



TUVALU GOVERNMENT
POPULATION & HOUSING CENSUS 2012

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Form of

HOUSEHOLD & PERSONAL QUESTIONNAIRE

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

C1. ISLAND:

C2. VILLAGE:

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

C5. GPS CODE:

C6. DWELLING TYPE:

1. Household *(Name of Household Head)*

2. Institution *(Name of Institution)*

C7. STATUS

1. Completed 2. Partially 3. Vacant

4. Demolished 5. Refused 6. Other

C8. ENUMERATOR:

C9. SUPERVISOR:

C10. SUMMARY: Table1 and Table2

	Males	Females	Total
Table1			
Table2			
Totals			

C11. CHECKS

	<u>Signature</u>	<u>Date</u>
1. Supervisor:	_____	_____
2. Received	_____	

TABLE1: PERSONS PRESENT ON CENSUS NIGHT

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

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

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

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

QUESTIONS AND FILTERS		CODING CATEGORIES				SKIP	
H23	Main source of lightning?	Electricity 1 <input type="checkbox"/>	Kerosene 3 <input type="checkbox"/>				
		Solar 2 <input type="checkbox"/>	Generator 4 <input type="checkbox"/>				
		Other <input type="text"/>	5 <input type="checkbox"/>	(specify)			
H24	Why is it the main source of lighting?	Affordable 1 <input type="checkbox"/>	Only source available 2 <input type="checkbox"/>				
		Other <input type="text"/>	3 <input type="checkbox"/>	(specify)			
H25	How do you find the electricity supply?	No connection 1 <input type="checkbox"/>				GO TO H27	
		Reliable 2 <input type="checkbox"/>					
		Unreliable 3 <input type="checkbox"/>					
		Other 4 <input type="checkbox"/>					
H26	Were any of the following household electrical appliances damaged due to the unreliability of the electricity supply in the last 5 years? 1=YES, 2=NO	Yes No		Yes No			
		Rice cooker 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Stereo 1 <input type="checkbox"/> 2 <input type="checkbox"/>				
		Electric kettle 1 <input type="checkbox"/> 2 <input type="checkbox"/>	TV monitor 1 <input type="checkbox"/> 2 <input type="checkbox"/>				
		Freezer 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Video deck 1 <input type="checkbox"/> 2 <input type="checkbox"/>				
		Refrigerator 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Radio 1 <input type="checkbox"/> 2 <input type="checkbox"/>				
		Washing machine 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Desktop 1 <input type="checkbox"/> 2 <input type="checkbox"/>				
		Iron 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Laptop 1 <input type="checkbox"/> 2 <input type="checkbox"/>				
		Electric fan 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Other 1 <input type="checkbox"/> 2 <input type="checkbox"/>				
H27	Main form of household waste disposal	Collected by Kaupule 1 <input type="checkbox"/>	Burn 4 <input type="checkbox"/>				
		Authorised collection sites 2 <input type="checkbox"/>	Bury 5 <input type="checkbox"/>				
		Recycling 3 <input type="checkbox"/>	Composting 6 <input type="checkbox"/>				
		Other <input type="text"/>	7 <input type="checkbox"/>	(specify)			
H28	a) Does any member of this household grow any of the following crops? 1=YES, 2=NO (IF YES, ASK part b)	a) Yes/No		b) Purpose		c) Frequency	
		Coconut 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>			
		Breadfruit 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>			
		Pulaka 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>			
		Talo 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>			
		Banana 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>			
		Pandanus 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>			
		Sweet potato 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>			
		Felo 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>			
		Pumpkin 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>			
		Bele 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>			
		Tapioca 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>			
		Other 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>			
	b) For what purpose is the crop grown for? 3=Mainly subsistence 4=Mainly commercial 5=Both						
	c) How often is the crop harvested? 6=Every week 7=Every fortnight 8=Once monthly 9=Occasionally						
H29	Does any member of the household cut toddy?	Yes 1 <input type="checkbox"/>					GO TO H31
		No 2 <input type="checkbox"/>					
H30	How many litres of toddy are usually collected in a day?	1 - 5 litres 1 <input type="checkbox"/>					
		6-10 litres 2 <input type="checkbox"/>					
		11-15 litres 3 <input type="checkbox"/>					
		More than 15 litres 4 <input type="checkbox"/>					

QUESTIONS AND FILTERS		CODING CATEGORIES				SKIP	
H31	Does this household have a home garden?	Yes 1 <input type="checkbox"/>				GO TO H35	
		No 2 <input type="checkbox"/>					
	How big is your home garden?	10 metres ² or less 1 <input type="checkbox"/>	21 to 25 metres ² 4 <input type="checkbox"/>				
		11 to 15 metres ² 2 <input type="checkbox"/>	26 to 30 metres ² 5 <input type="checkbox"/>				
		16 to 20 metres ² 3 <input type="checkbox"/>	More than 30 metres ² 6 <input type="checkbox"/>				
H33	a) Do you grow these vegetables in your home garden? 1=YES, 2=NO (IF YES, ASK Part b and c)	a) Yes/No		b) Kilograms	c) Cycles		
		Cabbage 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Cucumber 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Tomato 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Pepper 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Egg plant 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Pawpaw 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Other 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	b) How many kilograms do you harvest of each vegetable from your garden in a week?						
	c) How many crop cycles did you plant in the last 12 months for each vegetable in your home garden?						
H34	a) What kind of fertilizers does the household use in the home garden? 1=YES, 2=NO (IF YES, ASK part b)	a) Yes/No		b) Number of times			
		Organic 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>				
		Chemical 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>				
		Animal waste 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>				
	b) How often is the fertilizer used? 3=Once per week 4=Twice per week 5=Thrice per week						
H35	What is the total area of all the land used for agricultural purposes?	Local units <input type="text"/>	Hectares <input type="text"/>				
	How many parcels of land are used for agricultural purposes?	<input type="text"/>					
H37	a) Does this household own any of the following livestock, poultry or pets? 1=YES or 2=NO (IF YES ASK part b)	Yes No	Local Breed	Cross Breed	Pure Breed	Total	
		Pigs 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Chickens 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Ducks 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Goats 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Dogs 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Cats 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	b) How many of the following animals does this household own?						
H38	a) What type of housing does the household use for keeping these livestock?	a) Housing		b) Waste		c) Distance	
		Pigs 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>			
		Chickens 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>			
		Ducks 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>			
		Goats 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>			
	b) How were the animals waste kept? 6=No animals 8=Pit 7=Septic tank 9=Open flush						
	c) How far is your household from the place you keep your animals? 10=No animals 13=101 to 150 metres 11=Less than 50 metres 14=More than 150 metres 12=51 to 100 metres						

QUESTIONS AND FILTERS		CODING CATEGORIES			SKIP	
H39	<p>a) Does any member of the household catch 1=YES, 2=NO (IF YES, ASK PART b and c)</p> <p>b) Was it for 3=Own use only? 4=Sale only? 5=Own use and sale?</p> <p>c) How often were they caught? 6=Every week 8=Once a month 7=Every fortnight 9=Occasionally</p>	Birds?	a) Yes/No 1 <input type="checkbox"/> 2 <input type="checkbox"/>	b) Purpose 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	c) Frequency 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	
		Tupa?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	
		Kaipaea/paikea?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	
		Coconut crabs?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	
		Sea crabs?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	
		Cray fish?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	
		Turtle?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	
H40	<p>a) Does any member of this household catch fish or collect shellfish by 1=YES, 2=NO (IF YES, ASK part b)</p> <p>b) Was it for 3=Mainly subsistence 4=Mainly commercial 5=Both</p> <p>b) How often were the fish caught or shellfish collected? 6=Every week 8=Once a month 7=Every fortnight 9=Occasionally</p>	Collecting on reef flat?	a) Yes/No 1 <input type="checkbox"/> 2 <input type="checkbox"/>	b) Purpose 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	c) Frequency 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	
		Collecting on lagoon flat?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	
		Collecting on the ocean flat?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	
		Reef fishing?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	
		Lagoon fishing?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	
		Ocean fishing?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	
		(IF ALL 2s, GO TO H44)				
H41	What type of fishing method is commonly used?	Trawling	1 <input type="checkbox"/>	Spearing	5 <input type="checkbox"/>	
		Hand lining	2 <input type="checkbox"/>	Collecting	6 <input type="checkbox"/>	
		Gill netting	3 <input type="checkbox"/>	Other	7 <input type="checkbox"/>	
		Scoop netting	4 <input type="checkbox"/>			
H42	What type of shellfish is usually collected?	None collected	1 <input type="checkbox"/>	Kalea	4 <input type="checkbox"/>	
		Panea	2 <input type="checkbox"/>	Fasua	5 <input type="checkbox"/>	
		Kasi	3 <input type="checkbox"/>	Other	6 <input type="checkbox"/>	
H43	About how much kilogram of fish is caught in a week?	5 kg or less	1 <input type="checkbox"/>	16-20 kg	4 <input type="checkbox"/>	
		6-10 kg	2 <input type="checkbox"/>	21-25 kg	5 <input type="checkbox"/>	
		11-15 kg	3 <input type="checkbox"/>	26 kg or more	6 <input type="checkbox"/>	
H44	How often does this household buy fish or shellfish? 1=Never 4=Once a month 2=Once a week 5=Other 3=More than once a week	Frequency				
		Reef fish	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Pelagic fish	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Deepsea fish
H45	<p>a) Does any member of this household make the following handicrafts? 1=YES, 2=NO (IF YES, ASK part b)</p> <p>b) Was it for 3=Mainly for subsistence 4=Mainly commercial 5=Both</p>	Necklace	a) Yes/No 1 <input type="checkbox"/> 2 <input type="checkbox"/>	b) Purpose 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
		Mat	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
		String	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
		Canoe	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
		Broom	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
		Fan	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
		Basket	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
		Lau kie	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
		Other	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP		
H46	<p>Does this household own the following items? (RECORD THE NUMBER OF ITEMS OWNED AND IN GOOD WORKING ORDER. IF NONE, ENTER ZERO '0')</p>	<u>Cooking appliances</u>	<u>Transport</u>			
		Electric stove	Car	<input type="checkbox"/>		
		Gas stove	Truck	<input type="checkbox"/>		
		Kerosene stove	Van/Bus	<input type="checkbox"/>		
		Rice cooker	Motor bike	<input type="checkbox"/>		
		Electric kettle	Bicycle	<input type="checkbox"/>		
		<u>Household appliances</u>	Hand cart	<input type="checkbox"/>		
		Freezer	<u>Fishing</u>			
		Refrigerator	Boat	<input type="checkbox"/>		
		Washing machine	Outboard motor	<input type="checkbox"/>		
		Sewing machine	Canoe	<input type="checkbox"/>		
		Iron	<u>ICT goods</u>			
		Electric fan	Radio	<input type="checkbox"/>		
		Food safe	Fixed telephone	<input type="checkbox"/>		
		<u>Entertainment appliances</u>	Mobile phone	<input type="checkbox"/>		
		Stereo	Desk top	<input type="checkbox"/>		
		TV monitor	Laptop	<input type="checkbox"/>		
		Video deck				
		Video/digital camera				
		<u>Agricultural tools</u>				
		Spade				
		Shovel				
		Rake				
		Bush knife				
H47	<p>Do members of this household have access to these ICT items at home? 1=YES, 2=NO</p>	Radio	Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Mobile phone	1 <input type="checkbox"/> 2 <input type="checkbox"/>			
		Fixed telephone	1 <input type="checkbox"/> 2 <input type="checkbox"/>			
		TV connection	1 <input type="checkbox"/> 2 <input type="checkbox"/>			
		Desktop/Laptop	1 <input type="checkbox"/> 2 <input type="checkbox"/>			
		Internet connection	1 <input type="checkbox"/> 2 <input type="checkbox"/>	IF NO GO TO H49		
H48	<p>What types of Internet access does this household have? 1=YES, 2=NO</p>	Analogue modem	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other fixed broadband	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Other narrowband	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Mobile broadband	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
		DSL	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Do not know	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
		Cable modem	1 <input type="checkbox"/> 2 <input type="checkbox"/>			
H49	<p>Does this household have a cultural artifact in possession? 1=YES, 2=NO</p>	Uaniu	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lima	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Umaga	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Tau o aso	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
		Mulivaka	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Faaita fale	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
		'Fo'/'Po	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Faaita vaka	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
		Vaiao	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Teutega/Lakei	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
		Kaiva	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Niisi	1 <input type="checkbox"/> 2 <input type="checkbox"/>	

QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP																								
H50	a) Did any member of this household receive cash from the following sources in the last 12 months? 1=YES, 2=NO (IF YES, ASK part b) b) How often is the cash received? 3=Every month 4=Every 2-6 months 5=Once a year 6=Occasionally	Wages/salary	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>																								
		Remittances	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>																								
		Rent of building	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>																								
		Rent of land	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>																								
		Rent of equipment	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>																								
		Senior citizens pay	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>																								
		Pensions	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>																								
		Handicraft sales	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>																								
		Fish sales	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>																								
		Animal sales	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>																								
		Crop sales	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>																								
		Gifts	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>																								
		Own business	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>																								
		Investments	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>																								
Other	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>																										
H51	From where were the remittances received from?	No remittances 1 <input type="checkbox"/> Within Tuvalu only 2 <input type="checkbox"/> Outside Tuvalu only 3 <input type="checkbox"/> Within and outside Tuvalu 4 <input type="checkbox"/>																										
H52	Has this household ever been affected by the 1=YES, 2=NO	King tide in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/> Storm surge in the last 5 years? 1 <input type="checkbox"/> 2 <input type="checkbox"/>																										
H53	Have any members of this household died in the past 3 years?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>		GO TO H55																								
H54	For any residents who died during the last 3 years, a) provide details of sex, age, date of death b) If FEMALE aged 15-49 at the time of death, was she: 1=Pregnant 3= Within 6 weeks of pregnancy or childbirth 2=Giving birth 4= Don't know	<table border="1"> <thead> <tr> <th>Sex</th> <th>Age</th> <th>Date of death</th> <th>b) Female 16-49 years</th> </tr> </thead> <tbody> <tr> <td>M F</td> <td></td> <td></td> <td>1 2 3 4</td> </tr> <tr> <td>M F</td> <td></td> <td></td> <td>1 2 3 4</td> </tr> <tr> <td>M F</td> <td></td> <td></td> <td>1 2 3 4</td> </tr> <tr> <td>M F</td> <td></td> <td></td> <td>1 2 3 4</td> </tr> <tr> <td>M F</td> <td></td> <td></td> <td>1 2 3 4</td> </tr> </tbody> </table>	Sex	Age	Date of death	b) Female 16-49 years	M F			1 2 3 4	M F			1 2 3 4	M F			1 2 3 4	M F			1 2 3 4	M F			1 2 3 4		
Sex	Age	Date of death	b) Female 16-49 years																									
M F			1 2 3 4																									
M F			1 2 3 4																									
M F			1 2 3 4																									
M F			1 2 3 4																									
M F			1 2 3 4																									
INTERVIEWER TO READ OUT THE DEFINITION OF DISABILITY																												
H55	Is there any member of this household who falls under the definition of disability and is aged 60 years and under?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>		GO TO H57																								
H56	Please provide the details of	<table border="1"> <thead> <tr> <th>Names</th> <th>Person Number</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Names	Person Number																								
Names	Person Number																											
H57	GO BACK AND CHECK ALL QUESTIONS THEN GO TO INDIVIDUAL QUESTIONNAIRE																											

ALL PERSONS

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

CODEP02

1 Household head	7 Grandchild
2 Spouse	8 Grand parent
3 Son/Daughter	9 Aunty/Uncle
4 Adopted Son/Daughter	10 Nephew/Niece
5 Brother/Sister	11 Cousin
6 Father/Mother	12 Unrelated

ALL PERSONS

LINE No.	What is name's nationality?	Where does name usually live?	Is name a resident?	What is name's home island?
	1=Tuvaluan 2=Other country (SPECIFY)	1=Address in front 2=Other island/ country (SPECIFY)	Check P07 (IF NO, NEXT PERSON)	1=Address in front 2=Other island/ country (SPECIFY)
P00	P06	P07	IQ1	P08
01	1 2	1 2	Yes No	1 2
02	1 2	1 2	Yes No	1 2
03	1 2	1 2	Yes No	1 2
04	1 2	1 2	Yes No	1 2
05	1 2	1 2	Yes No	1 2
06	1 2	1 2	Yes No	1 2
07	1 2	1 2	Yes No	1 2
08	1 2	1 2	Yes No	1 2
09	1 2	1 2	Yes No	1 2
10	1 2	1 2	Yes No	1 2
11	1 2	1 2	Yes No	1 2
12	1 2	1 2	Yes No	1 2
13	1 2	1 2	Yes No	1 2
14	1 2	1 2	Yes No	1 2

ALL PERSONS

LINE No.	Is name's biological mother still alive?	Is she living in this household?	Is name's biological father still alive?	Is he living in this household?	What is name's place of birth?	What is name's ethnicity?	What is name's religion?
	Y=YES N=NO (IF NO GO TO P11)	Y=YES, N=NO (IF YES, ENTER PERSON NUMBER)	Y=YES N=NO (IF NO GO TO P13)	Y=YES, N=NO (IF YES, ENTER PERSON NUMBER)	1=Address in front 2=Other islands/countries (SPECIFY)	CODEP14	CODEP15
P00	P9	P10	P11	P12	P13	P14	P15
01	Y N	1 2	Y N	1 2	1 2	1 2	3 4
02	Y N	1 2	Y N	1 2	1 2	1 2	3 4
03	Y N	1 2	Y N	1 2	1 2	1 2	3 4
04	Y N	1 2	Y N	1 2	1 2	1 2	3 4
05	Y N	1 2	Y N	1 2	1 2	1 2	3 4
06	Y N	1 2	Y N	1 2	1 2	1 2	3 4
07	Y N	1 2	Y N	1 2	1 2	1 2	3 4
08	Y N	1 2	Y N	1 2	1 2	1 2	3 4
09	Y N	1 2	Y N	1 2	1 2	1 2	3 4
10	Y N	1 2	Y N	1 2	1 2	1 2	3 4
11	Y N	1 2	Y N	1 2	1 2	1 2	3 4
12	Y N	1 2	Y N	1 2	1 2	1 2	3 4
13	Y N	1 2	Y N	1 2	1 2	1 2	3 4
14	Y N	1 2	Y N	1 2	1 2	1 2	3 4

CODEP14
 1 Tuvaluan
 2 Tuvaluan/I-Kiribati
 3 Tuvaluan/Other
 4 Other

CODEP15
 1 EKT
 2 SDA
 3 Jehova's Witness
 4 Bahai
 5 Brethren
 6 AOG
 7 Catholic
 8 None
 9 Refused
 10 Other

ALL PERSONS

LINE No.	Have name ever been affected by ciguatera food poisoning (CFG)?	How many times have name been affected by CFG?	For these poisoning incidences, what fish or shellfish did name eat?	What is the main symptom that name experienced ?	Is name affected by any form of disability?
	(IF NO GO TO P20)	CODEP17	ENTER: 1=YES or 2=NO CODEP18	CODEP19	CHECK H56 (IF NO GO TO IQ2)
P00	P16	P17	P18	P19	P20
01	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
02	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
03	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
04	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
05	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
06	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
07	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
08	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
09	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
10	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
11	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
12	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
13	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
14	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2

CODEP17
 1 Once
 2 Twice
 3 Thrice
 4 More than thrice

CODEP18
Shellfish
 1 Fasua
 2 Panea
 3 Kasi
 4 Kalea
 5 Niisi figota
Fish
 6 Gatala
 7 Fakamea/Fagamea
 8 Ponelelo
 9 Poneuli
 10 Pauea/Taotao
 11 Niisi ika
Other
 12 Other

CODEP19
 1 Numbness
 2 Itchiness
 3 Diarrhoea
 4 Vomiting
 5 Other

ALL PERSONS

LINE No.	What form of disability/disabilities does name have?	What caused this/these disability/disabilities?	Who usually looks after name in this household?	Does name receive any form of assistance in cash or in-kind from outside this household?	Is name aged 3 years and above?
	ENTER: 1=YES or 2=NO CODEP21	ENTER: 1=YES or 2=NO CODEP22	CODEP23	ENTER 1=YES or 2=NO CODEP24	CHECK P05 (IF NO NEXT PERSON) IQ2
P00	P21	P22	P23	P24	IQ2
01	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
02	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
03	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
04	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
05	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
06	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
07	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
08	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
09	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

CODEP21
 1 Physical impairment
 2 Visual impairment
 3 Hearing impairment
 4 Speech disorder
 5 Intellectual impairment
 6 Other

CODEP22
 1 Disabled since birth
 2 Illness/Sickness
 3 Injury/Accident
 4 Other

CODEP23
 1 Relatives
 2 Friends
 3 Worker/Volunteer
 4 Other

CODEP24
 1 Relatives
 2 Friends
 3 Community
 4 Organization
 5 Government
 6 No source

PERSONS AGED 3 YEARS AND ABOVE

LINE No.	Where was name living 2 years ago?		Is name currently attending a school or an institution?	What is the level of education name is currently attending now?	What is the <u>highest</u> education level name has completed?
	1=Address in front 2=Other islands/countries (SPECIFY)		(IF 3 GO TO P28; IF 4 GO TO IQ3)		
P00	P25		P26	P27	P28
01	1		1 2 3 4		
02	1		1 2 3 4		
03	1		1 2 3 4		
04	1		1 2 3 4		
05	1		1 2 3 4		
06	1		1 2 3 4		
07	1		1 2 3 4		
08	1		1 2 3 4		
09	1		1 2 3 4		
10	1		1 2 3 4		
11	1		1 2 3 4		
12	1		1 2 3 4		
13	1		1 2 3 4		
14	1		1 2 3 4		

CODEP26

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

CODEP27

- | | |
|----------------------|--------------------|
| 1 Old mission school | 11 Primary class6 |
| 2 No level completed | 12 Primary class7 |
| 3 Preschool year1 | 13 Primary class8 |
| 4 Preschool year2 | 14 Secondary form3 |
| 5 Preschool year3 | 15 Secondary form4 |
| 6 Primary class1 | 16 Secondary form5 |
| 7 Primary class2 | 17 Secondary form6 |
| 8 Primary class3 | 18 Form7 / AFP |
| 9 Primary class4 | 19 Vocational |
| 10 Primary class5 | 20 Tertiary |

PERSONS AGED 6 YEARS AND ABOVE

LINE No.	Can name read and write a simple sentence in these languages - a) Tuvaluan, b) Nuian, c) English and d) Other languages?																			
	1=Yes, 2=No																			
P00	P29																			
01	READ Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WRITE Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	READ Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WRITE Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	READ Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WRITE Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	READ Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WRITE Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	READ Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WRITE Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	READ Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WRITE Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	READ Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WRITE Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	READ Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WRITE Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	READ Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WRITE Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	READ Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WRITE Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	READ Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WRITE Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	READ Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WRITE Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	READ Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WRITE Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	READ Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WRITE Tuvaluan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is name aged 6 years and above?
CHECK P05 (IF NO NEXT PERSON)
IQ3
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>

PERSONS AGED 6 YEARS AND ABOVE

LINE No.	Did name have use of a mobile telephone during some or all of the last 12 months?	Have name used a computer from any location in the last 12 months?	Has name used the Internet from any location in the last 12 months?	For which of the following activities did name use the Internet for private purposes in the last 12 months (from any location)?	Is name aged 15 years and above?
			(IF NO GO TO IQ4)	ENTER: 1=YES or 2=NO	CHECK P05
	CODEP33				(IF NO, NEXT PERSON)
P00	P30	P31	P32	P33	IQ4
01	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
02	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
03	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
04	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
05	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
06	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
07	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
08	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
09	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

CODEP33

- | | |
|---|--|
| 1 Getting information about goods and services | 11 Playing or downloading video games or computer games |
| 2 Getting information related to health and health services | 12 Downloading movies, images, music, watching TV or video, or listening to radio or music |
| 3 Getting information from government organisations | 13 Downloading software |
| 4 Interacting with government organisations | 14 Reading or downloading on-line newspapers or magazines, electronic books |
| 5 Sending or receiving email | 15 Other activities |
| 6 Telephoning over the internet/VoIP | |
| 7 Posting information or instant messaging | |
| 8 Purchasing or ordering goods and services | |
| 9 Internet banking | |
| 10 Education or learning activities (formal) | |

PERSONS AGED 15 YEARS AND OVER

LINE No.	Does name smoke?	Does name drink alcohol?	Does name drink kava?	What is the highest education qualification name has completed since leaving school?
	TICK ONE CODE ONLY			TICK ONE CODE ONLY
	CODEP34	CODEP35	CODEP36	CODEP37
P00	P34	P35	P36	P37
01	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
02	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
03	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
04	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
05	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
06	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
07	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
08	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
09	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
10	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
12	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
13	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
14	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>

CODEP37

- | | |
|---------------------------|--------------------------------|
| 1 No qualification | 10 Maritime certificate |
| 2 Still in school | 11 Trade certificate |
| 3 Primary School Leaver | 12 Teacher certificate |
| 4 CTC Leaver | 13 Nursing/Medical certificate |
| 5 Colony/Fiji Junior Cert | 14 Other certificate |
| 6 Form 5 Certificate/TSC | 15 Diploma |
| 7 Form 6 Certificate/PSSC | 16 Degree |
| 8 Form 7/AFP | 17 Masters/Post graduate |
| 9 Vocational | 18 Other qualification |

CODEP34/35/36

- | |
|-------------|
| 1 Never |
| 2 Regular |
| 3 Sometimes |
| 4 No longer |

PERSONS AGED 15 YEARS AND OVER

LINE No.	What is name's present marital status?	Does name have any traditional skills?	What traditional skills does name have?	What was name's main activity in the last week?
		(IF NO GO TO P41)	ENTER: 1=YES or 2=NO	
	CODEP38		CODEP40	CODEP41
P00	P38	P39	P40	P41
01	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
02	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
03	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
04	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
05	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
06	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
07	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
08	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
09	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
14	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

CODEP38

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

CODEP40

- 1 'Ta fale
- 2 'Ta vaka
- 3 Mulivaka
- 4 Umaga
- 5 Uaniu
- 6 Fai kaleve
- 7 Fai vaiakati
- 8 Fai vaivao
- 9 Lima/Logo
- 10 'Fo/Po
- 11 'Laga
- 12 Mea-taulima
- 13 Folau
- 14 Other

PERSONS AGED 15 YEARS AND OVER

LINE No.	Is P41 = 1-8?	Is P41 = 9-11?	What was name's <u>main</u> occupation?
	Check P41 (IF YES GO TO P42)	Check P41 (IF YES GO TO P44) (GO TO P45)	(Please describe)
	IQ5	IQ6	P42
P00	IQ5	IQ6	P42
01	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
02	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
03	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
04	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
05	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
06	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
07	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
08	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
09	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
10	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
11	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
12	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
13	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
14	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>

PERSONS AGED 15 YEARS AND OVER

LINE No.	What is the <u>main</u> industry name works in?	
	<i>(Please describe)</i>	
<i>(If government employee, state the name of the ministry and department)</i>		
<i>(If others, state the name of the employer or business)</i>		
P00	P43	
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		
11		
12		
13		
14		

Is P41 = 1-5?
Check P41 (IF YES GO TO IQ8) (GO TO P45)
IQ7
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>

PERSONS AGED 15 YEARS AND OVER

LINE No.	Apart from name's main activity as stated earlier, what is name's secondary (part-time) activity?	Did name actively look for paid work in the last week?	Why did not name look for work?	Was name willing and available to start work?			
					(GO TO IQ8)	(IF YES GO TO P47)	CODEP46
					CODEP44		
P00	P44	P45	P46	P47			
01	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2			
02	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2			
03	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2			
04	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2			
05	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2			
06	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2			
07	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2			
08	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2			
09	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2			
10	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2			
11	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2			
12	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2			
13	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2			
14	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2			

- CODEP44**
- 1 Part-time working for wages
 - 2 Unpaid worker in family business
 - 3 Producing goods mainly for sale
 - 4 Producing goods mainly for own use
 - 5 Tending the livestock/garden
 - 6 Other
 - 7 None

- CODEP46**
- 1 Attending school
 - 2 Did not want to work
 - 3 Believes no paid work available
 - 4 Discouraged
 - 5 Weather/No transport
 - 6 Disabled
 - 7 Other

FEMALES AGED 15+

LINE No.	Is name Male or Female?	Has name ever given birth, even if the child later died?	How many live born children of each sex, have in total been born by name?
Check P03 (IF MALE NEXT PERSON)		IQ8	
F1	F2		
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>	
Female <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>	
Female <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>	
Female <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>	
Female <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>	
Female <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>	
Female <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>	
Female <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>	
Female <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	

FEMALES AGED 15 YEARS AND OVER

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

FEMALES AGED 15 YEARS AND OVER

LINE No.	Is name never married?	What island community is name actively participating in?
	Check P38 (If YES, NEXT PERSON)	1=Address in front 2=Outer island/ country (SPECIFY) (NEXT PERSON)
P00	IQ9	F8
01	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
02	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
03	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
04	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
05	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
06	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
07	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
08	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
09	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
10	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
11	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
12	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
13	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>
14	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="text"/> 2 <input type="text"/>

TABLE2: PERSONS OUT OF COUNTRY ON CENSUS NIGHT

PERSON NUMBER	FIRST NAME	SURNAME	SEX	AGE	HOME ISLAND
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					