

+ QUESTIONS P1-P17 FOR ALL PERSONS	ALL PERSONS (P1-P17)			
P1. Numbering of household members (start with Head of Hh= 001)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P2. Write name of each person numbered in P1 accordingly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P3. Sex <i>1. Male 2. Female (Indicate all correct answers with X)</i>	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
P4. Relation to head <i>1. Head 2. Spouse 3.Children 4.Grandch 5.Others</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
P5. DOB Day (01-31), Month (01-12), Year (1901-2011)	<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"/>
P6. Completed age by the 7th of November, 2011 <i>Write 000 if age is below one year</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P7. Country of citizenship <i>1. Samoa 2. Samoa & NZ 3. NZ or Australia 4. USA 5. Others</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
P8. Is own biological mother still alive?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Go P10	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Go P10	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Go P10	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Go P10
P9. If yes and stays in the same Hh, write her number as it is in P1 If she is alive but lives somewhere else, write 000	<input type="text"/>	<input type="text"/> +	<input type="text"/>	<input type="text"/>
P10. Is own biological father still alive?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Go P12	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Go P12	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Go P12	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Go P12
P11. If yes and stays in the same Hh, write his number as it is in P1 If he is alive but lives somewhere else, write 000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P12. Marital status <i>1. Married 2. Sep/Div 3. Widow 4. Single</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
P13. Matai status <i>1. Yes-same vill 2. Yes-other vill 3. 1 and 2 4. No</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
P14. Any disability?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Go P16	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Go P16	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Go P16	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Go P16
P15. Select only one most serious type of disability <i>1. Speech 2. Visual 3. Hearing 4. Slow learner 5. Emotional/Mental 6. Autistic 7. Epileptic 8. (Physical like stroke) 9. Others</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
P16. Place of birth <i>Write District code and Village code, if Overseas = write 5100</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P17. Place of usual residence <i>Write District code and Village code, if Overseas = write 5100</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
QUESTIONS P18-P24 FOR ONLY PERSONS 5+	ONLY PERSONS 5+	ONLY PERSONS 5+	ONLY PERSONS 5+	ONLY PERSONS 5+
P18. Place of usual residence in the last 12 months? <i>Write District code and Village code, if Overseas = write 5100</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P19. Place of usual residence n the last 5 years? <i>Write District code and Village code, if Overseas = write 5100</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P20. Religion <i>01.EFKS 02.Metotisi 03.Katoliko 04. LDS Isi : CODE (Refer to List of more codes for other religions)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> +
P21. Highest level of education ever attained? <i>1.Special Needs 2. Never 3. Kindy 4. Primary/AogaFaiifeau 5. Secondary 6. Tertiary</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
P22. Is this person currently attending school?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Go P 25	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Go P25	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Go P25	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Go P25

+ QUESTION P24 FOR PERSONS 5+	ONLY PERSONS 5+	ONLY PERSONS 5+	ONLY PERSONS 5+	ONLY PERSONS 5+ +
CONTINUE questions	Name _____ AGE _____			
P24. If attending school, what class is this person attending ? 0. Kindy/Special Need 1. Yr1 2. Yr2 3. Yr3 4. Yr4 5. Yr5 6. Yr6 7. Yr7 8. Yr8 9. Yr9 10. Yr10 11. Yr11 12. Yr12 13. Yr13 14. Post-secondary education: NUS, APTC, Theology, Tesese, etc	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>
QUESTIONS P25-P31 FOR PERSONS 15+	ONLY PERSONS 15+	ONLY PERSONS 15+	ONLY PERSONS 15+	ONLY PERSONS 15+
P25. Does this person read and write well and understand instructions? (Tick the preferred language Samoan or English) <i>(Manatua, e le'o tamaiti uma sa aooga ua iloa faitau ma tusitusi. Ia faamaoni le taliina fesili, mo le faaleleia atili o Aoauga i Samoa)</i>	Samoan 1 <input type="checkbox"/> English 2 <input type="checkbox"/> Read 1 <input type="checkbox"/> Yes No 2 <input type="checkbox"/> Write 1 <input type="checkbox"/> Yes No 2 <input type="checkbox"/> U/stand 1 <input type="checkbox"/> Yes No 2 <input type="checkbox"/>	Samoan 1 <input type="checkbox"/> English 2 <input type="checkbox"/> Read 1 <input type="checkbox"/> Yes No 2 <input type="checkbox"/> Write 1 <input type="checkbox"/> Yes No 2 <input type="checkbox"/> U/stand 1 <input type="checkbox"/> Yes No 2 <input type="checkbox"/>	Samoan 1 <input type="checkbox"/> English 2 <input type="checkbox"/> Read 1 <input type="checkbox"/> Yes No 2 <input type="checkbox"/> Write 1 <input type="checkbox"/> Yes No 2 <input type="checkbox"/> U/stand 1 <input type="checkbox"/> Yes No 2 <input type="checkbox"/>	Samoan 1 <input type="checkbox"/> English 2 <input type="checkbox"/> Read 1 <input type="checkbox"/> Yes No 2 <input type="checkbox"/> Write 1 <input type="checkbox"/> Yes No 2 <input type="checkbox"/> U/stand 1 <input type="checkbox"/> Yes No 2 <input type="checkbox"/>
P26. Highest qualification ever completed? 1. None/PSSC and less 2. Certificate (post-secondary) 3. Diploma 4. Degree/higher	1 <input type="checkbox"/> Go P28 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> Go P28 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> Go P28 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> Go P28 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
P27. Which organization did this person get the qualification ?	<input type="text"/>	<input type="text"/> +	<input type="text"/>	<input type="text"/>
P28. Does the person perform the following traditional skills? 1. Yes 2.No (From skills listed A-F, indicate Yes(1) or No(2)) A. Traditional male tattoo E. Carpentry I. Handicrafts O. Weave, elei, sewing U. Fishing F. Traditional healer	A 1 <input type="checkbox"/> 2 <input type="checkbox"/> O 1 <input type="checkbox"/> 2 <input type="checkbox"/> E 1 <input type="checkbox"/> 2 <input type="checkbox"/> U 1 <input type="checkbox"/> 2 <input type="checkbox"/> I 1 <input type="checkbox"/> 2 <input type="checkbox"/> F 1 <input type="checkbox"/> 2 <input type="checkbox"/>	A 1 <input type="checkbox"/> 2 <input type="checkbox"/> O 1 <input type="checkbox"/> 2 <input type="checkbox"/> E 1 <input type="checkbox"/> 2 <input type="checkbox"/> U 1 <input type="checkbox"/> 2 <input type="checkbox"/> I 1 <input type="checkbox"/> 2 <input type="checkbox"/> F 1 <input type="checkbox"/> 2 <input type="checkbox"/>	A 1 <input type="checkbox"/> 2 <input type="checkbox"/> O 1 <input type="checkbox"/> 2 <input type="checkbox"/> E 1 <input type="checkbox"/> 2 <input type="checkbox"/> U 1 <input type="checkbox"/> 2 <input type="checkbox"/> I 1 <input type="checkbox"/> 2 <input type="checkbox"/> F 1 <input type="checkbox"/> 2 <input type="checkbox"/>	A 1 <input type="checkbox"/> 2 <input type="checkbox"/> O 1 <input type="checkbox"/> 2 <input type="checkbox"/> E 1 <input type="checkbox"/> 2 <input type="checkbox"/> U 1 <input type="checkbox"/> 2 <input type="checkbox"/> I 1 <input type="checkbox"/> 2 <input type="checkbox"/> F 1 <input type="checkbox"/> 2 <input type="checkbox"/>
P29. Main activity in the last 7 days? 1. Employer (hire and pay workers eg Bar owner) 2. Employee (work and paid by others like govt, business, church, etc) 3. Self-employed (runs own business to earn money eg shop, taxi, etc) 4. Manufacture goods for sale (elei, ili, cooked food, handicrafts, etc) 5. Street vendors (pisinisi faatau savali eg afitusi, nusipepa, etc) 6. Produce subsistence (agriculture/fishing) for sale/use eg kapisi, tau'i a 7. Look for a job (by sending applications, wait or attend interviews) 8. Domestic duties (house-work) 9. Attend School 10. Incapable	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> <i>If code 1-6, go and answer P30-P31</i> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> <i>If code 7-10, go to P32 if female</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> <i>If code 1-6, go and answer P30-P31</i> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> <i>If code 7-10, go to P32 if female</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> <i>If code 1-6, go and answer P30-P31</i> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> <i>If code 7-10, go to P32 if female</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> <i>If code 1-6, go and answer P30-P31</i> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> <i>If code 7-10, go to P32 if female</i>
P30. Main Occupation CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P31. Main Industry CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> +
Questions P32-P39 FEMALE AGED 15-49	ONLY FEMALES 15-49years	ONLY FEMALES 15-49years	ONLY FEMALES 15-49years	ONLY FEMALES 15-49years
P32. Ever given birth? 1. Yes 2. No	1 <input type="checkbox"/> Yes(Continue) <input type="checkbox"/> No (End)	1 <input type="checkbox"/> Yes(Continue) <input type="checkbox"/> No (End)	1 <input type="checkbox"/> Yes(Continue) <input type="checkbox"/> No (End)	1 <input type="checkbox"/> Yes(Continue) <input type="checkbox"/> No (End)
P33. Number of Males and Females ever given birth to	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>
P34. Number of Male and Females ever died	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>
P35. Number of Males and Females still surviving	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>
P36. Date of birth of last birth	<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"/>
P37. Was the last birth born in hospital or at the TBA?	1 <input type="checkbox"/> Hospital 2 <input type="checkbox"/> TBA	1 <input type="checkbox"/> Hospital 2 <input type="checkbox"/> TBA	1 <input type="checkbox"/> Hospital 2 <input type="checkbox"/> TBS	1 <input type="checkbox"/> Hospital 2 <input type="checkbox"/> TBA
P38. Was the last birth a boy or girl? If twins use the two boxes (Y for younger baby and O for the Older baby).	Y 1 <input type="checkbox"/> 2 <input type="checkbox"/> O 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Y 1 <input type="checkbox"/> 2 <input type="checkbox"/> O 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Y 1 <input type="checkbox"/> 2 <input type="checkbox"/> O 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Y 1 <input type="checkbox"/> 2 <input type="checkbox"/> O 1 <input type="checkbox"/> 2 <input type="checkbox"/>
P39. Is the lastborn(lastborns) still alive 1. Yes 2. No	Y 1 <input type="checkbox"/> 2 <input type="checkbox"/> O 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Y 1 <input type="checkbox"/> 2 <input type="checkbox"/> O 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Y 1 <input type="checkbox"/> 2 <input type="checkbox"/> O 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Y 1 <input type="checkbox"/> 2 <input type="checkbox"/> O 1 <input type="checkbox"/> 2 <input type="checkbox"/>
P40. If last page, add the total Males, Females and Total Persons	All Males (Aofaiga o Alii) <input type="text"/>	All Females (Aofaiga o Tamaitai) <input type="text"/>	Total Persons (Aofaiga o le Aiga atoa) <input type="text"/>	<input type="text"/>