkbox"/> YES Vocational/Technical (Go to P30) 02 <input type="checkbox"/> YES Tertiary Course (Go to P30) 03 <input type="checkbox"/> YES University (Go to P30) 04 <input type="checkbox"/> NO, finished it 05 <input type="checkbox"/> NO/None (go to P30)
P28. 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)
P29. Country where name attained highest qualification?						
P30. 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)
P31. What language does (name) mainly speak at home?	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English GO TO P33 03 <input type="checkbox"/> Others (specify all) GO TO P33	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English GO TO P33 03 <input type="checkbox"/> Others (specify) GO TO P33	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English GO TO P33 03 <input type="checkbox"/> Others (specify) GO TO P33	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English GO TO P33 03 <input type="checkbox"/> Others (specify) GO TO P33	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English GO TO P33 03 <input type="checkbox"/> Others (specify) GOTO P33	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English GO TO P33 03 <input type="checkbox"/> Others (specify) GO TO P33

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06	
P32. If Nauruan is spoken at home can (name)	01 <input type="checkbox"/> Read fluently in Nauruan 02 <input type="checkbox"/> Write fluently in Nauruan 03 <input type="checkbox"/> Both the above 04 <input type="checkbox"/> Neither of the above	01 <input type="checkbox"/> Read fluently in Nauruan 02 <input type="checkbox"/> Write fluently in Nauruan 03 <input type="checkbox"/> Both the above 04 <input type="checkbox"/> Neither of the above	01 <input type="checkbox"/> Read fluently in Nauruan 02 <input type="checkbox"/> Write fluently in Nauruan 03 <input type="checkbox"/> Both the above 04 <input type="checkbox"/> Neither of the above	01 <input type="checkbox"/> Read fluently in Nauruan 02 <input type="checkbox"/> Write fluently in Nauruan 03 <input type="checkbox"/> Both the above 04 <input type="checkbox"/> Neither of the above	01 <input type="checkbox"/> Read fluently in Nauruan 02 <input type="checkbox"/> Write fluently in Nauruan 03 <input type="checkbox"/> Both the above 04 <input type="checkbox"/> Neither of the above	01 <input type="checkbox"/> Read fluently in Nauruan 02 <input type="checkbox"/> Write fluently in Nauruan 03 <input type="checkbox"/> Both the above 04 <input type="checkbox"/> Neither of the above	01 <input type="checkbox"/> Read fluently in Nauruan 02 <input type="checkbox"/> Write fluently in Nauruan 03 <input type="checkbox"/> Both the above 04 <input type="checkbox"/> Neither of the above
<b>ONLY CONTINUE FOR PERSONS 15 YEARS OR MORE (BORN BEFORE OCTOBER 1996)</b>							
P33. Did name use the internet in the 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	
P34 What was name's main activity during last week?	01 <input type="checkbox"/> Employer 02 <input type="checkbox"/> Employee, working for wages/salary; i) Private sector ii) Public sector 03 <input type="checkbox"/> Self employed. Producing goods or service for sale 04 <input type="checkbox"/> employed (as in group 1,2,3) but on sick leave, holiday, etc. 05 <input type="checkbox"/> Self employed. Producing goods/services for own/family consumption (GO TO P37) 06 <input type="checkbox"/> Unpaid worker in family business/plantation (GO TO P37) 07 <input type="checkbox"/> Voluntary work (GO TO P37) 08 <input type="checkbox"/> Student (GO TO P39) 09 <input type="checkbox"/> Home duties (GO TO P39) 10 <input type="checkbox"/> Retired (GO TO P39) 11 <input type="checkbox"/> Do not work (none of the above) (GO TO P40)	01 <input type="checkbox"/> Employer 02 <input type="checkbox"/> Employee, working for wages/salary; i) Private sector ii) Public sector 03 <input type="checkbox"/> Self employed. Producing goods or service for sale 04 <input type="checkbox"/> employed (as in group 1,2,3) but on sick leave, holiday, etc. 05 <input type="checkbox"/> Self employed. Producing goods/services for own/family consumption (GO TO P37) 06 <input type="checkbox"/> Unpaid worker in family business/plantation (GO TO P37) 07 <input type="checkbox"/> Voluntary work (GO TO P37) 08 <input type="checkbox"/> Student (GO TO P39) 09 <input type="checkbox"/> Home duties (GO TO P39) 10 <input type="checkbox"/> Retired (GO TO P39) 11 <input type="checkbox"/> Do not work (none of the above) (GO TO P40)	01 <input type="checkbox"/> Employer 02 <input type="checkbox"/> Employee, working for wages/salary; i) Private sector ii) Public sector 03 <input type="checkbox"/> Self employed. Producing goods or service for sale 04 <input type="checkbox"/> employed (as in group 1,2,3) but on sick leave, holiday, etc. 05 <input type="checkbox"/> Self employed. Producing goods/services for own/family consumption (GO TO P37) 06 <input type="checkbox"/> Unpaid worker in family business/plantation (GO TO P37) 07 <input type="checkbox"/> Voluntary work (GO TO P37) 08 <input type="checkbox"/> Student (GO TO P39) 09 <input type="checkbox"/> Home duties (GO TO P39) 10 <input type="checkbox"/> Retired (GO TO P39) 11 <input type="checkbox"/> Do not work (none of the above) (GO TO P40)	01 <input type="checkbox"/> Employer 02 <input type="checkbox"/> Employee, working for wages/salary; i) Private sector ii) Public sector 03 <input type="checkbox"/> Self employed. Producing goods or service for sale 04 <input type="checkbox"/> employed (as in group 1,2,3) but on sick leave, holiday, etc. 05 <input type="checkbox"/> Self employed. Producing goods/services for own/family consumption (GO TO P37) 06 <input type="checkbox"/> Unpaid worker in family business/plantation (GO TO P37) 07 <input type="checkbox"/> Voluntary work (GO TO P37) 08 <input type="checkbox"/> Student (GO TO P39) 09 <input type="checkbox"/> Home duties (GO TO P39) 10 <input type="checkbox"/> Retired (GO TO P39) 11 <input type="checkbox"/> Do not work (none of the above) (GO TO P40)	01 <input type="checkbox"/> Employer 02 <input type="checkbox"/> Employee, working for wages/salary; i) Private sector ii) Public sector 03 <input type="checkbox"/> Self employed. Producing goods or service for sale 04 <input type="checkbox"/> employed (as in group 1,2,3) but on sick leave, holiday, etc. 05 <input type="checkbox"/> Self employed. Producing goods/services for own/family consumption (GO TO P37) 06 <input type="checkbox"/> Unpaid worker in family business/plantatio (GO TO P37) 07 <input type="checkbox"/> Voluntary work (GO TO P37) 08 <input type="checkbox"/> Student (GO TO P39) 09 <input type="checkbox"/> Home duties (GO TO P39) 10 <input type="checkbox"/> Retired (GO TO P39) 11 <input type="checkbox"/> Do not work (none of the above) (GO TO P40)	01 <input type="checkbox"/> Employer 02 <input type="checkbox"/> Employee, working for wages/salary; i) Private sector ii) Public sector 03 <input type="checkbox"/> Self employed. Producing goods or service for sale 04 <input type="checkbox"/> employed (as in group 1,2,3) but on sick leave, holiday, etc. 05 <input type="checkbox"/> Self employed. Producing goods/services for own/family consumption (GO TO P37) 06 <input type="checkbox"/> Unpaid worker in family business/plantatio (GO TO P37) 07 <input type="checkbox"/> Voluntary work (GO TO P37) 08 <input type="checkbox"/> Student (GO TO P39) 09 <input type="checkbox"/> Home duties (GO TO P39) 10 <input type="checkbox"/> Retired (GO TO P39) 11 <input type="checkbox"/> Do not work (none of the above) (GO TO P40)	01 <input type="checkbox"/> Employer 02 <input type="checkbox"/> Employee, working for wages/salary; i) Private sector ii) Public sector 03 <input type="checkbox"/> Self employed. Producing goods or service for sale 04 <input type="checkbox"/> employed (as in group 1,2,3) but on sick leave, holiday, etc. 05 <input type="checkbox"/> Self employed. Producing goods/services for own/family consumption (GO TO P37) 06 <input type="checkbox"/> Unpaid worker in family business/plantatio (GO TO P37) 07 <input type="checkbox"/> Voluntary work (GO TO P37) 08 <input type="checkbox"/> Student (GO TO P39) 09 <input type="checkbox"/> Home duties (GO TO P39) 10 <input type="checkbox"/> Retired (GO TO P39) 11 <input type="checkbox"/> Do not work (none of the above) (GO TO P40)
P35. If (name) worked for pay, How long did it take before (name) got employed in current occupation?	01 <input type="checkbox"/> Less than 1 year 02 <input type="checkbox"/> 1 year 03 <input type="checkbox"/> 2 years 04 <input type="checkbox"/> 3 years 05 <input type="checkbox"/> 4 years 06 <input type="checkbox"/> 5 years 07 <input type="checkbox"/> More than 5 years	01 <input type="checkbox"/> Less than 1 year 02 <input type="checkbox"/> 1 year 03 <input type="checkbox"/> 2 years 04 <input type="checkbox"/> 3 years 05 <input type="checkbox"/> 4 years 06 <input type="checkbox"/> 5 years 07 <input type="checkbox"/> More than 5 years	01 <input type="checkbox"/> Less than 1 year 02 <input type="checkbox"/> 1 year 03 <input type="checkbox"/> 2 years 04 <input type="checkbox"/> 3 years 05 <input type="checkbox"/> 4 years 06 <input type="checkbox"/> 5 years 07 <input type="checkbox"/> More than 5 years	01 <input type="checkbox"/> Less than 1 year 02 <input type="checkbox"/> 1 year 03 <input type="checkbox"/> 2 years 04 <input type="checkbox"/> 3 years 05 <input type="checkbox"/> 4 years 06 <input type="checkbox"/> 5 years 07 <input type="checkbox"/> More than 5 years	01 <input type="checkbox"/> Less than 1 year 02 <input type="checkbox"/> 1 year 03 <input type="checkbox"/> 2 years 04 <input type="checkbox"/> 3 years 05 <input type="checkbox"/> 4 years 06 <input type="checkbox"/> 5 years 07 <input type="checkbox"/> More than 5 years	01 <input type="checkbox"/> Less than 1 year 02 <input type="checkbox"/> 1 year 03 <input type="checkbox"/> 2 years 04 <input type="checkbox"/> 3 years 05 <input type="checkbox"/> 4 years 06 <input type="checkbox"/> 5 years 07 <input type="checkbox"/> More than 5 years	01 <input type="checkbox"/> Less than 1 year 02 <input type="checkbox"/> 1 year 03 <input type="checkbox"/> 2 years 04 <input type="checkbox"/> 3 years 05 <input type="checkbox"/> 4 years 06 <input type="checkbox"/> 5 years 07 <input type="checkbox"/> More than 5 years
P36. How many hours did (name) work in their regular job last week? (add overtime, subtract time off)	01 <input type="checkbox"/> None 02 <input type="checkbox"/> Less than 1 hour 03 <input type="checkbox"/> 1 - 5 hours 04 <input type="checkbox"/> 6 - 10 hours 05 <input type="checkbox"/> 11 - 15 hours 06 <input type="checkbox"/> 16 - 20 hours 07 <input type="checkbox"/> 21 - 25 hours 08 <input type="checkbox"/> 26 - 30 hours 09 <input type="checkbox"/> 31 -35 hours 10 <input type="checkbox"/> 36 hours or more	01 <input type="checkbox"/> None 02 <input type="checkbox"/> Less than 1 hour 03 <input type="checkbox"/> 1 - 5 hours 04 <input type="checkbox"/> 6 - 10 hours 05 <input type="checkbox"/> 11 - 15 hours 06 <input type="checkbox"/> 16 - 20 hours 07 <input type="checkbox"/> 21 - 25 hours 08 <input type="checkbox"/> 26 - 30 hours 09 <input type="checkbox"/> 31 -35 hours 10 <input type="checkbox"/> 36 hours or more	01 <input type="checkbox"/> None 02 <input type="checkbox"/> Less than 1 hour 03 <input type="checkbox"/> 1 - 5 hours 04 <input type="checkbox"/> 6 - 10 hours 05 <input type="checkbox"/> 11 - 15 hours 06 <input type="checkbox"/> 16 - 20 hours 07 <input type="checkbox"/> 21 - 25 hours 08 <input type="checkbox"/> 26 - 30 hours 09 <input type="checkbox"/> 31 -35 hours 10 <input type="checkbox"/> 36 hours or more	01 <input type="checkbox"/> None 02 <input type="checkbox"/> Less than 1 hour 03 <input type="checkbox"/> 1 - 5 hours 04 <input type="checkbox"/> 6 - 10 hours 05 <input type="checkbox"/> 11 - 15 hours 06 <input type="checkbox"/> 16 - 20 hours 07 <input type="checkbox"/> 21 - 25 hours 08 <input type="checkbox"/> 26 - 30 hours 09 <input type="checkbox"/> 31 -35 hours 10 <input type="checkbox"/> 36 hours or more	01 <input type="checkbox"/> None 02 <input type="checkbox"/> Less than 1 hour 03 <input type="checkbox"/> 1 - 5 hours 04 <input type="checkbox"/> 6 - 10 hours 05 <input type="checkbox"/> 11 - 15 hours 06 <input type="checkbox"/> 16 - 20 hours 07 <input type="checkbox"/> 21 - 25 hours 08 <input type="checkbox"/> 26 - 30 hours 09 <input type="checkbox"/> 31 -35 hours 10 <input type="checkbox"/> 36 hours or more	01 <input type="checkbox"/> None 02 <input type="checkbox"/> Less than 1 hour 03 <input type="checkbox"/> 1 - 5 hours 04 <input type="checkbox"/> 6 - 10 hours 05 <input type="checkbox"/> 11 - 15 hours 06 <input type="checkbox"/> 16 - 20 hours 07 <input type="checkbox"/> 21 - 25 hours 08 <input type="checkbox"/> 26 - 30 hours 09 <input type="checkbox"/> 31 -35 hours 10 <input type="checkbox"/> 36 hours or more	01 <input type="checkbox"/> None 02 <input type="checkbox"/> Less than 1 hour 03 <input type="checkbox"/> 1 - 5 hours 04 <input type="checkbox"/> 6 - 10 hours 05 <input type="checkbox"/> 11 - 15 hours 06 <input type="checkbox"/> 16 - 20 hours 07 <input type="checkbox"/> 21 - 25 hours 08 <input type="checkbox"/> 26 - 30 hours 09 <input type="checkbox"/> 31 -35 hours 10 <input type="checkbox"/> 36 hours or more

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06	
P37. What is (name) main occupation?							
P38. What is the main industry (name) works in?							
P39. Apart from your main activity as stated above, what is your secondary (part time) activity?	01 <input type="checkbox"/> Part time working for wages 02 <input type="checkbox"/> Unpaid worker in business 03 <input type="checkbox"/> Producing goods (handicraft, fishing farming) mainly for sale 04 <input type="checkbox"/> Producing goods (handicraft, fishing farming) mainly for own use 05 <input type="checkbox"/> Tending livestock/garden 06 <input type="checkbox"/> Other 07 <input type="checkbox"/> None	01 <input type="checkbox"/> Part time working for wages 02 <input type="checkbox"/> Unpaid worker in business 03 <input type="checkbox"/> Producing goods (handicraft, fishing farming) mainly for sale 04 <input type="checkbox"/> Producing goods (handicraft, fishing farming) mainly for own use 05 <input type="checkbox"/> Tending livestock/garden 06 <input type="checkbox"/> Other 07 <input type="checkbox"/> None	01 <input type="checkbox"/> Part time working for wages 02 <input type="checkbox"/> Unpaid worker in business 03 <input type="checkbox"/> Producing goods (handicraft, fishing farming) mainly for sale 04 <input type="checkbox"/> Producing goods (handicraft, fishing farming) mainly for own use 05 <input type="checkbox"/> Tending livestock/garden 06 <input type="checkbox"/> Other 07 <input type="checkbox"/> None	01 <input type="checkbox"/> Part time working for wages 02 <input type="checkbox"/> Unpaid worker in business 03 <input type="checkbox"/> Producing goods (handicraft, fishing farming) mainly for sale 04 <input type="checkbox"/> Producing goods (handicraft, fishing farming) mainly for own use 05 <input type="checkbox"/> Tending livestock/garden 06 <input type="checkbox"/> Other 07 <input type="checkbox"/> None	01 <input type="checkbox"/> Part time working for wages 02 <input type="checkbox"/> Unpaid worker in business 03 <input type="checkbox"/> Producing goods (handicraft, fishing farming) mainly for sale 04 <input type="checkbox"/> Producing goods (handicraft, fishing farming) mainly for own use 05 <input type="checkbox"/> Tending livestock/garden 06 <input type="checkbox"/> Other 07 <input type="checkbox"/> None	01 <input type="checkbox"/> Part time working for wages 02 <input type="checkbox"/> Unpaid worker in business 03 <input type="checkbox"/> Producing goods (handicraft, fishing farming) mainly for sale 04 <input type="checkbox"/> Producing goods (handicraft, fishing farming) mainly for own use 05 <input type="checkbox"/> Tending livestock/garden 06 <input type="checkbox"/> Other 07 <input type="checkbox"/> None	01 <input type="checkbox"/> Part time working for wages 02 <input type="checkbox"/> Unpaid worker in business 03 <input type="checkbox"/> Producing goods (handicraft, fishing farming) mainly for sale 04 <input type="checkbox"/> Producing goods (handicraft, fishing farming) mainly for own use 05 <input type="checkbox"/> Tending livestock/garden 06 <input type="checkbox"/> Other 07 <input type="checkbox"/> None
P40. Did (name) actively look for (paid) work?	01 <input type="checkbox"/> Yes (GO TO P42) 02 <input type="checkbox"/> No	01 <input type="checkbox"/> Yes (GO TO P42) 02 <input type="checkbox"/> No	01 <input type="checkbox"/> Yes (GO TO P42) 02 <input type="checkbox"/> No	01 <input type="checkbox"/> Yes (GO TO P42) 02 <input type="checkbox"/> No	01 <input type="checkbox"/> Yes (GO TO P42) 02 <input type="checkbox"/> No	01 <input type="checkbox"/> Yes (GO TO P42) 02 <input type="checkbox"/> No	
P41. Why didn't (name) actively look for work?	01 <input type="checkbox"/> Didn't want to wok 02 <input type="checkbox"/> Full time homemaker 03 <input type="checkbox"/> Student 04 <input type="checkbox"/> Disabled 05 <input type="checkbox"/> Retired/Old age 06 <input type="checkbox"/> Believe no work available 07 <input type="checkbox"/> Discouraged 08 <input type="checkbox"/> Other (specify) _____	01 <input type="checkbox"/> Didn't want to wok 02 <input type="checkbox"/> Full time homemaker 03 <input type="checkbox"/> Student 04 <input type="checkbox"/> Disabled 05 <input type="checkbox"/> Retired/Old age 06 <input type="checkbox"/> Believe no work available 07 <input type="checkbox"/> Discouraged 08 <input type="checkbox"/> Other (specify) _____	01 <input type="checkbox"/> Didn't want to wok 02 <input type="checkbox"/> Full time homemaker 03 <input type="checkbox"/> Student 04 <input type="checkbox"/> Disabled 05 <input type="checkbox"/> Retired/Old age 06 <input type="checkbox"/> Believe no work available 07 <input type="checkbox"/> Discouraged 08 <input type="checkbox"/> Other (specify) _____	01 <input type="checkbox"/> Didn't want to wok 02 <input type="checkbox"/> Full time homemaker 03 <input type="checkbox"/> Student 04 <input type="checkbox"/> Disabled 05 <input type="checkbox"/> Retired/Old age 06 <input type="checkbox"/> Believe no work available 07 <input type="checkbox"/> Discouraged 08 <input type="checkbox"/> Other (specify) _____	01 <input type="checkbox"/> Didn't want to wok 02 <input type="checkbox"/> Full time homemaker 03 <input type="checkbox"/> Student 04 <input type="checkbox"/> Disabled 05 <input type="checkbox"/> Retired/Old age 06 <input type="checkbox"/> Believe no work available 07 <input type="checkbox"/> Discouraged 08 <input type="checkbox"/> Other (specify) _____	01 <input type="checkbox"/> Didn't want to wok 02 <input type="checkbox"/> Full time homemaker 03 <input type="checkbox"/> Student 04 <input type="checkbox"/> Disabled 05 <input type="checkbox"/> Retired/Old age 06 <input type="checkbox"/> Believe no work available 07 <input type="checkbox"/> Discouraged 08 <input type="checkbox"/> Other (specify) _____	01 <input type="checkbox"/> Didn't want to wok 02 <input type="checkbox"/> Full time homemaker 03 <input type="checkbox"/> Student 04 <input type="checkbox"/> Disabled 05 <input type="checkbox"/> Retired/Old age 06 <input type="checkbox"/> Believe no work available 07 <input type="checkbox"/> Discouraged 08 <input type="checkbox"/> Other (specify) _____
P42. Was (name) available to work if a job had been available?	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	
P43. Does (name) receive any other income? e.g. Pension, compensation, interest, rent, Ronwan, second job	01 <input type="checkbox"/> YES (please specify) _____ _____ 02 <input type="checkbox"/> NO If Female GO TO F1 If Male GO TO NEXT PERSON	01 <input type="checkbox"/> YES (please specify) _____ _____ 02 <input type="checkbox"/> NO If Female GO TO F1 If Male GO TO NEXT PERSON	01 <input type="checkbox"/> YES (please specify) _____ _____ 02 <input type="checkbox"/> NO If Female GO TO F1 If Male GO TO NEXT PERSON	01 <input type="checkbox"/> YES (please specify) _____ _____ 02 <input type="checkbox"/> NO If Female GO TO F1 If Male GO TO NEXT PERSON	01 <input type="checkbox"/> YES (please specify) _____ _____ 02 <input type="checkbox"/> NO If Female GO TO F1 If Male GO TO NEXT PERSON	01 <input type="checkbox"/> YES (please specify) _____ _____ 02 <input type="checkbox"/> NO If Female GO TO F1 If Male GO TO NEXT PERSON	01 <input type="checkbox"/> YES (please specify) _____ _____ 02 <input type="checkbox"/> NO If Female GO TO F1 If Male GO TO NEXT PERSON

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06
FOR ALL WOMEN AGED 15 YEARS AND OVER						
F1. Has (name) ever given birth, even if the baby later died?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (GO TO NEXT PERSON)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (GO TO NEXT PERSON)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (GO TO NEXT PERSON)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (GO TO NEXT PERSON)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (GO TO NEXT PERSON)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (GO TO NEXT PERSON)
F2. How many live born children of each sex, have in total been born to name?	Male <input type="text"/> <input type="text"/> <input type="text"/> Female <input type="text"/> <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/> <input type="text"/>	Male <input type="text"/> <input type="text"/> <input type="text"/> Female <input type="text"/> <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/> <input type="text"/>	Male <input type="text"/> <input type="text"/> <input type="text"/> Female <input type="text"/> <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/> <input type="text"/>	Male <input type="text"/> <input type="text"/> <input type="text"/> Female <input type="text"/> <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/> <input type="text"/>	Male <input type="text"/> <input type="text"/> <input type="text"/> Female <input type="text"/> <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/> <input type="text"/>	Male <input type="text"/> <input type="text"/> <input type="text"/> Female <input type="text"/> <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/> <input type="text"/>
F3. How many children that (name) gave birth to are living... In the household? Elsewhere in Nauru? Elsewhere Overseas?	01 Male <input type="text"/> <input type="text"/> <input type="text"/> 02 Female <input type="text"/> <input type="text"/> <input type="text"/> 03 Total <input type="text"/> <input type="text"/> <input type="text"/>	01 Male <input type="text"/> <input type="text"/> <input type="text"/> 02 Female <input type="text"/> <input type="text"/> <input type="text"/> 03 Total <input type="text"/> <input type="text"/> <input type="text"/>	01 Male <input type="text"/> <input type="text"/> <input type="text"/> 02 Female <input type="text"/> <input type="text"/> <input type="text"/> 03 Total <input type="text"/> <input type="text"/> <input type="text"/>	01 Male <input type="text"/> <input type="text"/> <input type="text"/> 02 Female <input type="text"/> <input type="text"/> <input type="text"/> 03 Total <input type="text"/> <input type="text"/> <input type="text"/>	01 Male <input type="text"/> <input type="text"/> <input type="text"/> 02 Female <input type="text"/> <input type="text"/> <input type="text"/> 03 Total <input type="text"/> <input type="text"/> <input type="text"/>	01 Male <input type="text"/> <input type="text"/> <input type="text"/> 02 Female <input type="text"/> <input type="text"/> <input type="text"/> 03 Total <input type="text"/> <input type="text"/> <input type="text"/>
F6. How many children that (name) gave birth to have died?	Male <input type="text"/> <input type="text"/> <input type="text"/> Female <input type="text"/> <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/> <input type="text"/>	Male <input type="text"/> <input type="text"/> <input type="text"/> Female <input type="text"/> <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/> <input type="text"/>	Male <input type="text"/> <input type="text"/> <input type="text"/> Female <input type="text"/> <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/> <input type="text"/>	Male <input type="text"/> <input type="text"/> <input type="text"/> Female <input type="text"/> <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/> <input type="text"/>	Male <input type="text"/> <input type="text"/> <input type="text"/> Female <input type="text"/> <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/> <input type="text"/>	Male <input type="text"/> <input type="text"/> <input type="text"/> Female <input type="text"/> <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/> <input type="text"/>
F7. What was the date of birth of the last baby (name) gave birth to?  State age of last baby (If baby less than 1 year old, code age as '000')	Day Month Year <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"/> <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day Month Year <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"/> <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day Month Year <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"/> <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day Month Year <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"/> <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day Month Year <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"/> <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day Month Year <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"/> <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
F8. Is that child still alive?	01 YES 02 NO ( write the date of death) Day Month Year <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"/> <input type="text"/> <input type="text"/>  GO TO NEXT PERSON	01 YES 02 NO ( write the date of death) Day Month Year <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"/> <input type="text"/> <input type="text"/>  GO TO NEXT PERSON	01 YES 02 NO ( write the date of death) Day Month Year <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"/> <input type="text"/> <input type="text"/>  GO TO NEXT PERSON	01 YES 02 NO ( write the date of death) Day Month Year <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"/> <input type="text"/> <input type="text"/>  GO TO NEXT PERSON	01 YES 02 NO ( write the date of death) Day Month Year <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"/> <input type="text"/> <input type="text"/>  GO TO NEXT PERSON	01 YES 02 NO ( write the date of death) Day Month Year <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"/> <input type="text"/> <input type="text"/>  GO TO NEXT PERSON