

POPULATION INTERVIEW SCHEDULE		FAIPULE DISTRICT	
P1-P15: ASK EVERYBODY PRESENT AT CENSUS MOMENT		HOUSEHOLD NO. <input type="text"/>	
NOVEMBER 5th at 12 O'CLOCK MID-NIGHT, 2001		If not present: Code/Dist/Count/Vill <input type="text"/>	
P1 Person number:	NAME OF PERSON: (Write name below Person Number)	Person Number: <input type="text"/>	
P2 Gender/Sex:	1. Male 2. Female	<input type="text"/>	
P3 Relationship to the Head of household:		<input type="text"/>	
P4 Date of birth: Write: Day(1-31) Month(1-12) Year(1881-2001)		<input type="text"/>	
P5 Completed Age by November 5, 2001:		<input type="text"/>	
P6 Ethnicity: 1. Samoan 2. Non-Samoan(Foreigner)		<input type="text"/>	
P7 Country of Citizenship:(Samoan citizens code 50, Overseas: refer to Country codes)		<input type="text"/>	
P8 Religious denomination:		<input type="text"/>	
P9 Is own mother still alive? 1. Yes 2. No- Go P11 3. Don't know - Go P11		<input type="text"/>	
P10 Write Person number of mother if living here, if not living here write "00":		<input type="text"/>	
P11 Is own father still alive? 1. Yes 2. No - Go P13 3. Don't know - Go P13		<input type="text"/>	
P12 Write Person number of father if living here, if not living here write "00":		<input type="text"/>	
P13 Please indicate if this person is disabled or not. 1. Disabled 2. Not disabled		<input type="text"/>	
P14 Place of birth: (Do not write the Hospital unless person actually resided in that village)		Dist/Count <input type="text"/> Vill <input type="text"/>	<input type="text"/>
P15 Place of usual residence:		Dist/Count <input type="text"/> Vill <input type="text"/>	<input type="text"/>
P16-P20: ASK ALL PERSONS 5 YEARS AND OVER			
P16 Place of previous residence 12 months ago (November 2000):		Dist/Count <input type="text"/> Vill <input type="text"/>	<input type="text"/>
P17 Place of previous residence 5 years ago (November 1996):		Dist/Count <input type="text"/> Vill <input type="text"/>	<input type="text"/>
P18 Highest educational level completed:		<input type="text"/>	
P19 School attendance: 1. Yes-full time 2. Yes-part time 3. No - Go P21		<input type="text"/>	
P20 Type of school attending:		<input type="text"/>	
P21-P29: ASK ALL PERSONS 10 YEARS AND OVER			
P21 Highest post-secondary qualification completed:		<input type="text"/>	
P22 Marital status: 1. Single 2. Married 3. Divorced/Separated 4. Widow		<input type="text"/>	
P23 Main Activity 7 days ago: (Code 5, 6, 7, 8, Females 15-49-Go P30, Code 9 Go P29)		<input type="text"/>	
P24 Employment status: 1. Employer 2. Employee 3. Self-employed 4. Unpaid worker		<input type="text"/>	
P25 Principal occupation: (eg Loan Officer at ANZ Bank, Teacher at Primary school)		<input type="text"/>	
P26 Type of Industry: (eg Health, Hotels, Transport, Retail trade)		<input type="text"/>	
P27 Annual income of salary/wage earners only: \$100/week, \$150/fortnight, \$5,000/year.		<input type="text"/>	
P28 Employment sector: (eg Government Department, YAZAKI SAMOA, NGO, Church)		<input type="text"/>	
P29 Other activities Houseworker did 7 days ago: (circle applicable answers <input type="radio"/>)		1. Agricultural 2. Fishing 3. Handicrafts 4. Others	
P30-P36 : ASK ALL FEMALES 15 - 49 YEARS			
P30 Have you ever had a livebirth? (exclude stillbirths) 1. Yes - Continue 2. No - End.		<input type="text"/>	
P31 How many livebirths you ever had? (exclude stillbirths, adopted and stepchildren)		M <input type="text"/>	F <input type="text"/> T <input type="text"/>
P32 How many children you gave birth to have died? (exclude stillbirths)		M <input type="text"/>	F <input type="text"/> T <input type="text"/>
P33 How many children you gave birth to are still surviving?		M <input type="text"/>	F <input type="text"/> T <input type="text"/>
P34 Date of birth of last born child/children: Write: Day, Month, Year		<input type="text"/>	
P35 Sex of last born child/children(write all if twins or more): 1. Male 2. Female		1 <input type="text"/>	2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>
P36 Is that child/children still alive?(write all if twins or more). 1. Yes 2. No		1 <input type="text"/>	2 <input type="text"/> 3 <input type="text"/> <input type="text"/>

ED FOR DEPARTMENT OF STATISTICS ONLY

VILLAGE: [] [] [] []	EIA: [] [] [] []	ALL MALES: [] [] [] []	TOTAL HOUSEHOLD: [] [] [] []
HOUSEHOLD TYPE: [] [] [] []	TOTAL BUILDINGS: [] [] [] []	ALL FEMALES: [] [] [] []	[] [] [] []
<small>If not present: Code Dist/Count/Vill</small> [] [] [] []	<small>If not present: Code Dist/Count/Vill</small> [] [] [] []	<small>If not present: Code Dist/Count/Vill</small> [] [] [] []	<small>If not present: Code Dist/Count/Vill</small> [] [] [] []
Person Number: [] []	Person Number: [] []	Person Number: [] []	Person Number: [] []
Dist/Count [] [] Vill [] []	Dist/Count [] [] Vill [] []	Dist/Count [] [] Vill [] []	Dist/Count [] [] Vill [] []
Dist/Count [] [] Vill [] []	Dist/Count [] [] Vill [] []	Dist/Count [] [] Vill [] []	Dist/Count [] [] Vill [] []
P16-P20: ASK ALL PERSONS 5 YEARS AND OVER			
Dist/Count [] [] Vill [] []	Dist/Count [] [] Vill [] []	Dist/Count [] [] Vill [] []	Dist/Count [] [] Vill [] []
Dist/Count [] [] Vill [] []	Dist/Count [] [] Vill [] []	Dist/Count [] [] Vill [] []	Dist/Count [] [] Vill [] []
1. Agricultural 2. Fishing	1. Agricultural 2. Fishing	1. Agricultural 2. Fishing	1. Agricultural 2. Fishing
3. Handicrafts 4. Others	3. Handicrafts 4. Others	3. Handicrafts 4. Others	3. Handicrafts 4. Others
P30-P36: ASK ALL FEMALES 15-49 YEARS			
M [] F [] T []	M [] F [] T []	M [] F [] T []	M [] F [] T []
M [] F [] T []	M [] F [] T []	M [] F [] T []	M [] F [] T []
M [] F [] T []	M [] F [] T []	M [] F [] T []	M [] F [] T []
1 [] 2 [] 3 [] 4 []	1 [] 2 [] 3 [] 4 []	1 [] 2 [] 3 [] 4 []	1 [] 2 [] 3 [] 4 []
1 [] 2 [] 3 [] 4 []	1 [] 2 [] 3 [] 4 []	1 [] 2 [] 3 [] 4 []	1 [] 2 [] 3 [] 4 []

HOUSING SCHEDULE - CONFIDENTIAL INFORMATION

FAIPULE DISTRICT: VILLAGE: E/A: ALL MALES:
 HOUSEHOLD TYPE: HOUSEHOLD NO.: TOTAL BUIL. DINGS: ALL FEMALES: TOTAL HOUSEHOLD:

H1-H7: ASK ONLY PRIVATE HOUSEHOLDS : BUILDING QUESTIONS

Write appropriate code for each building in the boxes provided:

Building number:	1	2	3	4	5	6	7	8	9	10	11	12
H1												
H2												
H3												
H4												
H5												
H6												
H7												

**H2: Codes for Type of house

- 1. Open Samoa fale
- 2. Open Samoan fale with extension
- 3. Closed Samoan fale
- 4. Closed Samoan fale with extension
- 5. Open European
- 6. Open European with extension
- 7. Closed European house
- 8. Closed European with extension
- 9. European house - 2 floors
- 10. Samoan fale - 2 floors

H8-H23: ASK ONLY PRIVATE HOUSEHOLDS : HOUSEHOLD STATUS QUESTIONS

Write appropriate code in the box provided:

H8 Tenure of house
 1. Owned 2. Rented 3. Provided with jobschool 4. House-sitting
 H9 Main source of water supply
 1. Top 2. Tap (shared)* 3. Well/spring 4. River/lake 5. Rainwater
 H10 Main source of drinking water
 1. Top 2. Well/spring 3. River/lake 4. Rainwater 5. Piped bottled water
 H11 Main source of lighting
 1. Electricity 2. Benzin/kerosene 3. Others
 H12 Main source of cooking fuel
 1. Electricity 2. Gas 3. Kerosene 4. Firewood 5. Charcoal
 H13 Means of waste disposal
 1. Public rubbish 2. Burned/dumped at home 3. Dumped at sea 4. Dumped at bush
 H14 Main type of toilet facility
 1. Flush 2. Flush-(shared) 3. Fale pisika 4. Fale pisika-(shared) 5. Pit 6. Pit(shared)
 *Note: shared - means more than one household using facility.

H15 All sources of household income:

- Tick appropriate answers in the boxes provided:
- 1. Salary/wages
 - 2. Business
 - 3. Plantation/farm
 - 4. Fishing
 - 5. Handicrafts
 - 6. Old-age pension
 - 7. Remittances
 - 8. Gifts/donations (eg Alofa o fa'avae)
 - 9. Traditional ceremonies
 - 10. Others (specify)

H16-H23 Does the household own the following items?

Tick appropriate answer in the box provided:

H16 Refrigerator	<input type="checkbox"/> 1 Yes - owned & operating	<input type="checkbox"/> 2 Yes - owned but not operating	<input type="checkbox"/> 3 No item
H17 Television	<input type="checkbox"/> 1 Yes - owned & operating	<input type="checkbox"/> 2 Yes - owned but not operating	<input type="checkbox"/> 3 No item
H18 Radio	<input type="checkbox"/> 1 Yes - owned & operating	<input type="checkbox"/> 2 Yes - owned but not operating	<input type="checkbox"/> 3 No item
H19 Video	<input type="checkbox"/> 1 Yes - owned & operating	<input type="checkbox"/> 2 Yes - owned but not operating	<input type="checkbox"/> 3 No item
H20 Computer	<input type="checkbox"/> 1 Yes - owned & operating	<input type="checkbox"/> 2 Yes - owned but not operating	<input type="checkbox"/> 3 No item
H21 Internet	<input type="checkbox"/> 1 Yes - owned & operating	<input type="checkbox"/> 2 Yes - owned but not operating	<input type="checkbox"/> 3 No item
H22 Fixed phone	<input type="checkbox"/> 1 Yes - owned & operating	<input type="checkbox"/> 2 Yes - owned but not operating	<input type="checkbox"/> 3 No item
H23 Cellular phone	<input type="checkbox"/> 1 Yes - owned & operating	<input type="checkbox"/> 2 Yes - owned but not operating	<input type="checkbox"/> 3 No item