

**TOKELAU**  
**CENSUS FORM**  
**2001**

Form .....of.....

**Collection Authority**

The information asked for is collected under the authority of the Statistics Act. Your co-operation in completing this form is important to the success of the census.

**Privacy**

Your privacy is protected by law. No one outside the office can see your form or link your answers with your name and address.

**Coverage**

All persons present on census night must be counted whether they are family members or not. Check whether persons who spent census night in the household but have since gone away are included.

**C1 What is the address of this dwelling?**

Please use BLOCK letters

Island \_ \_ \_ \_ \_

Village \_ \_ \_ \_ \_

EA \_ \_ \_ \_ \_

Housing Number \_

Household Number \_

**Go to back page and complete questions C2 and C3**

Please answer the following questions for this dwelling

<p><b>H 1</b> Type of building (main building)</p>	<p>1 <input type="checkbox"/> Tokelauan Fale</p> <p>2 <input type="checkbox"/> European House</p> <p>3 <input type="checkbox"/> Mixed-style</p> <p>4 <input type="checkbox"/> European House plus Tokelauan Fale (describe)</p> <p>-----</p> <p>-----</p> <p>5 <input type="checkbox"/> Other -----</p> <p>-----</p>
<p><b>H 2</b> Floor materials</p>	<p>1 <input type="checkbox"/> coral pebbles</p> <p>2 <input type="checkbox"/> concrete</p> <p>3 <input type="checkbox"/> wood</p> <p>4 <input type="checkbox"/> Other -----</p> <p>-----</p>
<p><b>H 3</b> Roofing materials</p>	<p>1 <input type="checkbox"/> Thatch</p> <p>2 <input type="checkbox"/> Roofing iron</p> <p>3 <input type="checkbox"/> Other -----</p> <p>-----</p>
<p><b>H 4</b> Materials of outer walls</p>	<p>1 <input type="checkbox"/> open posts/blinds</p> <p>2 <input type="checkbox"/> wood</p> <p>3 <input type="checkbox"/> concrete</p> <p>4 <input type="checkbox"/> Other -----</p> <p>-----</p>
<p><b>H 5</b> Period building first constructed?</p>	<p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>1 <input type="checkbox"/> 2 - 4 years ago</p> <p>2 <input type="checkbox"/> 5 - 9 years ago</p> <p>3 <input type="checkbox"/> 10 - 19 years ago</p> <p>4 <input type="checkbox"/> 20 - 49 years ago</p> <p>5 <input type="checkbox"/> More than 50 years ago</p>
<p><b>H 6</b> Number of rooms</p>	<p><input type="text"/> <input type="text"/></p>

Please answer the following questions for this dwelling

H 7 Toilet facilities

- 1  Tank flush - private/inside dwelling
- 2  Tank flush - private/outside dwelling
- 3  Tank flush - share with others
- 4  Pour flush - private/inside dwelling
- 5  Pour flush - private/outside dwelling
- 6  Pour flush - share with others
- 7  Overwater
- 8  None

H 8 Main source of drinking water

- 1  Own water tank
- 2  Water tank shared with other household
- 3  Other \_\_\_\_\_  
\_\_\_\_\_

H 9 Main source of water for personal washing

- 1  Shower facility - private/inside dwelling
- 2  Shower facility - private/outside dwelling
- 3  Shower facility - share with others
- 4  Lagoon/Ocean

H 10 Main source of lighting

- 1  Generator (community)
- 2  Generator (private)
- 3  Solar
- 4  Coleman
- 5  Hurricane light
- 6  Other \_\_\_\_\_  
\_\_\_\_\_

H 11 Main source of cooking

- 1  Tokelauan Umu
- 2  Firewood
- 3  Kerosene stove
- 4  Gas stove
- 5  Other \_\_\_\_\_  
\_\_\_\_\_

# Please answer the following questions for this dwelling

**H 12** How is household waste disposed ?

- 1  Buried
- 2  Burned
- 3  Disposed into rivers/seas
- 4  Disposed in backyard
- 5  Other \_\_\_\_\_  
\_\_\_\_\_

**H 13** Does this household own any of the following items ?

Tick box if yes		Yes	No
1 <input type="checkbox"/>	Radio If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
2 <input type="checkbox"/>	Cassette/CD player If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
3 <input type="checkbox"/>	TV/Video If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
4 <input type="checkbox"/>	Refrigerator If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
5 <input type="checkbox"/>	Washing machine If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
6 <input type="checkbox"/>	Sewing machine If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
7 <input type="checkbox"/>	Traditional canoe If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
8 <input type="checkbox"/>	Aluminium boat If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
9 <input type="checkbox"/>	Wooden boat If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
10 <input type="checkbox"/>	Fibre-glass boat If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
11 <input type="checkbox"/>	Outboard motor If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>

**H 14** Does this household own any animals that produce food ?

(Write number in box)

Pigs (female)

Pigs (male)

Chickens

**H 15** Are any close family members of the head of this household living overseas (i.e. not just visiting) ?

- 1  Yes, husband or wife If yes, write country .....
- 2  Yes, sons or daughters (If yes, write number in each place) :
  - 1 Samoa
  - 2 New Zealand
  - 3 Other Pacific Islands
  - 4 Other
- 3  Yes, mother or father If yes, Father in (country) .....  
Mother in (country) .....

**Please answer the following questions for this dwelling**

**H 16** Do any of the people living overseas (H15) ever send money to help support this household ?

- 1  Yes
- 2  No

**H 17** Does this household receive income from any of the following sources ?

	Tick box if yes	(If yes, Tick one)		
		Every month or more often	Several times each year	Once a year or less often
1 <input type="checkbox"/> Regular TPS salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <input type="checkbox"/> Casual TPS salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <input type="checkbox"/> Allowances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <input type="checkbox"/> Remittance from family overseas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <input type="checkbox"/> Contributions from other households	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <input type="checkbox"/> Sale of copra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <input type="checkbox"/> Sale of handicraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 <input type="checkbox"/> Sale of pigs, chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 <input type="checkbox"/> Sale of fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 <input type="checkbox"/> Old age pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 <input type="checkbox"/> Government superannuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 <input type="checkbox"/> Other _____	<input type="checkbox"/>			
13 <input type="checkbox"/> Other2 _____	<input type="checkbox"/>			
14 <input type="checkbox"/> Other3 _____	<input type="checkbox"/>			

**THE FOLLOWING QUESTIONS TO BE ASKED FOR EACH MAN, WOMAN AND CHILD PRESENT IN THE HOUSEHOLD ON CENSUS NIGHT.**

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Please use BLOCK letters.

Respondent 01

Respondent 02

<p><b>Q1</b> Name of each person <i>including visitors</i> who spent census night in this dwelling:</p>	<p>First or given name  <input type="text"/></p> <p>Surname or family name  <input type="text"/></p>	<p>First or given name  <input type="text"/></p> <p>Surname or family name  <input type="text"/></p>
<p><b>Q2</b> Is <i>name</i> male or female?</p>	<p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>	<p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>
<p><b>Q3</b> What is <i>name's</i> relationship to the head of this household?</p>	<p>1 <input type="checkbox"/> Head of household</p> <p>2 <input type="checkbox"/> Spouse</p> <p>3 <input type="checkbox"/> Son or daughter</p> <p>4 <input type="checkbox"/> Stepchild/adopted child</p> <p>5 <input type="checkbox"/> Mother or father</p> <p>6 <input type="checkbox"/> Brother or sister</p> <p>7 <input type="checkbox"/> Other relationship</p> <p>-----</p> <p>-----</p> <p>8 <input type="checkbox"/> Unrelated</p>	<p>1 <input type="checkbox"/> Head of household</p> <p>2 <input type="checkbox"/> Spouse</p> <p>3 <input type="checkbox"/> Son or daughter</p> <p>4 <input type="checkbox"/> Stepchild/adopted child</p> <p>5 <input type="checkbox"/> Mother or father</p> <p>6 <input type="checkbox"/> Brother or sister</p> <p>7 <input type="checkbox"/> Other relationship</p> <p>-----</p> <p>-----</p> <p>8 <input type="checkbox"/> Unrelated</p>
<p><b>Q4</b> What was <i>name's</i> date of birth?</p>	<p>Day Month Year</p> <p><input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>Day Month Year</p> <p><input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p><b>Q5</b> What was <i>name's</i> age last birthday?</p>	<p><input type="text"/><input type="text"/> years</p>	<p><input type="text"/><input type="text"/> years</p>
<p><b>Q6</b> Where does <i>name</i> usually live?</p>	<p><input type="checkbox"/> The address shown on the front of this form</p> <p><input type="checkbox"/> Elsewhere in Tokelau</p> <p>-----</p> <p>-----</p> <p><input type="checkbox"/> Other country</p> <p>-----</p> <p>-----</p> <p><input type="text"/><input type="text"/><input type="text"/></p>	<p><input type="checkbox"/> The address shown on the front of this form</p> <p><input type="checkbox"/> Elsewhere in Tokelau</p> <p>-----</p> <p>-----</p> <p><input type="checkbox"/> Other country</p> <p>-----</p> <p>-----</p> <p><input type="text"/><input type="text"/><input type="text"/></p>
<p><b>Q7</b> What is <i>name's</i> citizenship?</p>	<p><input type="checkbox"/> Citizen of Tokelau</p> <p><input type="checkbox"/> Other citizenship</p> <p>-----</p> <p>-----</p> <p><input type="text"/><input type="text"/></p>	<p><input type="checkbox"/> Citizen of Tokelau</p> <p><input type="checkbox"/> Other citizenship</p> <p>-----</p> <p>-----</p> <p><input type="text"/><input type="text"/></p>

Please use BLOCK letters.

Respondent 01

Respondent 02

Q8 Where was <i>name</i> born? (usual residence of mother)	1 <input type="checkbox"/> The address shown on the front of this form	1 <input type="checkbox"/> The address shown on the front of this form
	2 <input type="checkbox"/> Elsewhere in Tokelau ----- ----- -----	2 <input type="checkbox"/> Elsewhere in Tokelau ----- ----- -----
	3 <input type="checkbox"/> Other country ----- -----	3 <input type="checkbox"/> Other country ----- -----
	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Q9 When did <i>name</i> move here?	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Q10 What is <i>name's</i> religion?	1 <input type="checkbox"/> Congregational christian	1 <input type="checkbox"/> Congregational christian
	2 <input type="checkbox"/> Roman Catholic	2 <input type="checkbox"/> Roman Catholic
	3 <input type="checkbox"/> Jehovah's Witness	3 <input type="checkbox"/> Jehovah's Witness
	4 <input type="checkbox"/> 7th Day Adventist	4 <input type="checkbox"/> 7th Day Adventist
	5 <input type="checkbox"/> Not disclosed/specified	5 <input type="checkbox"/> Not disclosed/specified
	6 <input type="checkbox"/> Other ----- -----	6 <input type="checkbox"/> Other ----- -----
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**Only continue for persons aged 5 years or more**

Q 11 What is <i>name's</i> ethnic origin?	1 <input type="checkbox"/> Tokelauan	1 <input type="checkbox"/> Tokelauan
	2 <input type="checkbox"/> Part Tokelauan/Samoan	2 <input type="checkbox"/> Part Tokelauan/Samoan
	3 <input type="checkbox"/> Part Tokelauan/Tuvaluan	3 <input type="checkbox"/> Part Tokelauan/Tuvaluan
	4 <input type="checkbox"/> Part Tokelauan/ Other Pacific Island	4 <input type="checkbox"/> Part Tokelauan/ Other Pacific Island
	5 <input type="checkbox"/> Part Tokelauan/European	5 <input type="checkbox"/> Part Tokelauan/European
	6 <input type="checkbox"/> Samoan	6 <input type="checkbox"/> Samoan
	7 <input type="checkbox"/> Tuvaluan	7 <input type="checkbox"/> Tuvaluan
	8 <input type="checkbox"/> Other Pacific Islands	8 <input type="checkbox"/> Other Pacific Islands
	9 <input type="checkbox"/> European	9 <input type="checkbox"/> European
	10 <input type="checkbox"/> Other ----- -----	10 <input type="checkbox"/> Other ----- -----

Please use BLOCK letters.

Respondent 01

Respondent 02

**Q12** Has *name* ever lived overseas for more than 6 months?

1  No ► Go to Q13

2  Yes (If yes, where)

1 Samoa

2 New Zealand

Other  
3 Pacific Islands

4 Other

1  No ► Go to Q13

2  Yes (If yes, where)

1 Samoa

2 New Zealand

Other  
3 Pacific Islands

4 Other

**Q13** Where was *name* living five years ago?

1  The address shown on the front of this form

2  Elsewhere in Tokelau

-----  
-----  
-----

3  Other country

-----  
-----

1  The address shown on the front of this form

2  Elsewhere in Tokelau

-----  
-----  
-----

3  Other country

-----  
-----

**Q14** What was the last school *name* attended?

1  Still at school

2  Tokelau village school

3  Samoa secondary school

4  Other Pacific Is. secondary school

5  New Zealand secondary school

6  Other -----  
-----

7  Not in school

8  Never been to school  
► Go to Q17

9  NOT SPECIFIED

1  Still at school

2  Tokelau village school

3  Samoa secondary school

4  Other Pacific Is. secondary school

5  New Zealand secondary school

6  Other -----  
-----

7  Not in school

8  Never been to school  
► Go to Q17

9  NOT SPECIFIED



Please use BLOCK letters.

Respondent 01

Respondent 02

**Q15** Educational attainment - highest level reached:

- 1  Still in school
- 2  Never been to school
- 3  Primer 1 - Standard 3
- 4  Standard 4 - Form 2
- 5  Form 3 - Form 4
- 6  Form 5 - Form 7
- 7  University

- 1  Still in school
- 2  Never been to school
- 3  Primer 1 - Standard 3
- 4  Standard 4 - Form 2
- 5  Form 3 - Form 4
- 6  Form 5 - Form 7
- 7  University

**Q16** Highest certificates/qualifications gained at school:

- 1  Primary/Form 2 Certificate
- 2  Leaving Certificate
- 3  School Certificate
- 4  University Entrance
- 5  Other \_ \_ \_ \_ \_  
\_ \_ \_ \_ \_

- 1  Primary/Form 2 Certificate
- 2  Leaving Certificate
- 3  School Certificate
- 4  University Entrance
- 5  Other \_ \_ \_ \_ \_  
\_ \_ \_ \_ \_

**Only continue for persons aged 15 years or more**

**Q17** Has name undertaken any studies or training in an institution other than a primary or secondary school?

- 1  No ▶ Go to Q19
- 2  No, still studying for first qualification  
▶ Go to Q19
- 3  Yes, trade certificate/  
apprenticeship
- 4  Yes, other  
qualification  
\_ \_ \_ \_ \_

- 1  No ▶ Go to Q19
- 2  No, still studying for first qualification  
▶ Go to Q19
- 3  Yes, trade certificate/  
apprenticeship
- 4  Yes, other  
qualification  
\_ \_ \_ \_ \_

**Q18** What is the *highest qualification name* has completed since leaving school?

- 1  Bachelors degree
- 2  Post graduate degree
- 3  Other university  
qualification  
\_ \_ \_ \_ \_
- 4  Apprenticeship
- 5  Technical/Trade  
training
- 6  Nursing school
- 7  Theological college
- 8  Agricultural school
- 9  Other post-school  
qualification  
  \_ \_ \_ \_ \_

- 1  Bachelors degree
- 2  Post graduate degree
- 3  Other university  
qualification  
\_ \_ \_ \_ \_
- 4  Apprenticeship
- 5  Technical/Trade  
training
- 6  Nursing school
- 7  Theological college
- 8  Agricultural school
- 9  Other post-school  
qualification  
  \_ \_ \_ \_ \_

Please use BLOCK letters.

Respondent 01

Respondent 02

<p><b>Q19</b> What is <i>name's</i> present marital status?</p>	<p>1 <input type="checkbox"/> Never married</p> <p>2 <input type="checkbox"/> Married</p> <p>3 <input type="checkbox"/> Separated</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Widowed</p>	<p>1 <input type="checkbox"/> Never married</p> <p>2 <input type="checkbox"/> Married</p> <p>3 <input type="checkbox"/> Separated</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Widowed</p>
<p><b>Q20</b> Last week, did <i>name</i> do any work?</p>	<p>1 <input type="checkbox"/> Fishing, gardening, handicraft, bread-baking or making toddy only ► Go to Q28</p> <p>2 <input type="checkbox"/> Yes, only other type of work ► Go to Q22</p> <p>3 <input type="checkbox"/> Yes, a combination of the above ► Go to Q22</p> <p>4 <input type="checkbox"/> No ► Go to Q21</p>	<p>1 <input type="checkbox"/> Fishing, gardening, handicraft, bread-baking or making toddy only ► Go to Q28</p> <p>2 <input type="checkbox"/> Yes, only other type of work ► Go to Q22</p> <p>3 <input type="checkbox"/> Yes, a combination of the above ► Go to Q22</p> <p>4 <input type="checkbox"/> No ► Go to Q21</p>
<p><b>Q21</b> Last week, was <i>name</i> temporarily absent from work through sickness, or some other reason?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No ► Go to Q26</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No ► Go to Q26</p>
<p><b>Q22</b> In the <i>main job</i> held last week, what was <i>name's</i> occupation?</p>	<p>-----</p> <p>-----</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>-----</p> <p>-----</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
<p><b>Q23</b> What kind of business is done at the <i>main place</i> where <i>name</i> works?</p>	<p>-----</p> <p>-----</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>-----</p> <p>-----</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
<p><b>Q24</b> In the <i>main job</i> held last week, was <i>name</i>:</p>	<p>1 <input type="checkbox"/> Salaried member of TPS</p> <p>2 <input type="checkbox"/> Casual worker for TPS last week</p> <p>3 <input type="checkbox"/> Casual worker for TPS this year</p> <p>4 <input type="checkbox"/> Self-employed (own account worker)</p> <p>5 <input type="checkbox"/> Employee (work for wage/salary for someone else)</p> <p>6 <input type="checkbox"/> Unpaid family worker: main unpaid activity is <i>Kaiga</i> team work</p> <p>7 <input type="checkbox"/> Unpaid village worker: main unpaid activity is <i>aumaga</i> team work</p> <p><input type="checkbox"/><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> Salaried member of TPS</p> <p>2 <input type="checkbox"/> Casual worker for TPS last week</p> <p>3 <input type="checkbox"/> Casual worker for TPS this year</p> <p>4 <input type="checkbox"/> Self-employed (own account worker)</p> <p>5 <input type="checkbox"/> Employee (work for wage/salary for someone else)</p> <p>6 <input type="checkbox"/> Unpaid family worker: main unpaid activity is <i>Kaiga</i> team work</p> <p>7 <input type="checkbox"/> Unpaid village worker: main unpaid activity is <i>aumaga</i> team work</p> <p><input type="checkbox"/><input type="checkbox"/></p>

Please use BLOCK letters.

Respondent 01

Respondent 02

<b>Q25</b> Last week, how many hours did <i>name</i> work in all jobs?	<input type="text"/> <input type="text"/> Number of hours worked If Male ► Go to next respondent If Female ► Go to Q30	<input type="text"/> <input type="text"/> Number of hours worked If Male ► Go to next respondent If Female ► Go to Q30
<b>Q26</b> Did <i>name</i> actively look for work at any time in the last four weeks?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>Q27</b> If <i>name</i> had found a job, could he or she have started work last week?	1 <input type="checkbox"/> Yes, could have started work last week 2 <input type="checkbox"/> No, full-time education 3 <input type="checkbox"/> No, home duties 4 <input type="checkbox"/> No, disabled 5 <input type="checkbox"/> No, retired 6 <input type="checkbox"/> No, other (specify) ----- ----- If Male ► Go to next respondent If Female ► Go to Q30	1 <input type="checkbox"/> Yes, could have started work last week 2 <input type="checkbox"/> No, full-time education 3 <input type="checkbox"/> No, home duties 4 <input type="checkbox"/> No, disabled 5 <input type="checkbox"/> No, retired 6 <input type="checkbox"/> No, other (specify) ----- ----- If Male ► Go to next respondent If Female ► Go to Q30

**Only ask Q28 if worked in agriculture or fishing or handicraft**

<b>Q28</b> What did <i>name</i> mainly do?	1 <input type="checkbox"/> Farming/Gardening 2 <input type="checkbox"/> Fishing 3 <input type="checkbox"/> Handicraft 4 <input type="checkbox"/> Baking bread, making toddy	1 <input type="checkbox"/> Farming/Gardening 2 <input type="checkbox"/> Fishing 3 <input type="checkbox"/> Handicraft 4 <input type="checkbox"/> Baking bread, making toddy
<b>Q29</b> For what purpose did <i>name</i> grow crops (fish, raise livestock, make handicrafts)?	1 <input type="checkbox"/> For own or family use only 2 <input type="checkbox"/> For own use and for sale 3 <input type="checkbox"/> For sale only If Male ► Go to next respondent	1 <input type="checkbox"/> For own or family use only 2 <input type="checkbox"/> For own use and for sale 3 <input type="checkbox"/> For sale only If Male ► Go to next respondent

**Only continue for females aged 15 - 49 years**

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Please use BLOCK letters.

Respondent 01

Respondent 02

<b>Q30</b> Has <i>name</i> ever given birth to a baby, even if the baby later died?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ► Go to next respondent	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ► Go to next respondent
<b>Q31</b> How many children that <i>name</i> gave birth to are living in this household?	<input type="checkbox"/> Males <input type="checkbox"/> Females	<input type="checkbox"/> Males <input type="checkbox"/> Females
<b>Q32</b> How many children <i>name</i> gave birth to are living somewhere else?	<input type="checkbox"/> Males <input type="checkbox"/> Females	<input type="checkbox"/> Males <input type="checkbox"/> Females
<b>Q33</b> How many children <i>name</i> gave birth to have died?	<input type="checkbox"/> Males <input type="checkbox"/> Females	<input type="checkbox"/> Males <input type="checkbox"/> Females
<b>Q34</b> Am I right, altogether <i>name</i> gave birth to.....babies?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>Q35</b> What was the date of birth of the last baby <i>name</i> gave birth to?	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"/>	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"/>
<b>Q36</b> Is that child still alive?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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"/>
<b>Q37</b> Are <i>name's</i> biological (birth or real) father and mother alive?	Father alive? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown Mother alive? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown Write <i>name</i> mother's number from C2 if mother is alive and living in this household <input type="text"/> <input type="text"/>	Father alive? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown Mother alive? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown Write <i>name</i> mother's number from C2 if mother is alive and living in this household <input type="text"/> <input type="text"/>

**C2** What is the name of each person present in this household on census night?

Person Number	Name	Sex	Relationship to Head
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

**C3** Persons usually staying in this household, but absent on census night because they are visiting family or friends elsewhere

Person Number	Relationship to Head of Household	Name	Sex	Current Residence
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				

**Go to question H1 on page 2**