

## HOUSEHOLD (HH) ROSTER: ALL INDIVIDUALS

Please give me the name of each person who was sleeping here the night of (**Country Census Date**), including all persons staying here who have no other home. Also list any person who usually resides here, but was visiting another country on Census night.

*Do not include persons who usually reside here, but were staying elsewhere in (**Country Name**) on Census night - they will be counted at that location.*

Household Member [HM]

*The Head or acting head is the person with primary authority and responsibility for HH affairs and is, in the majority of cases, its chief economic support.*

	R1. PERSON NAME - Visitors spending the census night in this household (HH). - Babies just born in the hospital. - HH members temporarily out of the country.		R2. SEX 1 = Male 2 = Female <i>Write the appropriate code in the box</i>	R3. AGE IN COMPLETED YEARS <i>enter 000 for child under 1 year</i>	R4. RELATIONSHIP TO HH HEAD	R5. WHERE DO THESE PEOPLE USUALLY LIVE?  <i>For people listed who do not USUALLY live here, what is the location of [HM]'s usual residence? Use Geographic Codes For Usual Residents of this HH who were out of the country on Census night, enter this HH's Geographic Code.</i>
[HM]					01 Head 02 Spouse 03 Unmarried partner 04 Natural or adopted child 05 Stepson/Stepdaughter 06 Brother/Sister 07 Nephew/Niece 08 Father/Mother (-in law) 09 Grandchild or great-grandchild 10 Other relative 11 Roomer/Boarder 12 Domestic worker/helper 13 Other non-relative	
01	Last name <input type="text"/>	Middle initial <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
	First name <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	Last name <input type="text"/>	Middle initial <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
	First name <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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	First name <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	Last name <input type="text"/>	Middle initial <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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	First name <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"/>
06	Last name <input type="text"/>	Middle initial <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
	First name <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"/>
07	Last name <input type="text"/>	Middle initial <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
	First name <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	Last name <input type="text"/>	Middle initial <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
	First name <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	Last name <input type="text"/>	Middle initial <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
	First name <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	Last name <input type="text"/>	Middle initial <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
	First name <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"/>

R6. When you told me the names of persons living here on (**Census Date**), did you leave anyone out because you were not sure if the person should be listed? 1. Yes 2. No

R7. When you told me the names of persons living here on (**Census Date**), did you include anyone even though you were not sure that the person should be listed? 1. Yes 2. No

# 20XX CENSUS OF (COUNTRY NAME)

THIS CENSUS IS TAKEN UNDER THE AUTHORITY OF THE STATISTICS AND CENSUS ACT.  
ALL INFORMATION IN THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL

## CORE CENSUS MODULES

R. HOUSEHOLD ROSTER	C. POPULATION CHARACTERISTICS	F. ECONOMIC ACTIVITIES LAST WEEK
A. HOUSING	D. PHYSICALLY CHALLENGE	G. FERTILITY AND MORTALITY
B. AGRICULTURE AND FISHING	E. EDUCATION, LANGUAGES AND LITERACY	H. COMMUNICATIONS AND INTERNET

HOUSEHOLD (HH) DETAILS

(if occupied) FORM #  of

X2-1. HEAD OF HOUSE

Last name

First name

HH Summary

X1-1. Males

X1-2. Females

X1-3. TOTAL

X2.2. DWELLING TYPE: Mark the appropriate box with an X

Private  GQ or Institution

X2-3. Phone number or email (optional)

X3. UNIQUE HH ID CODE

State

1 digit

Hamlet

2 digits

EA

2 digit

HH

2 digits

X4 GPS code - LONGITUDE:

X5 LATITUDE:

FIELD STAFF

CODE

X6-1. ENUMERATOR

X6-2

Signature

X7-1. SUPERVISOR

X7-2

Signature

X8. INTERVIEW COMPLETED

(dd/mm/yy)

X9. DATA ENTRY COMPLETED

(dd/mm/yy)

X10. VERIFICATION COMPLETED

(dd/mm/yy)

Visit No.	Date (dd/mm/yy)	Enumerator signature	Status Code	STATUS CODE:  01. Complete 02. No competent respondent available 03. Entire HH absent for period 04. Postponed (set date) 05. Refused 06. Vacant dwelling 07. Building not a residence 08. Dwelling destroyed 09. Dwelling not found 98. Other (write in) <div></div>
1	<div></div> / <div></div> / <div></div>	<div></div>	<div></div>	
2	<div></div> / <div></div> / <div></div>	<div></div>	<div></div>	
3	<div></div> / <div></div> / <div></div>	<div></div>	<div></div>	
X11. LAST/ FINAL	<div></div> / <div></div> / <div></div>	<div></div>	<div></div>	
Supervisor Signature <div></div>				

COMMENTS

## MODULE A: HOUSING

### A1. Which best describes this building?

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

1. A one-family house detached from any other house
2. A one-family house made up of multiple small structures
3. A one-family house attached to one or more houses
4. A building with two or more apartments
5. Dwelling attached to a shop or other non-resident building
6. Lodging house
8. Other (specify)

☐ Write the appropriate code in the boxes.

### A2. Is this (house/apartment)

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

☐ Write the appropriate code in the box

### A3. MAIN material of the floor?

1. Wood/Masonite
2. Metal/iron/aluminium
3. Concrete/cement/bricks
4. Traditional materials
8. Other (specify)

☐ Write the appropriate code in the box

### A4. MAIN material of the roof?

1. Wood/Masonite
2. Metal/iron/aluminium
3. Concrete/cement/bricks
4. Traditional materials
8. Other (specify)

☐ Write the appropriate code in the box

### A5. MAIN material of the outer wall?

1. Wood/Masonite
2. Metal/iron/aluminium
3. Concrete/cement/bricks
4. Traditional materials
8. Other (specify)

☐ Write the appropriate code in the box

### A6. What is the main source of drinking water for members of your HH?

Public piped water

11. Piped into dwelling
12. Piped into compound, yard or plot
13. Public tap/standpipe
14. Piped to neighbor

Dug well

21. Protected well
22. Unprotected well

Water from a spring

31. Protected spring
32. Unprotected spring

Rainwater

41. Own-tank - tap inside dwelling
42. Own-tank - tap outside dwelling
43. Communal tank

51. Open surface water, including rivers, stream, dam, lake, etc.

61. Tanker truck

71. Bottled water (Bottled or Sachet water)

98. Other (specify)

☐ Write the appropriate code in the boxes.

### A7. What is the main source of water used by your HH for cooking and personal hygiene? (for example, handwashing or brushing teeth)

Public piped water

11. Piped into dwelling
12. Piped into compound, yard or plot
13. Public tap/standpipe
14. Piped to neighbor

Dug well

21. Protected well
22. Unprotected well

Water from a spring

31. Protected spring
32. Unprotected spring

Rainwater

41. Own-tank - tap inside dwelling
42. Own-tank - tap outside dwelling
43. Communal tank

51. Open surface water, including rivers, stream, dam, lake, etc.

61. Tanker truck

71. Bottled water (Bottled or Sachet water)

98. Other (specify)

☐ Write the appropriate code in the boxes.

## MODULE A: HOUSING (cont')

**A8.** What kind of toilet facility do members of your HH usually use?

Flush or pour flush toilet

11. Flush to piped sewer system
12. Flush to septic tank
13. Flush to pit latrine
14. Flush to somewhere else

Pit latrine closed pit

21. Ventilated improved pit latrine
22. Pit latrine with slab
23. Pit latrine without slab / open pit
31. Public shared toilet
41. Composting toilet
51. Bucket
61. Hanging toilet, hanging latrine
71. No facility/beach/bush
98. Other (specify)

☐ Write the appropriate code in the boxes.

**A9.** Where is this toilet facility located?

1. In own dwelling
2. In own yard/plot
3. Elsewhere

☐ Write the appropriate code in the box

**A10.** Do you share this toilet facility with others who are not members of your HH?

- ☐ 1. Yes ☐ 2. No *If No. go to A12*

Mark the appropriate box with an X

**A11.** How many HHs in total use this toilet facility, including your own HH?

- ☐ 1. Yes  Enter #
- ☐ 2. Don't know

**A12.** Where do you do your everyday cooking?

1. Inside the dwelling - separate kitchen area
2. Inside the dwelling - no separate kitchen area
3. Outside - open cooking area
4. Outside - closed cooking area
8. Other (specify)

☐ Write the appropriate code in the box

**A13.** What type of fuel does your HH mainly use for cooking?

1. Electricity
2. Propane gas (LPG)
3. Kerosene
4. Solar power
5. Wood
6. Charcoal
7. Coconut husks/shells
8. Other (specify)

☐ Write the appropriate code in the box

**A14.** MAIN source of lighting?

1. Public power supply (electricity)
2. Solar
3. Own generator
4. Kerosene
8. Other (specify)

☐ Write the appropriate code in the boxes.

**A15.** Where does your HH mainly dispose of its waste?

1. Personal bin (public collection)
2. Personal bin (take to dump yourself)
3. Communal/Village disposal site
4. Burn it
5. Compost
6. Bury in yard/bush
7. Ocean, river, or other body of water
8. Other (specify)

☐ Write the appropriate code in the boxes.

**A16.** Does your HH have any of the following goods? *If yes, how many of each to you possess*

**Only list those in working order**

**TRANSPORT**

- ☐ Car
- ☐ Truck
- ☐ Van
- ☐ Motor bike
- ☐ Scooter
- ☐ Bicycle
- ☐ Canoe - paddle
- ☐ Canoe - outrigger
- ☐ Boat with motor

**APPLIANCES**

- ☐ Refrigerator
- ☐ Freezer
- ☐ Stove
- ☐ Washing machine
- ☐ Sewing machine
- ☐ Generator (diesel or other)
- ☐ Solar panel/equipment
- ☐ Television
- ☐ CD/DVD player

**COMMUNICATIONS**

- ☐ Cell phones
- ☐ Landline phone
- ☐ Desktop computers
- ☐ Laptop
- ☐ Tablet
- ☐ Access to the internet *If yes,*  
*name of provider*

*Battery powered radios are important for emergency broadcasts. Count radios in working order. Mark the appropriate box with an X*

Radio (battery powered) ☐ 1. Yes ☐ 2. No

## MODULE A: HOUSING (cont')

**A17.** What sources of income has your HH received in the last 12 months? *Mark the appropriate box with an X*

- ☐ 1. Regular salary of  HH members *Indicate number of HH members receiving salary.*
- ☐ 2. Income from own business
- ☐ 3. Sale of products (crops, fish, handicrafts)
- ☐ 4. Rental income from land lease
- ☐ 5. Rental income from house rented out
- ☐ 6. Remittances from anyone not on HH roster
- ☐ 7. Pension or retirement fund
- ☐ 8. None
- ☐ 9. Other (specify)

**A18.** Do you/your HH sometimes receive money or goods from anyone not listed on the HH roster?

☐ 1. Yes ☐ 2. No

*Mark the appropriate box with an X*

*If 'Yes' please indicate source and frequency:*

<i>Tick one box only</i>	Yes, from within the country only	Yes, from outside the country only	Yes, from both within and outside the country
Every 2 weeks			
Every month			
Every 3 months			
Twice a year			
Once a year			
Rarely			

**A19.** Did this HH have members in the last 3 years who are no longer living in this HH?

☐ 1. Yes ☐ 2. No

*Mark the appropriate box with an X*

*If 'Yes' provide the following on each person:*

	Sex 1 = Male 2 = Female	Age	Reason 1. Passed away 2. Living elsewhere in (country name) 3. Migration abroad under a PAC 4. Family reunification 5. Employment 9. Other (specify)	Date of death/ departure (dd/mm/yy)
1				
2				
3				
4				

## MODULE B: CORE AGRICULTURE AND FISHING

**B1.** Has any member of this HH conducted, **on own account**, any of the below activities in the last 12 months?

*If 'yes', what was the main purpose?*

	Response 1. Yes 2. No	Purpose 1. Home consumption 2. For sale 3. Mainly home consumption, but some sale 4. Mainly sale, but some home consumption 5. Other (e.g. customary)
Operated land for agriculture <i>If yes, complete B2</i>		
Grown food crops <i>If yes, complete B2</i>		
Fishing and seafood gathering		
Raised livestock <i>If yes, complete B2</i>		
Freshwater aquaculture <i>If yes, complete B3</i>		
Marine aquaculture <i>If yes, complete B3</i>		
Hunting		
Collection of forestry products		
Production of handicrafts		

**B2.** What is the total area of all the land used for agriculture purposes?

- |                       |                  |
|-----------------------|------------------|
| 1. <0.25 acres        | 5. 2 to <3 acres |
| 2. 0.25 to <0.5 acres | 6. 3 to <4 acres |
| 3. 0.5 to <1 acres    | 7. 4 to <5 acres |
| 4. 1 to <2 acres      | 8. 5+ acres      |

☐ Write the appropriate code in the box

**B3.** What is the total area of currently stocked aquaculture ponds / stocked marine area?

- |                       |                  |
|-----------------------|------------------|
| 1. <0.25 acres        | 5. 2 to <3 acres |
| 2. 0.25 to <0.5 acres | 6. 3 to <4 acres |
| 3. 0.5 to <1 acres    | 7. 4 to <5 acres |
| 4. 1 to <2 acres      | 8. 5+ acres      |

☐ Write the appropriate code in the box

## MODULE C: POPULATION CHARACTERISTICS

	C1. IDENTITY	C2. BIRTHDATE	C3. BIRTHPLACE	C4. CITIZENSHIP	C5. MARITAL STATUS	C6. RELIGION
[HM]	With which group does identify? <i>(may select more than 1)</i> 01. Nation's ethnicity 1 02. Nation's ethnicity 2 03. Melanesian 04. Micronesian 05. Polynesian 06. Group 6 07. Group 7 08. Group 8 09. Group 9 98. Other <i>(write in)</i> 99. Refuse <i>Write the appropriate code in the box</i>	What is [HM]'s Date of Birth? <i>(dd/mm/yy)</i>	What is [HM]'s Place of Birth? <i>If necessary, prompt: Where was mother's residence when [HM] was born?</i>  <i>Use geography codes on back of form (state, city/village, etc.).</i>	What is [HM]'s Country of Citizenship? 01. Native-born citizen 02. Naturalized citizen 03. Dual citizenship <i>(write in)</i> 04. Country X 05. Country Y 06. Country Z 98. Other <i>(write in)</i> <i>Write the appropriate code in the box</i>	What is [HM]'s present marital status? 1. Never married 2. Legally married 3. Traditional or consensual marriage (follow local custom) 4. Widowed 5. Separated 6. Divorced <i>Write the appropriate code in the box</i>	What is [HM]'s Religious Affiliation? 01. Catholic 02. Protestant 1 03. Protestant 2 04. Other Christian 05. Muslim 06. Buddhist 98. Other <i>(write in)</i> <i>Write the appropriate code in the box</i>  <b>Country to determine!!</b>
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"/>
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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"/>

## MODULE C: POPULATION CHARACTERISTICS (Cont')

MIGRATION TIME & REASON						
	C7.	C8a.	C8b.	C8c.	C8d.	C9.
[HM]	Is this your place of usual residence? 1. Yes 2. No <div>If No, skip to C9</div> Write the appropriate code in the box	Since when have [HM] lived here? mm/yy	Where did [HM] come from? <i>[HM]'s previous Place of Residence; Use geography codes on back of form (state, city/village, etc.).</i> <div>If other country, write in name of country and answer C8c</div>	Why did [HM] move to this country? 01. Employment 02. Be with spouse 03. Child of employed 04. Other relative to employed person 05. Student - attending school or college 06. Missionary 07. Medical reasons 08. Visiting/Vacation 98. Other (write in)	What do [HM] consider its home island, state country?	What is [HM] usual place of residence? <i>Use geography codes on back of form (state, city/village, etc.).</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"/>
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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"/>

## MODULE D: PHYSICALLY CHALLENGED

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

PHYSICALLY CHALLENGED						
	D1. VISION	D2. HEARING	D3. MOBILITY	D4. MEMORY	D5. HYGIENE	D6. COMMUNICATION
[HM]	Does [HM] have any difficulty:					
	Seeing, even if wearing glasses?	Hearing, even if using a hearing aid?	Walking or climbing steps?	Remembering or concentrating?	(Self-care, such as) washing all over or dressing?	Communicating for example understanding, or being understood by others, using your usual (customary) language?
	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"/>	<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"/>



## MODULE E: EDUCATION, LANGUAGES AND LITERACY

	EDUCATIONAL ATTAINMENT (AGES 3+)				SCHOOL ATTENDANCE AGE (3–29)							
	E1.	E2a.	E2b.	E2c.	E3.	E4a.	E4b.	E4c.				
[HM]	Has [HM] ever attended school or pre-school? 1. Yes 2. No 3. Don't know <i>If 2, or 3 skip to E5</i> Write the appropriate code in the box	What is the highest level of schooling [HM] has attended? 0. Pre-school 1. Primary 2. Lower secondary 3. Upper secondary 4. Post-secondary non-tertiary 5. Tertiary 6. Other <i>If 5, skip to E2c.</i>	What is the highest grade/year [HM] completed at this level? (Refer to codes below) <i>Enter '00' if less than 1 year completed</i> <i>Go to E3</i>	What is the highest tertiary qualification/certificate/diploma [HM] obtained? (Refer to codes below)	During the current school year*, did [HM] attend school or preschool at any time? 1. Yes 2. No 3. Don't know <i>If 2, or 3 skip to E5</i> Write the appropriate code in the box	Which level is [HM] attending during the current school year*? 0. Pre-school 1. Primary 2. Lower secondary 3. Upper secondary 4. Post-secondary non-tertiary 5. Tertiary 6. Other <i>If 5, skip to E4c.</i>	At this level, which grade/year is [HM] attending during the current school year*? (Refer to codes below) <i>Go to E5</i>	What type of tertiary programme is [HM] attending during the current school year*? (Refer to codes below)				
	<b>EDUCATION LEVEL CODES E2b/E4b and E2c/E4c:</b> <table border="0"> <tr> <td> <b>Pre-school</b>            01. Year 1            02. Year 2            03. Year 3  <b>Primary</b>            11. CL1    13. CL3    15. CL5            12. CL2    14. CL4    16. CL6         </td> <td> <b>Lower secondary</b>            21. Form 1            22. Form 2            23. Form 3  <b>Upper secondary</b>            24. Form 4    26. Form 6            25. Form 5    27. Form 7         </td> <td> <b>Post-secondary non-tertiary</b>            31. Year 1            32. Year 2            33. Year 3  <b>Tertiary qualification/certificate/diploma</b>            41. Some college, no degree         </td> <td>           42. Associate degree            43. Bachelor's degree            44. Master's degree            45. Other professional degree            46. Doctorate         </td> </tr> </table>								<b>Pre-school</b> 01. Year 1 02. Year 2 03. Year 3 <b>Primary</b> 11. CL1    13. CL3    15. CL5 12. CL2    14. CL4    16. CL6	<b>Lower secondary</b> 21. Form 1 22. Form 2 23. Form 3 <b>Upper secondary</b> 24. Form 4    26. Form 6 25. Form 5    27. Form 7	<b>Post-secondary non-tertiary</b> 31. Year 1 32. Year 2 33. Year 3 <b>Tertiary qualification/certificate/diploma</b> 41. Some college, no degree	42. Associate degree 43. Bachelor's degree 44. Master's degree 45. Other professional degree 46. Doctorate
<b>Pre-school</b> 01. Year 1 02. Year 2 03. Year 3 <b>Primary</b> 11. CL1    13. CL3    15. CL5 12. CL2    14. CL4    16. CL6	<b>Lower secondary</b> 21. Form 1 22. Form 2 23. Form 3 <b>Upper secondary</b> 24. Form 4    26. Form 6 25. Form 5    27. Form 7	<b>Post-secondary non-tertiary</b> 31. Year 1 32. Year 2 33. Year 3 <b>Tertiary qualification/certificate/diploma</b> 41. Some college, no degree	42. Associate degree 43. Bachelor's degree 44. Master's degree 45. Other professional degree 46. Doctorate									
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"/>				

\* that is [SCHOOL YEAR, e.g. 2015-2016]

## MODULE E: EDUCATION, LANGUAGES AND LITERACY (Cont')

LITERACY (AGES 12+)		SPOKEN LANGUAGE	
E5.	E6.	E7.	E8.
Can [HM] read in any language? <i>(e.g. reading newspaper, magazine, religious book, etc.)</i>	Can [HM] write in any language? <i>(e.g. writing a letter, filling out a form, etc.)</i>	Does [HM] speak [official language] at home? 1. Yes 2. No <i>Write the appropriate code in the box</i>	Does [HM] speak another language at home? 1. Yes 2. No <i>Write the appropriate code in the box</i>
[HM]			
1. No, no difficulty 2. Yes, some difficulty 3. Yes, a lot 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"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MODULE F: ECONOMIC ACTIVITIES LAST WEEK

Please provide the main activity details for every member of this HH, aged 12 years and older (DoB is 12 years before Census Date)

MAIN ACTIVITY SECTION					
	F1. MAIN ACTIVITY	F2. OCCUPATION	F3. WORKING INDUSTRY	F4. WORKING HOURS	F5. WILLING TO WORK MORE
[HM]	What was this [HM]'s main activity during last week? <i>(If away, due to holidays or illness, state what this person would normally be doing)</i> Codes are enumerated on the box on the right. Write the appropriate code in the box.  <i>If 01 - 08, go to F2</i> <i>If 09 - 14, go to F6</i>	Please describe the tasks or type of work [HM] does. <i>Examples: nurse, teacher, security, cook, shop-keeper, farmer, fisherman</i>	What is [HM]'s field of work, name of employer or place of work? <i>Examples: hospital, restaurant, retail sales, agriculture, fisheries</i>	How many hours did [HM] work in this main activity last week?  <b>30+ hr, go to F6</b>	Would [HM] be willing and available to work more hours in this main activity? 1. Yes 2. No <i>Write the appropriate code in the box.</i>
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>

### CODES FOR F1

#### 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 **HH duties** inside (washing, cooking, cleaning), outside (gardening, sweeping cutting grass), and **family duties** (caring for children or elderly family members)
08. Volunteer work (community, church, etc.)

#### Not in the labor force

09. Student - full time
10. Student - part time
11. Home duties
12. Retired / Too old
13. None - did not pursue any activity (no work)
14. Physically/Mentally disabled

## MODULE F: ECONOMIC ACTIVITIES LAST WEEK (Cont')

IN ADDITION TO THIS MAIN ACTIVITY, DID [HM] DO ANY OTHER ACTIVITY LAST WEEK					
	F6. OTHER ACTIVITY	F7. OCCUPATION	F8. WORKING INDUSTRY	F9. WORKING HOURS	F10. WILLING TO WORK MORE
[HM]	<p>In addition to this main activity, did [HM] do any other activity last week paid or unpaid (even just for 1 hour) ?</p> <p>Codes are enumerated on the box on the right. Write the appropriate code in the box.</p> <p>If 01 - 08, go to F7 If 09 - 14, go to F11</p>	<p>Please describe the tasks or type of work [HM] does.</p> <p><u>Examples:</u> nurse, teacher, security, cook, shop-keeper, farmer, fisherman</p>	<p>What is [HM]'s field of work, name of employer or place of work?</p> <p><u>Examples:</u> hospital, restaurant, retail sales, agriculture, fisheries</p>	<p>How many hours did [HM] work in this secondary activity last week?</p> <p>30+ hr, go to F11</p>	<p>Would [HM] be willing and available to work more hours in this secondary activity?</p> <p>1. Yes 2. No</p> <p>Write the appropriate code in the box.</p>
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="text"/>

### CODES FOR 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 **HH duties** inside (washing, cooking, cleaning), outside (gardening, sweeping cutting grass), and **family duties** (caring for children or elderly family members)
08. Volunteer work (community, church, etc.)

#### Not in the labor force

09. Student - full time
10. Student - part time
11. Home duties
12. Retired / Too old
13. None - did not pursue any activity (no work)
14. Physically/Mentally disabled

## MODULE F: ECONOMIC ACTIVITIES LAST WEEK (Cont')

	F11. ACTIVELY LOOK FOR A JOB	F12. WHY NOT?	F13. WILLING TO WORK MORE
[HM]	Did [HM] actively look for <b>work</b> or for <b>a job last week</b> ? 1. Yes 2. No <i>Write the appropriate code in the box.</i> <div>If 1, go to F13 If 2, go to F12</div>	<b>Reason for not searching a job:</b> 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 [HM] willing and available to work, or take on another job <b>last week</b> ?
01	<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"/>
03	<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"/>
05	<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"/>
07	<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"/>
09	<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"/>

## MODULE G: FERTILITY AND MORTALITY

For all females aged 12+ as of Census date (born before Census date -12 years)

*No upper age limit*

FEMALES AGED 12+										
	ANY BIRTHS	AGE AT FIRST BIRTH	CHILDREN EVER BORN		CHILDREN ALIVE LIVING ELSEWHERE		CHILDREN ALIVE LIVING AT HOME		CHILDREN NOT ALIVE	
	G1.	G2. <i>in years</i>	G3-1. <i>Boys</i>	G3-2. <i>Girls</i>	G3-3. <i>Boys</i>	G3-4. <i>Girls</i>	G3-5. <i>Boys</i>	G3-6. <i>Girls</i>	G4-1. <i>Boys</i>	G4-2. <i>Girls</i>
[HM]	Has [HM] ever given birth to a live child, even if the child died soon after birth? 1. Yes 2. No 3. Don't know  <i>If 2 or 3, skip to G9</i>	At what age did [HM] have her first child?	How many children has [HM] ever given birth to that were born alive?		How many children has [HM] ever given birth to that were born alive and live elsewhere?		How many children has [HM] ever given birth to that were born alive and live in the HH?		How many children has [HM] ever given birth to that were alive but no longer are? <i>Include adult children.</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"/>	<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"/>
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"/>	<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"/>	<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"/>

## MODULE G: FERTILITY AND MORTALITY (Cont')

	FOR ALL FEMALES AGED 12+				FOR ALL HH MEMBERS		
	LAST CHILD: BIRTHDATE	LAST CHILD: SEX	LAST CHILD: ALIVE	LAST CHILD: DATE OF DEATH	MOTHER IN HH	MOTHER ALIVE	FATHER ALIVE
	G5.	G6.	G7.	G8.	G9.	G10.	G11.
[HM]	When was [HM]'s last child born, even if the child died soon after birth? (mm/yy)	Is [HM]'s last child male or female? 1. Male 2. Female	Is [HM]'s last child still alive? 1. Yes 2. No 3. Don't know Write the appropriate code in the box.  <i>If No, skip to G9.</i>	When did [HM]'s last child born die? (mm/yy)	Is this person's biological mother in the HH?  <i>If yes, write her [HM] line number next to her children.</i>	Is [HM]'s biological mother still living? 1. Yes 2. No 3. Don't know Write the appropriate code in the box.	Is [HM]'s biological father still living? 1. Yes 2. No 3. Don't know Write the appropriate code in the box.
01	<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"/>
03	<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"/>
05	<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"/>
07	<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"/>
09	<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"/>

## MODULE H: COMMUNICATIONS AND INTERNET

FOR PERSONS AGED 10 YEARS AND OVER						
	INTERNET ACCESS <b>H1.</b>	LOCATION OF INTERNET USE <b>H2.</b>	MOBILE PHONE USE <b>H3.</b>	INTERNET PURPOSE <b>Optional H4.</b>	WORKING DEVICES <b>Optional H5.</b>	COMPUTER USE <b>Optional H6.</b>
[HM]	Did [HM] access the internet in the last week? <i>Include access using a cell phone, tablet, or other mobile device.</i> 1. Yes 2. No <i>Write the appropriate code in the box.</i> <div>If no, skip to H3</div>	Where does [HM] access the internet most of the time in the last 12 months? 1. Home 2. Internet café 3. Free wireless hotspots 4. Workplace 5. At place of education 6. Other ( <i>write in</i> ) <i>Write the appropriate code in the box.</i>	Does [HM] have a working mobile/cell phone? 1. Yes 2. No <i>Write the appropriate code in the box.</i>	What does [HM] primarily use the internet for? 1. Education 2. Shopping/product info 3. Entertainment 4. Work/Business 5. Communication (including email) 6. Information gathering 7. Other ( <i>write in</i> ) <i>Write the appropriate code in the box.</i>	How many working devices does [HM] have? <i>Include all cell phones, fixed phones, tablets, laptops, notebooks, PCs, etc.</i> <i>Count shared devices only for the primary user.</i>	What does [HM] primarily use the computer for? 1. Copying files 2. Saving documents 3. Programming 4. Other ( <i>write in</i> ) 5. No use of computer <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"/> <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"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>