

HOUSEHOLD ROSTER: ALL INDIVIDUALS

Please give me the name of each person who was sleeping here at 12.01 AM (Monday, April 16th, 2015), including all persons staying here who have no other home. Also list any person who usually resides here, but was visiting another country, another island and another house, on the Census night. Begin with head or acting head. Please include babies, children, old people and visitors.
Household Member [HM]

The head or acting head is the member who owned the home, bought the home, or rented it. If there is no such person, start with any adult member.

	R1. PERSON NAME		R2. SEX	R3. AGE IN COMPLETED YEARS	R4. RELATIONSHIP TO HOUSEHOLD HEAD	R5. WHERE DO THESE PEOPLE USUALLY LIVE?
[HM]	- Usual residents: roommates, boarders, live-in employees, etc. - Persons temporarily in another country: business trip, holiday, hospital - People who stay here most of the week while working even if they have a home elsewhere - Babies just born in the hospital TO EXCLUDE - Persons away in institutions: prison, nursing home - College students living elsewhere while in college - High school students in boarding schools (living in dormitories)		1 = Male 2 = Female Write the appropriate code in the box	enter 000 for child under 1 year	01. Head/Acting head 02. Spouse (Husband/wife) 03. Unmarried Partner 04. Child (Natural or adopted) 05. Stepchild 06. Brother/Sister 07. Nephew/Niece 08. Father/Mother (-in-law) 09. Grand/Great Grandchild 10. Other Relative 11. Roomer/Boarder 12. Domestic Worker/Helper 13. Other non-relative	For people listed who do not USUALLY live here, what is the location of ...'s usual residence? Use State and Hamlet codes for Palau, or write in country name. For usual residents NOT here on April 16 th , enter the State and Hamlet code for this residence.
01	Last name	Middle initial				
	First name					
02	Last name	Middle initial				
	First name					
03	Last name	Middle initial				
	First name					
04	Last name	Middle initial				
	First name					
05	Last name	Middle initial				
	First name					
06	Last name	Middle initial				
	First name					
07	Last name	Middle initial				
	First name					
08	Last name	Middle initial				
	First name					
09	Last name	Middle initial				
	First name					
10	Last name	Middle initial				
	First name					
11	Last name	Middle initial				
	First name					
12	Last name	Middle initial				
	First name					



2020 World Round of Population and Housing Censuses – Pacific Island Countries Census Planning meeting

NOUMEA, 27 – 31 JULY 2015

PROPOSED CORE THEMATIC CENSUS QUESTIONS

R. HOUSEHOLD ROSTER	C. POPULATION CHARACTERISTICS	F. ECONOMIC ACTIVITIES LAST WEEK
A. HOUSING	D. DISABILITY	G. FERTILITY AND MORTALITY
B. CORE AGRICULTURE AND FISHING	E. EDUCATION, LANGUAGES AND LITERACY	

HOUSEHOLD DETAILS					
CS1. HOUSEHOLDER	Last name	<input type="text"/>		HOUSEHOLD SIZE	
	First name	<input type="text"/>		CS8-1. Males	<input type="text"/> <input type="text"/>
				CS8-2. Females	<input type="text"/> <input type="text"/>
				CS8-3. TOTAL	<input type="text"/> <input type="text"/>
CS2. Phone Number (optional) <input type="text"/>					
CS3. STATE	<input type="text"/>		CS4. HAMLET	<input type="text"/>	
FIELD STAFF					
CS5-1. ENUMERATOR	<input type="text"/>		CS5-2	<input type="text"/> <input type="text"/>	Signature <input type="text"/>
CS6-1. SUPERVISOR	<input type="text"/>		CS6-2	<input type="text"/> <input type="text"/>	Signature <input type="text"/>
CS7. UNIQUE HOUSEHOLD CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(if occupied) FORM # <input type="text"/> of <input type="text"/>
	State 1 digit	Hamlet 2 digits	EA 1 digit	HH 2 digits	
ENUMERATION COMPLETED <input type="text"/> <input type="text"/> <input type="text"/>			DATA ENTRY COMPLETED <input type="text"/> <input type="text"/> <input type="text"/>		

Visit No.	Date	Enumerator Name	Interview (Time)		Result Code	Next Visit (Planned)		RESULT/STATUS CODE:
			Start	End		Date	Time	
1	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> h	<input type="text"/> h	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> h	1. Complete 2. No HH Member home; No competent respondent available 3. Entire household absent for period 4. Postponed 5. Refused 6. Vacant; Not a dwelling 7. Dwelling destroyed 8. Dwelling not found 9. Other (write in) <input type="text"/>
2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> h	<input type="text"/> h	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> h	
3	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> h	<input type="text"/> h	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> h	

COMMENTS

CS9. FINAL INTERVIEW STATUS

SECTION A: HOUSING

A1-1. When you told me the names of persons living here on April 16th, did you leave anyone out because you were not sure if the person should be listed?

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

A1-2. When you told me the names of persons living here on April 16th, did you include anyone even though you were not sure that the person should be listed?

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

Determine if persons should be added to or removed from the Household Roster based on the instructions for Item R1

A2. Which best describes this building?

Include all apartments, flats, etc., even if vacant.

01. A one-family house detached from any other house
02. A one-family house attached to one or more houses
03. A building with 2 apartments
04. A building with 3 or 4 apartments
05. A building with 5 to 9 apartments
06. A building with 10 to 19 apartments
07. A building with 20 or more apartments
08. A boat, houseboat, or yacht
09. Private Institution (hotel, hospital, etc.)
10. Temporary structure
11. Other (specify)

☐ ☐ Write the appropriate code in the boxes.

(Other specify)

A3. Is this (house/apartment)

1. Owned by you or someone in this household with a mortgage or loan?
2. Owned by you or someone in this household free and clear? (no loan)
3. Rented? (with any payments made by member(s) of the household)
4. Occupied without payment? (including provided by employer)

☐ Write the appropriate code in the box

A4. Ask only if response to Item A3. is "1" or "2" (owns or is buying)

What is the value of this property; that is, how much do you think this house and land would sell for if it were for sale?

\$

A5. Ask only if response to Item A3. is "3" or "4"

What is the monthly rent? If rent is NOT PAID MONTHLY, see instructions on how to figure a monthly rent.

\$

VACANT UNITS: FOR ENUMERATOR USE

AV-1. Vacancy Status

1. For rent
2. For sale only
3. Rented or sold, not occupied
4. For seasonal, recreational, or occasional use
5. For migrant workers
6. Other vacant

☐ Write the appropriate code in the box

AV-2. Is this dwelling boarded up?

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

AV-3. Months vacant

1. Less than 1
2. 1 up to 2
3. 2 up to 6
4. 6 up to 12
5. 12 up to 24
6. 24 or more
7. Don't know

☐ Write the appropriate code in the box

A6. Is there a household based enterprise attached to this dwelling (Such as a taxi, store/stall, or bakery)?

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

If yes:

Type of Enterprise	Line # of Manager	# of household members usually/regularly involved
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

A7. What year did (Person listed on line 1) move into this house/apartment?

A8. About when was this building built?

1. 2014 or 2015
2. 2012 to 2013
3. 2010 to 2011
4. 2005 to 2009
5. 2000 to 2004
6. 1980 to 1999
7. 1960 to 1979
8. 1959 or earlier
9. Don't know

☐ Write the appropriate code in the box

SECTION A: HOUSING (cont'd)

A9. What is the MAIN type of material used for the outside walls of this building?

- | | |
|--------------------|----------------------|
| 1. Poured concrete | 5. Wood on concrete |
| 2. Concrete blocks | 6. Metal on concrete |
| 3. Metal | 7. Other |
| 4. Wood | |

Write the appropriate code in the box

A10. What is the MAIN type of material used for the roof of this building?

1. Poured concrete
2. Metal
3. Other

Write the appropriate code in the box

A11. What is the MAIN type of material used for the foundation of this building?

1. Concrete
2. Concrete posts or blocks
3. Wood pier or pilings
4. Other

Write the appropriate code in the box

A12. How many rooms do you have in this house/apartment?

Count living rooms, dining rooms, kitchens, and bedrooms, but do NOT count bathrooms, balconies, foyers, or halls.

Enter #

A13. How many bedrooms does this dwelling/apartment have?

Enter #

A14. Do you have hot and cold piped water?

1. Yes, in this unit
2. Yes, in this building
3. No, only cold piped water in this unit
4. No, only cold piped water in this building
5. No, only cold piped water outside this building
6. No piped water

Write the appropriate code in the box

A15. *If Yes*, what type of energy does your water heater use most?

1. Electricity
2. Gas
3. Solar
4. Other fuels

Write the appropriate code in the box

A16. Do you have a bathtub or shower?

1. Yes, in this unit
2. Yes, in this building
3. Yes, outside this unit/building
4. No

Write the appropriate code in the box

A17. Do you have a flush toilet?

1. Yes, in this unit
2. Yes, in this building
3. Yes, outside this building
4. No, outhouse or privy
5. No, other or none

Write the appropriate code in the box

A18. Does this house/apartment have electric power?

1. Yes 2. No

Mark the appropriate box with an X

A19. Does this house/apartment have any of the following? *tick all that apply*

- | | |
|--|--|
| <input type="checkbox"/> 1. Telephone | <input type="checkbox"/> 4. Microwave Oven |
| <input type="checkbox"/> 2. Cellphone | <input type="checkbox"/> 5. Refrigerator/Freezer |
| <input type="checkbox"/> 3. Personal Computer/Laptop | <input type="checkbox"/> 6. Television |

A20. Do you have a battery operated radio? Count car radios, transistors, and other battery operated sets in working order or needing only new battery for operation.

1. Yes 2. No

Mark the appropriate box with an X

A21. Do you have air conditioning?

1. Yes, a central air-conditioning system
2. Yes, 1 individual room unit
3. Yes, 2 or more individual room units
4. No

Write the appropriate code in the box

A22. Do you get water from:

1. A public system only?
2. A public system and cistern?
3. A cistern, tanks, or drums only?
4. A public standpipe?
5. Some other source like an individual well or a spring?

Write the appropriate code in the box

A23. Do you use the public water system for cooking?

1. Yes
2. No, use rainwater
3. No, use bottled water
4. No, use both rainwater and bottled water

Write the appropriate code in the box

A24. Do you use the public water system for drinking?

1. Yes
2. No, use rainwater
3. No, use bottled water
4. No, use both rainwater and bottled water

Write the appropriate code in the box

SECTION A: HOUSING (*cont'd*)

A25. Is this building connected to a public sewer?

1. Yes, connected to public sewer
2. No, connected to septic tank or cesspool
3. No, use other means

☐ Write the appropriate code in the box

A26. Are your MAIN cooking facilities inside or outside this house/apartment?

1. Inside this house/apartment
2. Outside this house/apartment
3. No cooking facilities

☐ Write the appropriate code in the box

A27. Which FUEL is used MOST for cooking in this (house/apartment)? *Tick all that apply*

- ☐ 1. Electricity
- ☐ 2. Gas: bottled or tank (LPG)
- ☐ 3. Kerosene
- ☐ 4. Biomass (charcoal, wood, etc.)
- ☐ 5. Other (*write in*)
- ☐ 6. No fuel used

A28. Do you have a sink with piped water?

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

A29. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?

Enter #

A30. If any boat, how many of each type is kept at home for use by members of this household?

For Business

Canoe

Kayak

Sailing boat

Power boat

For Recreation

Canoe

Kayak

Sailing boat

Power boat

What is the average monthly cost for:

A31. Electricity for this house/apartment?

\$

A32. Gas (*not gasoline and kerosene*) for this house/apartment?

\$

A33. Water for this house/apartment?

\$

A34. Kerosene, oil, coal, etc. for this house/apartment?

\$

SECTION B: CORE AGRICULTURE AND FISHING

B1. Did this household operate any land for agricultural purposes during the last agricultural year?

(*or has any member of this household operated any land for agricultural purposes during the last agricultural year?*) Last agricultural year refers to the period from April 16th, 2014 to April 16th, 2015.

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

B2. What is the total area of all the land used for agricultural purposes? (*if known*)

square meters

B3. How many parcels of land are used for agriculture?

That is, how many separate pieces of land make up this total area reported in B2.?

Enter #

Supplementary Agriculture and Fishing Questions

BS-1. During the last agricultural year, did this household have any of the following? *Tick all that apply*

- ☐ 1. Crops grown in this village
- ☐ 2. Crops grown in other places
- ☐ 3. Kitchen garden
- ☐ 4. Cropland rented from someone else
- ☐ 5. Permanent crops
- ☐ 6. Agricultural land left fallow

BS-2. Did this household grow any temporary crops during the last agricultural year?

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

BS-3. Does this household now have any fruit trees or other permanent crops?

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

Did this household have any? *Mark the appropriate box with an X*

BS-4. Temporary fallow land during the last agricultural year?

☐ 1. Yes ☐ 2. No

BS-5. Temporary meadows during the last agricultural year? (*Land temporarily cultivated with forage crops, for mowing or pasture, for less than five years.*)

☐ 1. Yes ☐ 2. No

BS-6. Permanent meadows during the last agricultural year? (*Land used permanently for growing forage crops for five years or more, whether naturally or by cultivation.*)

☐ 1. Yes ☐ 2. No

SECTION B: CORE AGRICULTURE AND FISHING

BS-7. Did this household have any land in other uses during the last agricultural year?

☐ 1. Yes ☐ 2. No

If yes:

BS7a. For what purpose? (write in: e.g., lease, etc.)

If leased.

BS7b. For what purpose was the land leased? Examples: hotel development, golf course, apartment construction, etc. (write in)

BS7c. How long is the land leased for? (write in)

BS7d. Does the leased land allow access to other agricultural land?

☐ 1. Yes ☐ 2. No

BS8. Irrigated land during the last agricultural year?

☐ 1. Yes ☐ 2. No

Is this household now raising any? Write in

BS-9. Cattle?

Enter #

BS-10. Pigs?

Enter #

BS-11. Goats?

Enter #

BS-12. Chickens?

Enter #

BS-13. Ducks?

Enter #

BS-14 Other livestock, such as horses?

Enter #

BS-15. Giant Clam?

☐ 1. Yes ☐ 2. No

BS-16. Milkfish?

☐ 1. Yes ☐ 2. No

BS-17. Other aquaculture?

☐ 1. Yes ☐ 2. No

BS-18. Which person(s) in this household take(s) the main decisions for the household's crop and livestock activities? Enter person's line # from Household Roster

Person 1

Person 2

Person 3

BS-19. In the last 12 months, what was the main use of the produce from this household's crop and livestock activities?

1. Sale for money
2. Exchange for other production
3. Home consumption
4. All the above

☐ Write the appropriate code in the box

BS-20. Does this household have any forest and other wooded land?

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

BS-21. Has any member of the household gone fishing in the last 12-months? If 2. go to section C

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

If yes, what was the:

BS-22. Main purpose of fishing?

1. Home consumption
2. Sale
3. Mainly home consumption, but some for sale
4. Mainly sale, but some for home consumption
5. Other

☐ Write the appropriate code in the box

BS-23. Type of fishing activity? Tick all that apply

- ☐ 1. Net
- ☐ 2. Trolling
- ☐ 3. Spear
- ☐ 4. Hook & line
- ☐ 5. Gleaning (collecting from the sea)
- ☐ 6. Other (write in)

BS-24. Location of fishing activity? Tick all that apply

- ☐ 1. Mangroves
- ☐ 2. Lagoon
- ☐ 3. Reef
- ☐ 4. Offshore
- ☐ 5. Other (write in)

BS-25. Type of fish targeted? Tick all that apply

- ☐ 1. Invertebrates (sea cucumber, squid, octopus, lobster, clams, crabs)
- ☐ 2. Reef fish (grouper, parrot fish, rabbit fish, emperor, surgeon fish)
- ☐ 3. Pelagic fish (skipjack, tuna, wahoo, kawa kawa, rainbow runner, billfish)
- ☐ 4. Deepwater (snapper, sebus)
- ☐ 5. Other (eels, rays, shark, freshwater fish, turtle)

SECTION C: POPULATION CHARACTERISTICS

	C1. WHAT IS ...'S ETHNIC ORIGIN OR RACE	C2. RELIGION	C3. DATE OF BIRTH	C4. PLACE OF BIRTH	C5. MARITAL STATUS	C6. CITIZENSHIP	C7.1. INTERNAL MIGRATION
[HM]	1. Palauan 2. Carolinian 3. Asian 4. Caucasian 5. Black 6. Other <i>If appropriate ethnic or race code is not listed write it in the line for that Household Member</i>	1. Catholic 2. Evangelical 3. Seventh-Day Adventist 4. Assembly of God 5. Baptist 6. Muslim 7. Mormons 8. Modekngei 9. Other	mm/dd/yy	Enter the State and Hamlet codes (see codes for cover page) <i>- if born in a U.S. state or foreign country, write the name in the line for that Household Member.</i> <i>- if unknown, write name as legibly as possible</i>	What is ...'s present marital status? 1. Never Married 2. Legally Married (incl. traditional) 3. Consensually married 4. Widowed 5. Separated 6. Divorced <i>Write the appropriate code in the box</i>	What is ...'s citizenship country? 1. Palauan 2. Dual Palauan 3. U.S. 4. China 5. Bangladesh 6. Japan 7. FSM 8. Other (write in) <i>Write the appropriate code in the box</i> If 1, Go to C10 If 2, Go to C7	Did ... live in this house or apartment 5 years ago (on April 16 th , 2010)? 1. Yes 2. No 3. Born after April 16 th , 2010 If 1 or 3, Go to next person
01	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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07	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION C: POPULATION CHARACTERISTICS (Cont')

C7.2. INTERNAL MIGRATION	C8. INTERNATIONAL MIGRATION	C9. MIGRATION REASON	C10-1. MOTHER'S BIRTHPLACE	C10-2. BIOLOGICAL MOTHER ALIVE	C11-1. FATHER'S BIRTHPLACE	C11-2. BIOLOGICAL FATHER ALIVE
Where did ... live 5 years ago? <i>Enter State and Hamlet codes if in Palau, (see codes for cover page) else Write the appropriate code in the box</i>	In what month and year did ... come to the Palau to stay? mm/yy <i>If entered Palau more than once, enter the most recent entry date</i>	Why did ... come to Palau the first time? 1. Employment 2. Spouse of employed person 3. Dependent of employed person 4. Family member of employed person 5. Student - attending school/college 6. Missionary 7. Medical reasons 8. Visiting/vacation 9. Other (<i>write in</i>)	Where was ...'s MOTHER born? (<i>write in</i>) See codes for C4	Is she still living? <i>Tik the appropriate box with an X</i>	Where was ...'s FATHER born? (<i>write in</i>) See codes for C4	Is he still living? <i>Tik the appropriate box with an X</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes	<input type="text"/>	<input type="checkbox"/> 1. Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 2. No	<input type="text"/>	<input type="checkbox"/> 2. No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes	<input type="text"/>	<input type="checkbox"/> 1. Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 2. No	<input type="text"/>	<input type="checkbox"/> 2. No
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes	<input type="text"/>	<input type="checkbox"/> 1. Yes
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes	<input type="text"/>	<input type="checkbox"/> 1. Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 2. No	<input type="text"/>	<input type="checkbox"/> 2. No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes	<input type="text"/>	<input type="checkbox"/> 1. Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 2. No	<input type="text"/>	<input type="checkbox"/> 2. No

SECTION D: DISABILITY

DISABILITY						
	D1. VISION	D2. HEARING	D3. MOBILITY	D4. MEMORY	D5. HYGIENE	D6. COMMUNICATION
[HM]	Does ... have any difficulty:					
	Seeing, even if wearing glasses?	Hearing, even if using a hearing aid?	Walking or climbing steps?	Remembering or concentrating?	Washing all over or dressing?	Communicating, understanding, or being understood?
	1. No, no difficulty 2. Yes, some difficulty 3. Yes, lots of difficulty 4. Cannot do at all <i>Write the appropriate code in the box</i>					
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E: EDUCATION, LANGUAGES AND LITERACY

EDUCATION/SCHOOL ATTENDANCE						
CURRENT YEAR		PREVIOUS YEAR		EVER ATTENDED?		
E1.	E2.	E3.	E4.	E5.	E6.	
Has ... ever attended school anytime during the August 2014 to July 2015 school year? <i>Tick the appropriate box with an 'X'</i> If 2, Go to E3	What is ...'s grade-level during the 2014/15 school-year?	Has ... ever attended school anytime during the LAST school-year, August 2013 to July 2014 year? <i>Tick the appropriate box with an 'X'</i> If 2, Go to E5	What was ...'s grade-level during the 2013/14 school-year?	Has ... EVER been to school at least once during his/her life time? <i>Tick the appropriate box with an 'X'</i> If 2, Go to E7	What was ...'s highest and completed school grade level?	
<div> <div> EDUCATION LEVEL CODE 31. No school completed 32. Nursery school 33. Kindergarten </div> <div> 1. to 11. 1st to 11th grade (<i>if 6th grade, enter '6'</i>) 12. High school, no degree 13. High school graduate, or equivalent (GED or HISE) 14. Vocational Training: Including Japanese era students 15. Some college, no degree 16. Associate degree: Occupational College </div> <div> 17. Associate degree: Academic College 18. Bachelor's degree (e.g., BA, AB, BS) 19. Master's degree (e.g., MA, MS, MSW, MBA) 20. Professional degree (e.g. MD, DDS, LLB, JD) 21. Doctorate degree (e.g. Phd, EdD) </div> </div>						
01	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>
02	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>
03	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>
04	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>
05	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>
06	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>
07	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>
08	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>
09	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>
10	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>
11	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>
12	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/>

SECTION E: EDUCATION, LANGUAGES AND LITERACY

	EDUCATION/ SCHOOL ATTENDANCE	LANGUAGE			LITERACY	
	E7. TYPE OF SCHOOL	E8. SPEAK PALAUAN	E9. OTHER LANGUAGE	E10. LANGUAGE USED MOST	E11. READING	E12. WRITING
[HM]	What kind of school is this? 1. Public (Head Start Program - 12) 2. Private (Kinder - 12) 3. Daycare / Nursery 4. Traditional (ex: Ibobang) 5. Home-School or others 6. Vocation, Technical, Certification 7. PCC (campus or online) 8. College or University (campus or online) - not PCC	Does ... SPEAK Palauan at home? 1. Yes, Palauan and another language 2. No 3. Yes, Palauan only If 3, go to E11	What language does ... SPEAK? <i>(write in)</i>	Does ... SPEAK this language at home more than Palauan? 1. Yes, more often than Palauan 2. Both equally 3. No, less frequently than Palauan 4. Does not speak Palauan	Does ... have any difficulty: Reading in any language? <i>(e.g., newspapers, magazines, religious books etc)</i> Writing a letter in any language?	
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F: ECONOMIC ACTIVITIES LAST WEEK

Please provide the main activity details for every member of this household, aged 12 years and older (born before April 16th, 2003)

MAIN ACTIVITY SECTION					
	F1. MAIN ACTIVITY	F2. TYPE OF ACTIVITY (occupation)	F3. WORKING INDUSTRY	F4. WORKING HOURS	F5. WILLING TO WORK MORE
[HM]	What was this ...'s <u>main activity</u> during <u>last week</u> ? (If away, due to holidays or illness, state what this person would normally be doing) Codes are enumerated on the box on the right. Write the appropriate code in the box. If 01 to 08, go to F2 If 09 to 11, go to F6 If 12, go to F11	<i>Examples:</i> nurse, teacher, enumerator, security, cook, shop-keeper, farmer, fisherman	What industry did ... work in? <i>Codes are enumerated on the box on the right. Write the appropriate code in the box.</i>	How many hours did ... work in this <u>main activity last week</u> ? If 30+ hrs, go to F6 If < 30 hrs, go to F5	Would ... be willing and able to work more hours in this main activity ?
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

ACTIVITY CODES FOR F3 AND F8

01. Agriculture and Forestry
02. Fisheries
03. Mining and Quarrying
04. Construction
05. Wholesale and Retail
06. Repair Motor Vehicles and Motorcycles
07. Transportation and Storage
08. Accommodation and Food Service
09. Financial and Insurance Activities
10. Real Estate Activities
11. Professional, Scientific and Technical Activities
12. Administrative and Support Service Activities
13. Water Supply, Sewage/Waste Management
14. Information and Communication
15. Education
16. Human Health and Social Work
17. Entertainment and Recreation

ACTIVITY CODES FOR F1 AND F6

Paid Employment

01. Employer (Producing goods or services for sale, running a business with paid employees)
02. Self-employed (Producing goods or services for sale, running a business without paid employees)
03. Employee, working for wages / salary in public sector (incl. NGO, UN agencies)
04. Employee, working for wages / salary in private sector

Un-paid employment

05. Producing goods for own and/or family consumption (self employed)
06. Unpaid family worker (family business/plantation)
07. Unpaid family worker, help with basic household duties inside (washing, cooking, cleaning, etc) and outside (gardening, maintaining lawn, etc)
08. Volunteer work (community, church, etc.)

Not in the labor force

09. Student
10. Retired / Too old
11. None - Did not pursue any activity (no work)
12. Physically/Mentally Disabled

SECTION F: ECONOMIC ACTIVITIES LAST WEEK (Cont')

IN ADDITION TO THIS MAIN ACTIVITY, DID ... DO ANY OTHER ACTIVITY LAST WEEK					
	F6. OTHER ACTIVITY	F7. TYPE OF ACTIVITY (occupation)	F8. WORKING INDUSTRY	F9. WORKING HOURS	F10. WILLING TO WORK MORE
[HM]	Paid or unpaid (even just for 1 hour)? <i>Codes are enumerated on the box on the right. Write the appropriate code in the box.</i> If 01 to 08, go to F7 If 09 to 12, go to F11	<i>Examples: nurse, teacher, enumerator, security, cook, shop-keeper, farmer, fisherman</i>	What industry did ... work in? <i>Codes are enumerated on the box on the right. Write the appropriate code in the box.</i>	How many hours did ... work in this secondary activity last week?	Would ... be willing and available to work more hours in this secondary activity last week?
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

ACTIVITY CODES FOR F3 AND F8

01. Agriculture and Forestry
02. Fisheries
03. Mining and Quarrying
04. Construction
05. Wholesale and Retail
06. Repair Motor Vehicles and Motorcycles
07. Transportation and Storage
08. Accommodation and Food Service
09. Financial and Insurance Activities
10. Real Estate Activities
11. Professional, Scientific and Technical Activities
12. Administrative and Support Service Activities
13. Water Supply, Sewage/Waste Management
14. Information and Communication
15. Education
16. Human Health and Social Work
17. Entertainment and Recreation

ACTIVITY CODES FOR F1 AND F6

Paid Employment

01. Employer (Producing goods or services for sale, running a business with paid employees)
02. Self-employed (Producing goods or services for sale, running a business without paid employees)
03. Employee, working for wages / salary in public sector (incl. NGO, UN agencies)
04. Employee, working for wages / salary in private sector

Un-paid employment

05. Producing goods for own and/or family consumption (self employed)
06. Unpaid family worker (family business/plantation)
07. Unpaid family worker, help with basic household duties inside (washing, cooking, cleaning, etc) and outside (gardening, maintaining lawn, etc)
08. Volunteer work (community, church, etc.)

Not in the labor force

09. Student
10. Retired / Too old
11. None - Did not pursue any activity (no work)
12. Physically/Mentally Disabled

SECTION F: ECONOMIC ACTIVITIES LAST WEEK (Cont')

F11. ACTIVELY LOOK FOR A JOB	F12. WHY NOT?	F13. WILLING TO WORK MORE	
Did ... actively look for work or for a job last week? If 1, go to F13 If 2, go to F12	Reason for not searching a job: 01. Student 02. Already have a full-time job 03. Don't want to work more 04. Physically/psychologically disabled 05. Believe no paid work available 06. Discouraged (stopped looking, cannot find anything) 07. Waiting for family/friends to find work for me or tell me about other jobs 08. Weather/no transport 09. Home Duties (babysitting, chores, etc.) 10. Other (observation)	Was ... available to work, or take on another job <u>last week</u> ?	
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs

SECTION G: FERTILITY AND MORTALITY

For all females age 12 and over as of April 16th, 2015 (born before April 16th, 2003)

	ANY BIRTHS	AGE AT FIRST BIRTH	CHILDREN EVER BORN			CHILDREN ALIVE AT HOME		
	G1.	G2. <i>in years</i>	G3-1. <i>Boys</i>	G3-2. <i>Girls</i>	G3-3. <i>Total</i>	D4-1. <i>Boys</i>	G4-2. <i>Girls</i>	G4-3. <i>Total</i>
[HM]	Has ... ever given birth to a live child, even if the child died soon after birth? 1. Yes 2. No 3. Don't know If 2 or 3, skip to next female household member	At what age did ... have her first child?	How many children has ... ever given birth to that were born alive?			How many of ...'s children are still alive and in this household? <i>Include adult children at home</i>		
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION G: FERTILITY AND MORTALITY (Cont')

CHILDREN ALIVE LIVING ELSEWHERE			CHILDREN NOT ALIVE			LAST CHILD: BIRTHDATE	LAST CHILD: SEX	LAST CHILD: ALIVE	LAST CHILD: DATE OF DEATH
G5-1. Boys	G5-2. Girls	G5-3. Total	G6-1. Boys	G6-2. Girls	G6-3. Total	G7. Year	G8.	G9.	G10.
How many of ...'s children are still alive and are living elsewhere?			How many of ...'s children are no longer alive? <i>Include adult children</i>			When was ...'s last child born, even if the child died soon after birth? <i>Please give the year</i> yy	Is ...'s last child male or female? 1. Male 2. Female 3. Don't know	Is ...'s last child still alive? 1. Yes 2. No 3. Don't know If 1 or 3, skip to next person	When did ...'s last child born die? mm/dd/yy
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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COUNTRY SPECIFIC QUESTIONS/THEMATIC MODULES:

AGRICULTURE/FISHING

For countries wishing to get a more detailed update on these sectors, instead of/in addition to a fully-fledged Agricultural census/Fisheries survey

INCOME

For countries wishing to get a more detailed update on these sectors, instead of/in addition to a fully-fledged Income census/survey

... OTHERS
