FOR CENSUS OFFICE USE

Locality	Household
	Number



INTERVIEW SCHEDULE 2007 Population and Housing Census Census Night 16 September 2007

Village	Household
Locality	Number
Settlement	

	—		Census Mign	it 16 September 2007				
FOR ALL PERSONS	Person 1	Person 1 Person 2		Person 4	Person 5	Person 6	Person 7	Person 8
D1. What is this person's <i>name</i> ? List all who stayed in this household on census night								
D2. What is this person's <i>relationship</i> to head of household? (Enter relationship from inside front cover)	0 1							
D3. What is this person's <i>sex</i> ? (Tick appropriate box)	1. Male 2. Female							
D4. What is this person's <i>date of birth</i> ? If date unknown, estimate year	Day Month Year	Day Month Year	Day Month Year	Day Month Year	Day Month Year	Day Month Year	Day Month Year	Day Month Year
D5. What is this person's <i>ethnic group</i> ? (Enter ethnic group from inside front cover)								
D6. What is this person's <i>marital status</i> ? (Enter marital status from inside front cover)								
D7. Is this person's <i>biological father</i> still alive? (Enter Alive (A), Dead (D) or Not Known (NK))								
D8. Is this person's <i>biological mother</i> still alive? (Enter Alive (A), Dead (D) or Not Known (NK))								
If person's biological mother is still alive, and was present in the household on census night, state her <i>person number</i> .								
D9. What is this person's <i>religion</i> ? (State exact denomination or sect)								
D10. What is this person's <i>place of birth</i> ? The place of birth is where mother usually lived at time of person's birth. (State <i>Province</i> or <i>Country</i> if outside Fiji)								
State Tikina								
State Locality								
D11. What is this person's usual place of residence? (State Province or Country if outside Fiji)								
State Tikina								
State Locality								
D12. Where did this person <i>live five years ago</i> ? (on 16 September 2002) (State Province or Country if outside Fiji)								
State Tikina								
State Locality								
D13. <i>(For Fijians and Rotumans only).</i> What is this person's								
place of origin? (koro dina). (State Province of Origin) State Tikina								
State Village								
D14. What is this person's <i>residency status</i> ? (Tick appropriate box)	1. Fiji Citizen 2. Permit Holder 3. Visitor	1. Fiji Citizen 2. Permit Holder 3. Visitor	1. Fiji Citizen 2. Permit Holder 3. Visitor	1. Fiji Citizen 2. Permit Holder 3. Visitor	1. Fiji Citizen 2. Permit Holder 3. Visitor	1. Fiji Citizen 2. Permit Holder 3. Visitor	1. Fiji Citizen 2. Permit Holder 3. Visitor	1. Fiji Citizen 2. Permit Holder 3. Visitor
D15. Is this person currently attending any formal <i>educational institution</i> ? (<i>Tick appropriate box</i>)	1. Full time (Go to D16a) 2. Part time (Go to D16a) 3. Left school (Go to D16b) 4. Never been (Go to D18)	1. Full time (Go to D16a) 2. Part time (Go to D16a) 3. Left school (Go to D16b) 4. Never been (Go to D18)	1. Full time (Go to D16a) 2. Part time (Go to D16a) 3. Left school (Go to D16b) 4. Never been (Go to D18)	1. Full time (Go to D16a) 2. Part time (Go to D16a) 3. Left school (Go to D16b) 4. Never been (Go to D18)	1. Full time (Go to D16a) 2. Part time (Go to D16a) 3. Left school (Go to D16b) 4. Never been (Go to D18)	1. Full time (Go to D16a) 2. Part time (Go to D16a) 3. Left school (Go to D16b) 4. Never been (Go to D18)	1. Full time (Go to D16a) 2. Part time (Go to D16a) 3. Left school (Go to D16b) 4. Never been (Go to D18)	1. Full time (Go to D16a) 2. Part time (Go to D16a) 3. Left school (Go to D16b) 4. Never been (Go to D18)
D16. a. What is the level of education this person is attending? (Go to D17)								
b. What is the highest level of education this person has completed?								
D17. For persons who have completed study at the tertiary or vocational level. a. What is the main field of study this person has completed? (State main field of study i.e. BA (Economics), Diploma (Motor Mechanic), Certificate (Primary Teaching), etc)								
b. What is the name and location of the institution where this study was completed?								
D18. How did this person travel to his/her main daily activity last week? (Enter mode of transport from inside front cover)								

FOR ALL PERSONS BORN IN 1997 OR BEFORE		Persor	n 1		Person 2		Person 3		Person 4		Perso	n 5		Person 6			Person 7	7		Person 8	
(Questions D19 – D24 refer to Last Week)		Yes		1. Yes		1. Yes			1. Yes	1.	1. Yes		1. Yes	. 0.000		1. Yes			1. Yes		
D19. a.Did this person do any work? (For money, payment in kind or sul Tick appropriate box.	subsistence).	□ No <i>(Go to D24)</i>	,		(Go to D24)	2. No (0			2. No (Go to D24)	1 11 3	2. No (Go to D24)	,	2. No (C	Go to D24)		2. No ((30 to D24)		2. No (30 to D24)	
IMPORTANT: For those temporarily absent from their work:	c: tick 'yes'.		, <u> </u>		(,,						,,		
b.lf 'yes, what type of work did this person do? (If applicable, selection) 1. Work for money	ect more than one					_							1						1		
Work to support household by producing goods for sale Work to support household by producing goods for own core	onsumption	(If only 3: G	io to D24)	_ (H	f only 3: Go to D24)	(If o	only 3: Go to	D24)	(If only 3: Go to D	4)	(If only 3: G	io to D24)	(If a	only 3: Go to D2	24)	(If c	only 3: Go t	to D24)	(If	only 3: Go to D)24)
6. Work to support household by producing goods for own con	oncampaon	(5) 5. 5		,		(,		(5)	-7	(1. 21.1) 21. 2		,	,	/	1	,		(, , , , , , , , , , , , , , , , , , , ,	,
D20. What is this person's occupation?																					
Describe main task usually performed?						_							1						1		
or sold																					
Ser	10	'																			
D21. a. Who does this person work for? (Company name, or	organization, self)																				
b. What are the activities, services, products of this wor	orkplace?					_							7						1		
D20. What is this person's occupation? Describe main task usually performed? D21. a. Who does this person work for? (Company name, or b. What are the activities, services, products of this work.) C. What is the location of this workplace? D22. What is this person's employment status? 1. Employee 3. Self employed 4. Unpaid family worker 5. Other sg. D23. How is this person paid? 1. Daily 2. Weekly 3Forth. 4. Monthly, 5. Busson paid? 1. Daily 2. Weekly 3Forth.																					
20 - 00									<u> </u>			h							-2		
c. What is the location of this workplace?				_		_							1								
no:																					
D22. What is this person's employment status? 1. Employee	e 2. Employer			1		=]						1		
3. Self employed 4. Unpaid family worker 5. Other sp	specify																				
D23. How is this person paid? 1. Daily 2. Weekly 3Fortn. 4. Monthly 5. By sale /job done 6 Volunteer with allo	tnightly llowance																				
7. Other, specify	(Go to F1)		<u> </u>	1				<u> </u>					1 .					<u> </u>			_
D24. a.Did this person actively look for work? <i>Tick appropriate box.</i>	1.	Yes (Go to D24c)) 2. No	1. Yes	s (Go to D24c) 2. No	1. Yes ((Go to D24c) 2	. No	1. Yes (Go to D24c) 2.	No 1.	1. Yes (Go to D24c)) 2. No	1. Yes ((Go to D24c) 2.	No No	1. Yes ((Go to D24c)	2. No	1. Yes	(Go to D24c) 2.	No
b.lf 'no' why didn't this person actively look for work? 1. Fulltime ha				<u> </u>		7							1]		
 Fulltime student Retired Disabled No intention Other – specify 	ention														🔲						
c. Was this person available to start work? Tick appropriate box.	1.	Yes 2.	No	1. Yes	s 2. No	1. Yes	2. No		1. Yes 2. No		1. Yes 2.	No	1. Yes	2. No		1. Yes	2. No	, [1. Yes	2. No	
FOR ALL WOMEN BORN IN 1992 OR BEFORE											Male				T						T
F1. How many children of each sex did this female give birth to that ar were staying on census night a. In this household (If none, write 0)	are still all to arra	ale Female	e Total	Male	Female Total	Male	Female	Total	Male Female	Total	Male Female	e Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
b. Elsewhere (In Fiji or overseas) (/																				1	
F2. How many live born children of each sex, this female has given bir																					
died? (If none, write 0) F3. How many live born children of each sex have in total been born to	to this female?									-											
(If none, write 0)	Da Da	v Month	Year	Day	Month Year	Day	Month	Year	Day Month Y	r	Day Month	Year	Day	Month Ye	ar	Day	Month	Year	Day	Month Ye	'ear
F4. What is the date of birth of this female's last child born alive? (inclinate that may have died later)	cluding a child		- roui					1 001				1 1						1001			
			<u> </u>																		
F5. What is the sex of this last born child? (Tick appropriate box)																					
F5. What is the sex of this last born child? (Tick appropriate box)	1	Male 2.	Female	1. Mal	lle 2. Female	1. Male	e 2. Fem	nale	1. Male 2. Female	1.	1. Male 2.	Female	1. Male	2. Female		1. Male	2. Fe	emale	1. Male	2. Female	9
F5. What is the sex of this last born child? (Tick appropriate box) F6. Is this last born child still alive? (Tick appropriate box.)		Male 2		1. Mai			2. No		1. Male 2. Female 1. Yes 2. No	1.	1. Male 2			2. Female			2. Fe			2. Female	
				# = -						1.		No	1. Yes								
F6. Is this last born child still alive? (Tick appropriate box.) HOUSEHOLD AND HOUSING				# = -	s 2. No	1. Yes	2. No	facilities do	1. Yes 2. No	1.		No REMITTA	1. Yes	2. No		1. Yes	2. No)			
F6. Is this last born child still alive? (Tick appropriate box.) HOUSEHOLD AND HOUSING (Put appropriate number in right hand box)	1.	Yes 2.	No	# = -	s 2. No	1. Yes	2. No	facilities do	1. Yes 2. No	1.		REMITTA H15.	1. Yes NCES: Does this hol	2. No	money fron	1. Yes	2. No)			
F6. Is this last born child still alive? (Tick appropriate box.) HOUSEHOLD AND HOUSING (Put appropriate number in right hand box) H1. TYPE OF LIVING QUARTERS. Which type of living Q 1. One family house detached from any other house	quarters does this ho	Yes 2	No ?	# = -	s 2. No H8. TOILET FACIL 1. Flush toile 2. Flush toile 3. Water sea	1. Yes LITIES. What it for exclusive st shared with o led privy for ex	2. No	facilities do	1. Yes 2. No es this household use? Pit latrine for exclusive use Shared pit latrine None	1.		REMITTA H15.	1. Yes NCES: Does this how Yes (Go to H15)	2. No No usehold receive r.	money from	1. Yes	2. No P. Tick approprity Section)	priate box.	1. Yes		
F6. Is this last born child still alive? (Tick appropriate box.) HOUSEHOLD AND HOUSING (Put appropriate number in right hand box) H1. TYPE OF LIVING QUARTERS. Which type of living Q	quarters does this ho	Yes 2	No ?	# = -	H8. TOILET FACIL 1. Flush toile 2. Flush toile 3. Water sea 4. Shared wa	1. Yes LITIES. What the for exclusive extended privy for example atterned with our led privy for example atterned priving the sealed priving the	2. No * type of toilet use other househol xclusive use vy	facilities do	1. Yes 2. No es this household use? Pit latrine for exclusive use. Shared pit latrine None Other, specify	1.	1. Yes 2.	No REMITTA H15. 1. H15A. 1/1	1. Yes NCES: Does this how Yes (Go to H15) Yes, give a ro	2. No usehold receive r say	money from 2. No (a) www.much is	1. Yes n overseas? Go to Disabilitative received w	2. No ? Tick approprity Section) within last 12	priate box.	1. Yes	2. No	
F6. Is this last born child still alive? (Tick appropriate box.) HOUSEHOLD AND HOUSING (Put appropriate number in right hand box) H1. TYPE OF LIVING QUARTERS. Which type of living of 1. One family house detached from any other house 2. One family house attached to one or more houses 3. Building with two or more apartments 4. Building with two or more households which share	quarters does this ho	Yes 2	No ?	# = -	H8. TOILET FACIL 1. Flush toile 2. Flush toile 3. Water sea 4. Shared wa H9. TENURE: LIVI	1. Yes LITIES. What at for exclusive of shared with olded privy for exater sealed privy ING QUARTER	2. No Retype of toilet use other househol xclusive use vy RS. State type	facilities do	1. Yes 2. No es this household use? Pit latrine for exclusive use. Shared pit latrine None Other, specify f the living quarters occupie		1. Yes 2.	REMITTA H15. 1. H15A. If	1. Yes NCES: Does this how Yes (Go to H15)	2. No usehold receive r. pugh estimate ho	2. No (a)	1. Yes n overseas? Go to Disabili. received w	2. No ? Tick approprity Section) within last 12	priate box.	1. Yes	2. No H15E. How is the nusually received?	money (Enter
F6. Is this last born child still alive? (Tick appropriate box.) HOUSEHOLD AND HOUSING (Put appropriate number in right hand box) H1. TYPE OF LIVING QUARTERS. Which type of living q 1. One family house detached from any other house 2. One family house attached to one or more houses 3. Building with two or more apartments 4. Building with two or more households which share 5. Dwelling attached to a shop or other non-residential	quarters does this ho	yes 2	No ?sse	1. Yes	H8. TOILET FACIL 1. Flush toile 2. Flush toile 3. Water sea 4. Shared wa H9. TENURE: LIVI 1. Own or ha 2. Rent from	1. Yes LITIES. What at the for exclusive at shared with one of the shared with one of the shared privity for exater sealed privity. ING QUARTER and a mortgage private landlor	2. No 2. No 2. Very period of toilet ouse other househol xclusive use vy RRS. State type e	facilities do	1. Yes 2. No es this household use? Pit latrine for exclusive use Shared pit latrine None Other, specify f the living quarters occupie 5. Occupy by leave of emp 6. Caretaker		1. Yes 2.	REMITTA H15. 1. H15A. If	NCES: Does this how Yes (Go to H1: Eyes, give a reat is the country	2. No usehold receive in 5A) pugh estimate ho of H15 rela hea	noney from 2. No (a) w much is 5.C. What is th	1. Yes 1. Yes 1. Overseas? Go to Disabili. received w ne ender to ld (Enter	2. No ? Tick approprity Section) within last 12	priate box.	1. Yes	2. No	money (Enter
F6. Is this last born child still alive? (Tick appropriate box.) HOUSEHOLD AND HOUSING (Put appropriate number in right hand box) H1. TYPE OF LIVING QUARTERS. Which type of living of 1. One family house detached from any other house 2. One family house attached to one or more houses 3. Building with two or more apartments 4. Building with two or more households which share	quarters does this ho	yes 2	No ?sse	1. Yes	H8. TOILET FACIL 1. Flush toile 2. Flush toile 3. Water sea 4. Shared wa H9. TENURE: LIVI 1. Own or ha 2. Rent from 3. Rent from	1. Yes It for exclusive at shared with o eled privy for exclusive atter sealed privy ING QUARTER ave a mortgage private landlor Public Rental E	2. No stype of toilet use other househol xclusive use vy RS. State type e ord Board	facilities do	1. Yes 2. No es this household use? Pit latrine for exclusive use. Shared pit latrine None Other, specify f the living quarters occupie 5. Occupy by leave of emp		1. Yes 2.	REMITTA H15. 1. H15A. If	NCES: Does this how Yes (Go to H1: Eyes, give a reat is the country	2. No usehold receive in 5A) pugh estimate ho of H15 rela hea	2. No (in the second se	1. Yes 1. Yes 1. Overseas? Go to Disabili. received w ne ender to ld (Enter	2. No ? Tick approprity Section) within last 12	priate box.	1. Yes	2. No H15E. How is the n usually received? mode of transfer insk	money (Enter
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F6. Is this last born child still alive? (Tick appropriate box.) HOUSEHOLD AND HOUSING (Put appropriate number in right hand box) H1. TYPE OF LIVING QUARTERS. Which type of living Q 1. One family house detached from any other house 2. One family house attached to one or more houses 3. Building with two or more apartments 4. Building with two or more apartments 5. Dwelling attached to a shop or other non-residentic human this household MAINLY constructed of? 1. Concrete, brick or cement 4. T. 2. Wood 5. M. 3. Tin or corrugated iron 6. C. 4. T. 2. Wood 5. M. 3. Tin or corrugated iron 6. C. 4. T. 4.	quarters does this holes e a kitchen or toilet tital building material are the oute Traditional bure materia Makeshift or improvise Other materials, specify 3. Poor the living quarters It's MAIN water supplier or creek GM ole supply, specify run out or dry up? 8. Own Plant 9. None 10. Other, speci use for lighting? Wick Lamp Other, Specify Other, Specify	yes 2 usehold live in? 6. Lodging hou: 7. Hotel 8. Other, specifier walls of the lilis in materials I materials	No ?sse	1. Yes	H8. TOILET FACIL 1. Flush toile 2. Flush toile 3. Water sea 4. Shared wa H9. TENURE: LIVI 1. Own or ha 2. Rent from 3. Rent from 4. Occupy go H10. TENURE: LAN 1. Freehold 2. Lease fron 3. Lease fron 3. Lease fron 4. Occupy go H11. LAND USE. Ap uses or regula 1. Run a shop/ca 2. Farm for hous 3. Farm produce 4. Make objects i 5. Offer technica H12. WASTE DISPO 1. Collected by loc 2. Buried 3. Burnt H13. HOUSEHOLD (State number of ite 1. Carl/Van 2. Carrier/Truck/Tr 3. Outboard motor 4. Generator 5. Brush cutter/Lav 6. Home solar syst	1. Yes LITIES. What It for exclusive is shared with on eled privy for exater sealed privy ING QUARTER AND	2. No Retype of toilet use other househol xclusive use vy RS. State type e RS. State type e Socupy N 6. Occupy N 7. Other, sp site being the arried out on the spox. 0 if None). 7. Water pun 8. Refrigerate 9. Washing n 10. Clothes of 11. Gas/Elec 12. Hot wate	facilities do Ids Ids Ids Ids Ids Ids Ids I	sthis household use? Pit latrine for exclusive use. Shared pit latrine None Other, specify f the living quarters occupie 5. Occupy by leave of emp 6. Caretaker 7. Other, specify Interpretation of this household occupies: Intrangement, state or freehold lith formal or informal arranger onal village tenure quarters for this household, his household? (Tick the appropriate for ent of the first for rent of the first for rent of the first for ent of	and ent are there and te box or boxes, bunting) Us & education Other, specific househo 19. Teleph 20. Mobile 21. Comput 22. Interne 23. Energy	nny other land ess). any other land ess). colored tional services ecify colored (L/line / E/tel) de Phone couter/Laptop net gy saver light bulbs	REMITTA H15. 1. H15A. If H15B. Whites 1. 2. DISABILI C1. Does an etc. Tic 1. Yes 1. Seeing 2. Hearing 3. Speaking 4. Learning 5. Behavior 6. Mobility 7. Personal 8. Other: Sp Tot Fij Ind Rot	TY nyone in this k appropriate (es (Go to C2) ", which typ Persons ei in this h Total Pop	2. No usehold receive r. pugh estimate ho or of H15 relat hear relat household have de box. de of difficulty de son numerated ousehold Cittzen Po	money from 2. No (a now much is 50. What is the titionship of sid of househo titionship inside 2. No (a now much is to be the titionship inside	Interview (Enumera Form cher (Supervision of the supervision of the su	2. No 2 Tick appropriate Section (Section) within last 12 H15D. What Type completed: co	priate box. Promoths: F\$ is the occupation eaking, learning	n of sender	2. No H15E. How is the nusually received? mode of transfer inside cover) mobility, person	money (Enter de front
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D2. Relationship	Head Spouse of Head Son / Daughter Adopted Son / Adopted Daughter Son-in-Law / Daughter-in-law Grandchild Mother /Father /Father-in-law/Mothe Brother /Sister /Brother-in-law /Sister Other Relatives Not Related		01 02 03 04 05 06 07 08 09	D18. Main Mode of Transport	Private Ca Share Car Company Private Bo Taxi Bus Minibus Motor Cyc On Foot (v	Car oat cle / Bike walk)	01 02 03 04 05 06 07 08 09 10
D5. Ethnic Group		Fijian Indian Chinese / Part Chinese European Part European Rotuman Banaban I-Kiribati Ni-Vanuatu Papua New Guineans Samoan Solomon Tongan Tuvaluan Other, specify	01 02 03 04 05 06 07 08 09 10 11 12 13	H15C. Relationship of Sender	Son-in-La Grandchild Mother /Fa	Son / Adopted Daughter w / Daughter-in-law d ather /Father-in-law/Mother-in-law ister/Brother-in-law /Sister-in-law	
D6. Marital Status	Legally M Separated	ever Married) Iarried (not separated) but Legally Married Consensual Union	1 2 3 4 5 6	H15E. Mode of Money Transfer	·	Bank Other money transfer agencies Mail Carried by relatives/friends Other mode (specify)	1 2 3 4 5