

<p>H1. Type of building (main building)</p>	<p>01 <input type="checkbox"/> Permanent - single housing unit 02 <input type="checkbox"/> Permanent - more than single unit 03 <input type="checkbox"/> Building with two or more apartments 04 <input type="checkbox"/> Dwelling attached to shop or other non-residential building 05 <input type="checkbox"/> Lodging house 06 <input type="checkbox"/> Traditional 07 <input type="checkbox"/> Improvised 08 <input type="checkbox"/> Institutions 09 <input type="checkbox"/> Other (specify) _____</p>	<p>H8. Main source of lighting</p>	<p>01 <input type="checkbox"/> Electricity 02 <input type="checkbox"/> Gas 03 <input type="checkbox"/> Kerosene 04 <input type="checkbox"/> Other (specify) _____</p>										
<p>H2. Materials of outer walls</p>	<p>01 <input type="checkbox"/> Concrete (permanent) 02 <input type="checkbox"/> Wood (permanent) 03 <input type="checkbox"/> Tin/corrugated iron/other improvised 04 <input type="checkbox"/> Other materials (specify) _____ 05 <input type="checkbox"/> _____</p>	<p>H9. Main fuel for cooking</p>	<p>01 <input type="checkbox"/> Electricity 02 <input type="checkbox"/> Gas 03 <input type="checkbox"/> Kerosene 04 <input type="checkbox"/> Wood/open fire 05 <input type="checkbox"/> Other (specify) _____</p>										
<p>H3. Period building first constructed?</p>	<p>01 <input type="checkbox"/> Less than two years ago 02 <input type="checkbox"/> 2-5 years ago 03 <input type="checkbox"/> 6-10 years ago 04 <input type="checkbox"/> 11-20 years ago 05 <input type="checkbox"/> 21-50 years ago 06 <input type="checkbox"/> More than 50 years ago</p>	<p>H10. Who supplies your electricity?</p>	<p>01 <input type="checkbox"/> Government supplied 02 <input type="checkbox"/> Own generator 03 <input type="checkbox"/> Solar 04 <input type="checkbox"/> No electricity <input type="checkbox"/> Other (specify) _____</p>										
<p>H4. Do the occupants of this house:</p>	<p>01 <input type="checkbox"/> Own these living quarters 02 <input type="checkbox"/> Rent them from a private landlord 03 <input type="checkbox"/> Rent them from a housing authority/corporation 04 <input type="checkbox"/> Occupy housing belonging to employer 05 <input type="checkbox"/> Occupy government housing 06 <input type="checkbox"/> Live here as squatters 07 <input type="checkbox"/> Occupy living quarters in some other way 08 <input type="checkbox"/> Other (specify) _____</p>	<p>H11. Does this house have access to drinking water?</p>	<p>01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO</p>										
<p>H5. How many rooms does this house have? (Do not include toilets, bathrooms, storerooms, garage, halls, laundries)</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">No. of rooms</td> </tr> <tr> <td>01 <input type="checkbox"/> Bedrooms</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>02 <input type="checkbox"/> Dining room</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>03 <input type="checkbox"/> Kitchen</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>04 <input type="checkbox"/> Other rooms (specify)</td> <td style="text-align: center;">_____</td> </tr> </table>		No. of rooms	01 <input type="checkbox"/> Bedrooms	_____	02 <input type="checkbox"/> Dining room	_____	03 <input type="checkbox"/> Kitchen	_____	04 <input type="checkbox"/> Other rooms (specify)	_____	<p>H12. Where does drinking water supply from this house come from?</p>	<p>01 <input type="checkbox"/> Water dispatcher/desalination plant 02 <input type="checkbox"/> Well/underground water <input type="checkbox"/> Rain catchment 03 <input type="checkbox"/> Other source (specify) _____</p>
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04 <input type="checkbox"/> Other rooms (specify)	_____												
<p>H6. Does this house have a shared bathroom/shower unit?</p>	<p>01 <input type="checkbox"/> YES, bathroom/shower unit shared by two or more household 02 <input type="checkbox"/> NO, one unit per household 03 <input type="checkbox"/> NO, only one family residing</p>	<p>H13. Where does the main water supply from this house come from?</p>	<p>01 <input type="checkbox"/> Cistern (tank) less than 3,000 gallons 02 <input type="checkbox"/> 3,000 - 5,000 gallon cistern 03 <input type="checkbox"/> 5,000 - 10,000 gallon cistern 04 <input type="checkbox"/> 10,000+ gallon cistern 05 <input type="checkbox"/> Well/Brackish 06 <input type="checkbox"/> Other source (specify) _____</p>										
<p>H7. Does this house have a shared kitchen unit?</p>	<p>01 <input type="checkbox"/> YES, kitchen is shared by two or more households 02 <input type="checkbox"/> NO, each household has its own kitchen 03 <input type="checkbox"/> NO, only one household residing</p>	<p>H14. Does this house share its main water supply with other households?</p>	<p>01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO</p>										
		<p>H15. Does this house's main water supply dry up?</p>	<p>01 <input type="checkbox"/> Never 02 <input type="checkbox"/> Sometimes 03 <input type="checkbox"/> Frequently</p>										

H16. What toilet facilities does this house have?	01 <input type="checkbox"/> Tank Flush - private/inside dwelling 02 <input type="checkbox"/> Tank Flush - private/outside dwelling 03 <input type="checkbox"/> Tank Flush - share with others 04 <input type="checkbox"/> Pour Flush - Private/inside dwelling 05 <input type="checkbox"/> Pour Flush - Private/outside dwelling 06 <input type="checkbox"/> Pour Flush - share with others 07 <input type="checkbox"/> None	H21. Does this house grow crops for sale?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (Go to H24)																																																																																																		
H17. Is the toilet flushed with:	01 <input type="checkbox"/> Fresh water 02 <input type="checkbox"/> Brackish water 03 <input type="checkbox"/> Fresh/well/brackish water 04 <input type="checkbox"/> Other (specify) _____	H22. What type of crop does this household grow for sale? (CAN TICK MORE THAN ONE)	01 <input type="checkbox"/> Pumpkin 02 <input type="checkbox"/> Mangoes 03 <input type="checkbox"/> Paw Paw 04 <input type="checkbox"/> Bread Fruit 05 <input type="checkbox"/> Cabbage (all) 06 <input type="checkbox"/> Other tropical crop 07 <input type="checkbox"/> Other foreign crop 08 <input type="checkbox"/> Other (specify) _____																																																																																																		
H18. Is the toilet flushed into:	01 <input type="checkbox"/> Sewerage system 02 <input type="checkbox"/> Septic tank 03 <input type="checkbox"/> Other (specify) _____	H23. Do the occupants of this household catch fish:	01 <input type="checkbox"/> For own use 02 <input type="checkbox"/> For sale 03 <input type="checkbox"/> Do not catch fish																																																																																																		
H19. Does this household own any of the following items in working order?	<table border="0"> <thead> <tr> <th></th> <th>Tick box if yes</th> <th>Number</th> </tr> </thead> <tbody> <tr><td>01</td><td><input type="checkbox"/> Motor car</td><td>_____</td></tr> <tr><td>02</td><td><input type="checkbox"/> Land Rover</td><td>_____</td></tr> <tr><td>03</td><td><input type="checkbox"/> Truck/van/minibus</td><td>_____</td></tr> <tr><td>04</td><td><input type="checkbox"/> Motor bike</td><td>_____</td></tr> <tr><td>05</td><td><input type="checkbox"/> Bicycle</td><td>_____</td></tr> <tr><td>06</td><td><input type="checkbox"/> Motor boat - aluminium</td><td>_____</td></tr> <tr><td>07</td><td><input type="checkbox"/> Motor boat - fibreglass</td><td>_____</td></tr> <tr><td>08</td><td><input type="checkbox"/> Motor boat - wood</td><td>_____</td></tr> <tr><td>09</td><td><input type="checkbox"/> Traditional canoe</td><td>_____</td></tr> <tr><td>10</td><td><input type="checkbox"/> Outboard motor</td><td>_____</td></tr> <tr><td>11</td><td><input type="checkbox"/> Refrigerator</td><td>_____</td></tr> <tr><td>12</td><td><input type="checkbox"/> Deep freezer</td><td>_____</td></tr> <tr><td>13</td><td><input type="checkbox"/> Microwave oven</td><td>_____</td></tr> <tr><td>14</td><td><input type="checkbox"/> Television</td><td>_____</td></tr> <tr><td>15</td><td><input type="checkbox"/> Video tape recorder</td><td>_____</td></tr> <tr><td>16</td><td><input type="checkbox"/> Radio</td><td>_____</td></tr> <tr><td>17</td><td><input type="checkbox"/> Telephone</td><td>_____</td></tr> <tr><td>18</td><td><input type="checkbox"/> Air conditioning unit</td><td>_____</td></tr> <tr><td>19</td><td><input type="checkbox"/> Ceiling or free standing fans</td><td>_____</td></tr> <tr><td>20</td><td><input type="checkbox"/> Solar hot water system</td><td>_____</td></tr> <tr><td>21</td><td><input type="checkbox"/> Other hot water system</td><td>_____</td></tr> <tr><td>22</td><td><input type="checkbox"/> Garbage collection</td><td>_____</td></tr> <tr><td>23</td><td><input type="checkbox"/> Garage</td><td>_____</td></tr> </tbody> </table>		Tick box if yes	Number	01	<input type="checkbox"/> Motor car	_____	02	<input type="checkbox"/> Land Rover	_____	03	<input type="checkbox"/> Truck/van/minibus	_____	04	<input type="checkbox"/> Motor bike	_____	05	<input type="checkbox"/> Bicycle	_____	06	<input type="checkbox"/> Motor boat - aluminium	_____	07	<input type="checkbox"/> Motor boat - fibreglass	_____	08	<input type="checkbox"/> Motor boat - wood	_____	09	<input type="checkbox"/> Traditional canoe	_____	10	<input type="checkbox"/> Outboard motor	_____	11	<input type="checkbox"/> Refrigerator	_____	12	<input type="checkbox"/> Deep freezer	_____	13	<input type="checkbox"/> Microwave oven	_____	14	<input type="checkbox"/> Television	_____	15	<input type="checkbox"/> Video tape recorder	_____	16	<input type="checkbox"/> Radio	_____	17	<input type="checkbox"/> Telephone	_____	18	<input type="checkbox"/> Air conditioning unit	_____	19	<input type="checkbox"/> Ceiling or free standing fans	_____	20	<input type="checkbox"/> Solar hot water system	_____	21	<input type="checkbox"/> Other hot water system	_____	22	<input type="checkbox"/> Garbage collection	_____	23	<input type="checkbox"/> Garage	_____	H24. What livestock does this household produce/have?	<table border="0"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">Number</th> <th colspan="2">Number</th> </tr> <tr> <th>Penned</th> <th>Other</th> </tr> </thead> <tbody> <tr><td>01</td><td><input type="checkbox"/> Pigs</td><td>_____</td><td>_____</td></tr> <tr><td>02</td><td><input type="checkbox"/> Chicken</td><td>_____</td><td>_____</td></tr> <tr><td>03</td><td><input type="checkbox"/> Ducks</td><td>_____</td><td>_____</td></tr> <tr><td>04</td><td><input type="checkbox"/> Other (specify)</td><td>_____</td><td>_____</td></tr> <tr><td>05</td><td><input type="checkbox"/> None</td><td>_____</td><td>_____</td></tr> </tbody> </table>		Number	Number		Penned	Other	01	<input type="checkbox"/> Pigs	_____	_____	02	<input type="checkbox"/> Chicken	_____	_____	03	<input type="checkbox"/> Ducks	_____	_____	04	<input type="checkbox"/> Other (specify)	_____	_____	05	<input type="checkbox"/> None	_____	_____
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H20. Does this house have a kitchen garden?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO																																																																																																				

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Q1 Name of each person including visitors who spent census night in this dwelling (household):	First or Given name Surname or family name	First or Given name Surname or family name	First or Given name Surname or family name	First or Given name Surname or family name	First or Given name Surname or family name	First or Given name Surname or family name	
Q2 Is (name) male or female?	01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female	01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female	01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female	01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female	01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female	01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female	
Q3 What is (name's) relationship to the head of this household?	01 <input type="checkbox"/> Head of Household 02 <input type="checkbox"/> Wife/Husband 03 <input type="checkbox"/> Son/Daughter 04 <input type="checkbox"/> Adopted Son/Daughter 05 <input type="checkbox"/> Son/Daughter in Law 06 <input type="checkbox"/> Grand Son/Daughter 07 <input type="checkbox"/> Brother/Sister 08 <input type="checkbox"/> Brother/Sister in Law 09 <input type="checkbox"/> Father/Mother 10 <input type="checkbox"/> Father/Mother in Law 11 <input type="checkbox"/> Other Relative 12 <input type="checkbox"/> Unrelated	01 <input type="checkbox"/> Head of Household 02 <input type="checkbox"/> Wife/Husband 03 <input type="checkbox"/> Son/Daughter 04 <input type="checkbox"/> Adopted Son/Daughter 05 <input type="checkbox"/> Son/Daughter in Law 06 <input type="checkbox"/> Grand Son/Daughter 07 <input type="checkbox"/> Brother/Sister 08 <input type="checkbox"/> Brother/Sister in Law 09 <input type="checkbox"/> Father/Mother 10 <input type="checkbox"/> Father/Mother in Law 11 <input type="checkbox"/> Other Relative 12 <input type="checkbox"/> Unrelated	01 <input type="checkbox"/> Head of Household 02 <input type="checkbox"/> Wife/Husband 03 <input type="checkbox"/> Son/Daughter 04 <input type="checkbox"/> Adopted Son/Daughter 05 <input type="checkbox"/> Son/Daughter in Law 06 <input type="checkbox"/> Grand Son/Daughter 07 <input type="checkbox"/> Brother/Sister 08 <input type="checkbox"/> Brother/Sister in Law 09 <input type="checkbox"/> Father/Mother 10 <input type="checkbox"/> Father/Mother in Law 11 <input type="checkbox"/> Other Relative 12 <input type="checkbox"/> Unrelated	01 <input type="checkbox"/> Head of Household 02 <input type="checkbox"/> Wife/Husband 03 <input type="checkbox"/> Son/Daughter 04 <input type="checkbox"/> Adopted Son/Daughter 05 <input type="checkbox"/> Son/Daughter in Law 06 <input type="checkbox"/> Grand Son/Daughter 07 <input type="checkbox"/> Brother/Sister 08 <input type="checkbox"/> Brother/Sister in Law 09 <input type="checkbox"/> Father/Mother 10 <input type="checkbox"/> Father/Mother in Law 11 <input type="checkbox"/> Other Relative 12 <input type="checkbox"/> Unrelated	01 <input type="checkbox"/> Head of Household 02 <input type="checkbox"/> Wife/Husband 03 <input type="checkbox"/> Son/Daughter 04 <input type="checkbox"/> Adopted Son/Daughter 05 <input type="checkbox"/> Son/Daughter in Law 06 <input type="checkbox"/> Grand Son/Daughter 07 <input type="checkbox"/> Brother/Sister 08 <input type="checkbox"/> Brother/Sister in Law 09 <input type="checkbox"/> Father/Mother 10 <input type="checkbox"/> Father/Mother in Law 11 <input type="checkbox"/> Other Relative 12 <input type="checkbox"/> Unrelated	01 <input type="checkbox"/> Head of Household 02 <input type="checkbox"/> Wife/Husband 03 <input type="checkbox"/> Son/Daughter 04 <input type="checkbox"/> Adopted Son/Daughter 05 <input type="checkbox"/> Son/Daughter in Law 06 <input type="checkbox"/> Grand Son/Daughter 07 <input type="checkbox"/> Brother/Sister 08 <input type="checkbox"/> Brother/Sister in Law 09 <input type="checkbox"/> Father/Mother 10 <input type="checkbox"/> Father/Mother in Law 11 <input type="checkbox"/> Other Relative 12 <input type="checkbox"/> Unrelated	
Q4 What is (name's) religion? (Answer not compulsory)	01 <input type="checkbox"/> Nauruan Congregational 02 <input type="checkbox"/> Roman Catholic 03 <input type="checkbox"/> Nauru Independent 04 <input type="checkbox"/> Other (specify) 05 <input type="checkbox"/> No Religion 06 <input type="checkbox"/> Do not wish to answer	01 <input type="checkbox"/> Nauruan Congregational 02 <input type="checkbox"/> Roman Catholic 03 <input type="checkbox"/> Nauru Independent 04 <input type="checkbox"/> Other (specify) 05 <input type="checkbox"/> No Religion 06 <input type="checkbox"/> Do not wish to answer	01 <input type="checkbox"/> Nauruan Congregational 02 <input type="checkbox"/> Roman Catholic 03 <input type="checkbox"/> Nauru Independent 04 <input type="checkbox"/> Other (specify) 05 <input type="checkbox"/> No Religion 06 <input type="checkbox"/> Do not wish to answer	01 <input type="checkbox"/> Nauruan Congregational 02 <input type="checkbox"/> Roman Catholic 03 <input type="checkbox"/> Nauru Independent 04 <input type="checkbox"/> Other (specify) 05 <input type="checkbox"/> No Religion 06 <input type="checkbox"/> Do not wish to answer	01 <input type="checkbox"/> Nauruan Congregational 02 <input type="checkbox"/> Roman Catholic 03 <input type="checkbox"/> Nauru Independent 04 <input type="checkbox"/> Other (specify) 05 <input type="checkbox"/> No Religion 06 <input type="checkbox"/> Do not wish to answer	01 <input type="checkbox"/> Nauruan Congregational 02 <input type="checkbox"/> Roman Catholic 03 <input type="checkbox"/> Nauru Independent 04 <input type="checkbox"/> Other (specify) 05 <input type="checkbox"/> No Religion 06 <input type="checkbox"/> Do not wish to answer	
Q5 What is (name's) date of birth?	Day Month Year [][] [][] [][][][]	Day Month Year [][] [][] [][][][]	Day Month Year [][] [][] [][][][]	Day Month Year [][] [][] [][][][]	Day Month Year [][] [][] [][][][]	Day Month Year [][] [][] [][][][]	
Q6 What was (name's) age last birthday?	[][] years If unknown estimate age	[][] years If unknown estimate age	[][] years If unknown estimate age	[][] years If unknown estimate age	[][] years If unknown estimate age	[][] years If unknown estimate age	
Q7 In what country was (name) born?	01 <input type="checkbox"/> Nauru 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvalu 04 <input type="checkbox"/> Australia 05 <input type="checkbox"/> New Zealand 06 <input type="checkbox"/> Fiji 07 <input type="checkbox"/> Solomon Island 08 <input type="checkbox"/> Philippines 09 <input type="checkbox"/> PR China 10 <input type="checkbox"/> Republic of China 11 <input type="checkbox"/> Hong Kong 12 <input type="checkbox"/> India 13 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauru 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvalu 04 <input type="checkbox"/> Australia 05 <input type="checkbox"/> New Zealand 06 <input type="checkbox"/> Fiji 07 <input type="checkbox"/> Solomon Island 08 <input type="checkbox"/> Philippines 09 <input type="checkbox"/> PR China 10 <input type="checkbox"/> Republic of China 11 <input type="checkbox"/> Hong Kong 12 <input type="checkbox"/> India 13 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauru 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvalu 04 <input type="checkbox"/> Australia 05 <input type="checkbox"/> New Zealand 06 <input type="checkbox"/> Fiji 07 <input type="checkbox"/> Solomon Island 08 <input type="checkbox"/> Philippines 09 <input type="checkbox"/> PR China 10 <input type="checkbox"/> Republic of China 11 <input type="checkbox"/> Hong Kong 12 <input type="checkbox"/> India 13 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauru 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvalu 04 <input type="checkbox"/> Australia 05 <input type="checkbox"/> New Zealand 06 <input type="checkbox"/> Fiji 07 <input type="checkbox"/> Solomon Island 08 <input type="checkbox"/> Philippines 09 <input type="checkbox"/> PR China 10 <input type="checkbox"/> Republic of China 11 <input type="checkbox"/> Hong Kong 12 <input type="checkbox"/> India 13 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauru 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvalu 04 <input type="checkbox"/> Australia 05 <input type="checkbox"/> New Zealand 06 <input type="checkbox"/> Fiji 07 <input type="checkbox"/> Solomon Island 08 <input type="checkbox"/> Philippines 09 <input type="checkbox"/> PR China 10 <input type="checkbox"/> Republic of China 11 <input type="checkbox"/> Hong Kong 12 <input type="checkbox"/> India 13 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauru 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvalu 04 <input type="checkbox"/> Australia 05 <input type="checkbox"/> New Zealand 06 <input type="checkbox"/> Fiji 07 <input type="checkbox"/> Solomon Island 08 <input type="checkbox"/> Philippines 09 <input type="checkbox"/> PR China 10 <input type="checkbox"/> Republic of China 11 <input type="checkbox"/> Hong Kong 12 <input type="checkbox"/> India 13 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauru 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvalu 04 <input type="checkbox"/> Australia 05 <input type="checkbox"/> New Zealand 06 <input type="checkbox"/> Fiji 07 <input type="checkbox"/> Solomon Island 08 <input type="checkbox"/> Philippines 09 <input type="checkbox"/> PR China 10 <input type="checkbox"/> Republic of China 11 <input type="checkbox"/> Hong Kong 12 <input type="checkbox"/> India 13 <input type="checkbox"/> Other (specify)

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06
Q8. What is (name's) family's local tribe? (i.e. grandmother's or mother+B96's tribe)	01 <input type="checkbox"/> Deiboe 02 <input type="checkbox"/> Eamangum 03 <input type="checkbox"/> Eamwidamwit 04 <input type="checkbox"/> Eamwidara 05 <input type="checkbox"/> Eano 06 <input type="checkbox"/> Eaoru 07 <input type="checkbox"/> Emea 08 <input type="checkbox"/> Eamwit 09 <input type="checkbox"/> Iruwa 10 <input type="checkbox"/> Ranibok 11 <input type="checkbox"/> Iwi 12 <input type="checkbox"/> Iruisi 13 <input type="checkbox"/> Unknown 14 <input type="checkbox"/> No Tribe	01 <input type="checkbox"/> Deiboe 02 <input type="checkbox"/> Eamangum 03 <input type="checkbox"/> Eamwidamwit 04 <input type="checkbox"/> Eamwidara 05 <input type="checkbox"/> Eano 06 <input type="checkbox"/> Eaoru 07 <input type="checkbox"/> Emea 08 <input type="checkbox"/> Eamwit 09 <input type="checkbox"/> Iruwa 10 <input type="checkbox"/> Ranibok 11 <input type="checkbox"/> Iwi 12 <input type="checkbox"/> Iruisi 13 <input type="checkbox"/> Unknown 14 <input type="checkbox"/> No Tribe	01 <input type="checkbox"/> Deiboe 02 <input type="checkbox"/> Eamangum 03 <input type="checkbox"/> Eamwidamwit 04 <input type="checkbox"/> Eamwidara 05 <input type="checkbox"/> Eano 06 <input type="checkbox"/> Eaoru 07 <input type="checkbox"/> Emea 08 <input type="checkbox"/> Eamwit 09 <input type="checkbox"/> Iruwa 10 <input type="checkbox"/> Ranibok 11 <input type="checkbox"/> Iwi 12 <input type="checkbox"/> Iruisi 13 <input type="checkbox"/> Unknown 14 <input type="checkbox"/> No Tribe	01 <input type="checkbox"/> Deiboe 02 <input type="checkbox"/> Eamangum 03 <input type="checkbox"/> Eamwidamwit 04 <input type="checkbox"/> Eamwidara 05 <input type="checkbox"/> Eano 06 <input type="checkbox"/> Eaoru 07 <input type="checkbox"/> Emea 08 <input type="checkbox"/> Eamwit 09 <input type="checkbox"/> Iruwa 10 <input type="checkbox"/> Ranibok 11 <input type="checkbox"/> Iwi 12 <input type="checkbox"/> Iruisi 13 <input type="checkbox"/> Unknown 14 <input type="checkbox"/> No Tribe	01 <input type="checkbox"/> Deiboe 02 <input type="checkbox"/> Eamangum 03 <input type="checkbox"/> Eamwidamwit 04 <input type="checkbox"/> Eamwidara 05 <input type="checkbox"/> Eano 06 <input type="checkbox"/> Eaoru 07 <input type="checkbox"/> Emea 08 <input type="checkbox"/> Eamwit 09 <input type="checkbox"/> Iruwa 10 <input type="checkbox"/> Ranibok 11 <input type="checkbox"/> Iwi 12 <input type="checkbox"/> Iruisi 13 <input type="checkbox"/> Unknown 14 <input type="checkbox"/> No Tribe	01 <input type="checkbox"/> Deiboe 02 <input type="checkbox"/> Eamangum 03 <input type="checkbox"/> Eamwidamwit 04 <input type="checkbox"/> Eamwidara 05 <input type="checkbox"/> Eano 06 <input type="checkbox"/> Eaoru 07 <input type="checkbox"/> Emea 08 <input type="checkbox"/> Eamwit 09 <input type="checkbox"/> Iruwa 10 <input type="checkbox"/> Ranibok 11 <input type="checkbox"/> Iwi 12 <input type="checkbox"/> Iruisi 13 <input type="checkbox"/> Unknown 14 <input type="checkbox"/> No Tribe
Q9. Is (name) married to a Nauruan?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO
Q10. What is (name's) marital status?	01 <input type="checkbox"/> Never Married 02 <input type="checkbox"/> Now Married 03 <input type="checkbox"/> Now Divorced 04 <input type="checkbox"/> Now Separated 05 <input type="checkbox"/> Now Widowed 06 <input type="checkbox"/> De facto	01 <input type="checkbox"/> Never Married 02 <input type="checkbox"/> Now Married 03 <input type="checkbox"/> Now Divorced 04 <input type="checkbox"/> Now Separated 05 <input type="checkbox"/> Now Widowed 06 <input type="checkbox"/> De facto	01 <input type="checkbox"/> Never Married 02 <input type="checkbox"/> Now Married 03 <input type="checkbox"/> Now Divorced 04 <input type="checkbox"/> Now Separated 05 <input type="checkbox"/> Now Widowed 06 <input type="checkbox"/> De facto	01 <input type="checkbox"/> Never Married 02 <input type="checkbox"/> Now Married 03 <input type="checkbox"/> Now Divorced 04 <input type="checkbox"/> Now Separated 05 <input type="checkbox"/> Now Widowed 06 <input type="checkbox"/> De facto	01 <input type="checkbox"/> Never Married 02 <input type="checkbox"/> Now Married 03 <input type="checkbox"/> Now Divorced 04 <input type="checkbox"/> Now Separated 05 <input type="checkbox"/> Now Widowed 06 <input type="checkbox"/> De facto	01 <input type="checkbox"/> Never Married 02 <input type="checkbox"/> Now Married 03 <input type="checkbox"/> Now Divorced 04 <input type="checkbox"/> Now Separated 05 <input type="checkbox"/> Now Widowed 06 <input type="checkbox"/> De facto
Q11. What is (name's) nationality?	01 <input type="checkbox"/> Nauruan (Go to Q15) 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvaluan 04 <input type="checkbox"/> Australian 05 <input type="checkbox"/> New Zealander 06 <input type="checkbox"/> Fijian 07 <input type="checkbox"/> Solomon Islander 08 <input type="checkbox"/> Filipino 09 <input type="checkbox"/> Chinese 10 <input type="checkbox"/> Taiwanese 11 <input type="checkbox"/> Indian 12 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauruan (Go to Q15) 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvaluan 04 <input type="checkbox"/> Australian 05 <input type="checkbox"/> New Zealander 06 <input type="checkbox"/> Fijian 07 <input type="checkbox"/> Solomon Islander 08 <input type="checkbox"/> Filipino 09 <input type="checkbox"/> Chinese 10 <input type="checkbox"/> Taiwanese 11 <input type="checkbox"/> Indian 12 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauruan (Go to Q15) 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvaluan 04 <input type="checkbox"/> Australian 05 <input type="checkbox"/> New Zealander 06 <input type="checkbox"/> Fijian 07 <input type="checkbox"/> Solomon Islander 08 <input type="checkbox"/> Filipino 09 <input type="checkbox"/> Chinese 10 <input type="checkbox"/> Taiwanese 11 <input type="checkbox"/> Indian 12 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauruan (Go to Q15) 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvaluan 04 <input type="checkbox"/> Australian 05 <input type="checkbox"/> New Zealander 06 <input type="checkbox"/> Fijian 07 <input type="checkbox"/> Solomon Islander 08 <input type="checkbox"/> Filipino 09 <input type="checkbox"/> Chinese 10 <input type="checkbox"/> Taiwanese 11 <input type="checkbox"/> Indian 12 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauruan (Go to Q15) 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvaluan 04 <input type="checkbox"/> Australian 05 <input type="checkbox"/> New Zealander 06 <input type="checkbox"/> Fijian 07 <input type="checkbox"/> Solomon Islander 08 <input type="checkbox"/> Filipino 09 <input type="checkbox"/> Chinese 10 <input type="checkbox"/> Taiwanese 11 <input type="checkbox"/> Indian 12 <input type="checkbox"/> Other (specify)	01 <input type="checkbox"/> Nauruan (Go to Q15) 02 <input type="checkbox"/> Kiribati 03 <input type="checkbox"/> Tuvaluan 04 <input type="checkbox"/> Australian 05 <input type="checkbox"/> New Zealander 06 <input type="checkbox"/> Fijian 07 <input type="checkbox"/> Solomon Islander 08 <input type="checkbox"/> Filipino 09 <input type="checkbox"/> Chinese 10 <input type="checkbox"/> Taiwanese 11 <input type="checkbox"/> Indian 12 <input type="checkbox"/> Other (specify)
Q12. Is (name) a contract worker?	01 <input type="checkbox"/> YES (Go to Q14) 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (Go to Q14) 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (Go to Q14) 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (Go to Q14) 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (Go to Q14) 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (Go to Q14) 02 <input type="checkbox"/> NO
Q13. Is (name) a dependant of a contract worker?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06
Q14 Number of months/years spent in Nauru?	Months: <input type="text"/> <input type="text"/> Years: <input type="text"/> <input type="text"/>	Months: <input type="text"/> <input type="text"/> Years: <input type="text"/> <input type="text"/>	Months: <input type="text"/> <input type="text"/> Years: <input type="text"/> <input type="text"/>	Months: <input type="text"/> <input type="text"/> Years: <input type="text"/> <input type="text"/>	Months: <input type="text"/> <input type="text"/> Years: <input type="text"/> <input type="text"/>	Months: <input type="text"/> <input type="text"/> Years: <input type="text"/> <input type="text"/>
Q15. Is (name) a passport ID holder?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO
Q16. Is (name's) passport(s) ID(s) still valid?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO
Q17 What type of passport does (name) have?	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____
Q18 What is (name's) citizenship	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____ If 'Other' go to next person	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____ If 'Other' go to next person	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____ If 'Other' go to next person	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____ If 'Other' go to next person	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____ If 'Other' go to next person	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____ If 'Other' go to next person

ONLY CONTINUE FOR PERSONS AGED 6 YEARS OR MORE (BORN BEFORE OCTOBER 1997)

Q19. Is (name) still attending any type of school or educational institution?	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)
Q20. What type of educational institution is (name) attending now?	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06	
Q21. What is the highest level of education (name) reached?	01 <input type="checkbox"/> Primary grade 1 02 <input type="checkbox"/> Primary grade 2 03 <input type="checkbox"/> Primary grade 3 04 <input type="checkbox"/> Primary grade 4 05 <input type="checkbox"/> Primary grade 5 06 <input type="checkbox"/> Primary grade 6 07 <input type="checkbox"/> Secondary Form 1 08 <input type="checkbox"/> Form 2 09 <input type="checkbox"/> Form 3 10 <input type="checkbox"/> Form 4 11 <input type="checkbox"/> Form 5 12 <input type="checkbox"/> Form 6 13 <input type="checkbox"/> Tertiary/College 14 <input type="checkbox"/> University	01 <input type="checkbox"/> Primary grade 1 02 <input type="checkbox"/> Primary grade 2 03 <input type="checkbox"/> Primary grade 3 04 <input type="checkbox"/> Primary grade 4 05 <input type="checkbox"/> Primary grade 5 06 <input type="checkbox"/> Primary grade 6 07 <input type="checkbox"/> Secondary Form 1 08 <input type="checkbox"/> Form 2 09 <input type="checkbox"/> Form 3 10 <input type="checkbox"/> Form 4 11 <input type="checkbox"/> Form 5 12 <input type="checkbox"/> Form 6 13 <input type="checkbox"/> Tertiary/College 14 <input type="checkbox"/> University	01 <input type="checkbox"/> Primary grade 1 02 <input type="checkbox"/> Primary grade 2 03 <input type="checkbox"/> Primary grade 3 04 <input type="checkbox"/> Primary grade 4 05 <input type="checkbox"/> Primary grade 5 06 <input type="checkbox"/> Primary grade 6 07 <input type="checkbox"/> Secondary Form 1 08 <input type="checkbox"/> Form 2 09 <input type="checkbox"/> Form 3 10 <input type="checkbox"/> Form 4 11 <input type="checkbox"/> Form 5 12 <input type="checkbox"/> Form 6 13 <input type="checkbox"/> Tertiary/College 14 <input type="checkbox"/> University	01 <input type="checkbox"/> Primary grade 1 02 <input type="checkbox"/> Primary grade 2 03 <input type="checkbox"/> Primary grade 3 04 <input type="checkbox"/> Primary grade 4 05 <input type="checkbox"/> Primary grade 5 06 <input type="checkbox"/> Primary grade 6 07 <input type="checkbox"/> Secondary Form 1 08 <input type="checkbox"/> Form 2 09 <input type="checkbox"/> Form 3 10 <input type="checkbox"/> Form 4 11 <input type="checkbox"/> Form 5 12 <input type="checkbox"/> Form 6 13 <input type="checkbox"/> Tertiary/College 14 <input type="checkbox"/> University	01 <input type="checkbox"/> Primary grade 1 02 <input type="checkbox"/> Primary grade 2 03 <input type="checkbox"/> Primary grade 3 04 <input type="checkbox"/> Primary grade 4 05 <input type="checkbox"/> Primary grade 5 06 <input type="checkbox"/> Primary grade 6 07 <input type="checkbox"/> Secondary Form 1 08 <input type="checkbox"/> Form 2 09 <input type="checkbox"/> Form 3 10 <input type="checkbox"/> Form 4 11 <input type="checkbox"/> Form 5 12 <input type="checkbox"/> Form 6 13 <input type="checkbox"/> Tertiary/College 14 <input type="checkbox"/> University	01 <input type="checkbox"/> Primary grade 1 02 <input type="checkbox"/> Primary grade 2 03 <input type="checkbox"/> Primary grade 3 04 <input type="checkbox"/> Primary grade 4 05 <input type="checkbox"/> Primary grade 5 06 <input type="checkbox"/> Primary grade 6 07 <input type="checkbox"/> Secondary Form 1 08 <input type="checkbox"/> Form 2 09 <input type="checkbox"/> Form 3 10 <input type="checkbox"/> Form 4 11 <input type="checkbox"/> Form 5 12 <input type="checkbox"/> Form 6 13 <input type="checkbox"/> Tertiary/College 14 <input type="checkbox"/> University	01 <input type="checkbox"/> Primary grade 1 02 <input type="checkbox"/> Primary grade 2 03 <input type="checkbox"/> Primary grade 3 04 <input type="checkbox"/> Primary grade 4 05 <input type="checkbox"/> Primary grade 5 06 <input type="checkbox"/> Primary grade 6 07 <input type="checkbox"/> Secondary Form 1 08 <input type="checkbox"/> Form 2 09 <input type="checkbox"/> Form 3 10 <input type="checkbox"/> Form 4 11 <input type="checkbox"/> Form 5 12 <input type="checkbox"/> Form 6 13 <input type="checkbox"/> Tertiary/College 14 <input type="checkbox"/> University
Q22. What is (name's) highest qualification?	01 <input type="checkbox"/> Secondary leavers cert 02 <input type="checkbox"/> Matriculation Certificate 03 <input type="checkbox"/> Diploma/Certificate 04 <input type="checkbox"/> Degree (Undergraduate) 05 <input type="checkbox"/> Post Graduate Degree 06 <input type="checkbox"/> Other (specify) 07 <input type="checkbox"/> None	01 <input type="checkbox"/> Secondary leavers cert. 02 <input type="checkbox"/> Matriculation Certificate 03 <input type="checkbox"/> Diploma/Certificate 04 <input type="checkbox"/> Degree (Undergraduate) 05 <input type="checkbox"/> Post Graduate Degree 06 <input type="checkbox"/> Other (specify) 07 <input type="checkbox"/> None	01 <input type="checkbox"/> Secondary leavers cert. 02 <input type="checkbox"/> Matriculation Certificate 03 <input type="checkbox"/> Diploma/Certificate 04 <input type="checkbox"/> Degree (Undergraduate) 05 <input type="checkbox"/> Post Graduate Degree 06 <input type="checkbox"/> Other (specify) 07 <input type="checkbox"/> None	01 <input type="checkbox"/> Secondary leavers cert. 02 <input type="checkbox"/> Matriculation Certificate 03 <input type="checkbox"/> Diploma/Certificate 04 <input type="checkbox"/> Degree (Undergraduate) 05 <input type="checkbox"/> Post Graduate Degree 06 <input type="checkbox"/> Other (specify) 07 <input type="checkbox"/> None	01 <input type="checkbox"/> Secondary leavers cert. 02 <input type="checkbox"/> Matriculation Certificate 03 <input type="checkbox"/> Diploma/Certificate 04 <input type="checkbox"/> Degree (Undergraduate) 05 <input type="checkbox"/> Post Graduate Degree 06 <input type="checkbox"/> Other (specify) 07 <input type="checkbox"/> None	01 <input type="checkbox"/> Secondary leavers cert. 02 <input type="checkbox"/> Matriculation Certificate 03 <input type="checkbox"/> Diploma/Certificate 04 <input type="checkbox"/> Degree (Undergraduate) 05 <input type="checkbox"/> Post Graduate Degree 06 <input type="checkbox"/> Other (specify) 07 <input type="checkbox"/> None	01 <input type="checkbox"/> Secondary leavers cert. 02 <input type="checkbox"/> Matriculation Certificate 03 <input type="checkbox"/> Diploma/Certificate 04 <input type="checkbox"/> Degree (Undergraduate) 05 <input type="checkbox"/> Post Graduate Degree 06 <input type="checkbox"/> Other (specify) 07 <input type="checkbox"/> None
Q23. At what age did (name) leave school?	01 <input type="checkbox"/> 12 years or younger 02 <input type="checkbox"/> 13 years 03 <input type="checkbox"/> 14 years 04 <input type="checkbox"/> 15 years 05 <input type="checkbox"/> 16 years 06 <input type="checkbox"/> 17 years 07 <input type="checkbox"/> 18 years 08 <input type="checkbox"/> 19 years 09 <input type="checkbox"/> 20 years 10 <input type="checkbox"/> 21 years or older	01 <input type="checkbox"/> 12 years or younger 02 <input type="checkbox"/> 13 years 03 <input type="checkbox"/> 14 years 04 <input type="checkbox"/> 15 years 05 <input type="checkbox"/> 16 years 06 <input type="checkbox"/> 17 years 07 <input type="checkbox"/> 18 years 08 <input type="checkbox"/> 19 years 09 <input type="checkbox"/> 20 years 10 <input type="checkbox"/> 21 years or older	01 <input type="checkbox"/> 12 years or younger 02 <input type="checkbox"/> 13 years 03 <input type="checkbox"/> 14 years 04 <input type="checkbox"/> 15 years 05 <input type="checkbox"/> 16 years 06 <input type="checkbox"/> 17 years 07 <input type="checkbox"/> 18 years 08 <input type="checkbox"/> 19 years 09 <input type="checkbox"/> 20 years 10 <input type="checkbox"/> 21 years or older	01 <input type="checkbox"/> 12 years or younger 02 <input type="checkbox"/> 13 years 03 <input type="checkbox"/> 14 years 04 <input type="checkbox"/> 15 years 05 <input type="checkbox"/> 16 years 06 <input type="checkbox"/> 17 years 07 <input type="checkbox"/> 18 years 08 <input type="checkbox"/> 19 years 09 <input type="checkbox"/> 20 years 10 <input type="checkbox"/> 21 years or older	01 <input type="checkbox"/> 12 years or younger 02 <input type="checkbox"/> 13 years 03 <input type="checkbox"/> 14 years 04 <input type="checkbox"/> 15 years 05 <input type="checkbox"/> 16 years 06 <input type="checkbox"/> 17 years 07 <input type="checkbox"/> 18 years 08 <input type="checkbox"/> 19 years 09 <input type="checkbox"/> 20 years 10 <input type="checkbox"/> 21 years or older	01 <input type="checkbox"/> 12 years or younger 02 <input type="checkbox"/> 13 years 03 <input type="checkbox"/> 14 years 04 <input type="checkbox"/> 15 years 05 <input type="checkbox"/> 16 years 06 <input type="checkbox"/> 17 years 07 <input type="checkbox"/> 18 years 08 <input type="checkbox"/> 19 years 09 <input type="checkbox"/> 20 years 10 <input type="checkbox"/> 21 years or older	01 <input type="checkbox"/> 12 years or younger 02 <input type="checkbox"/> 13 years 03 <input type="checkbox"/> 14 years 04 <input type="checkbox"/> 15 years 05 <input type="checkbox"/> 16 years 06 <input type="checkbox"/> 17 years 07 <input type="checkbox"/> 18 years 08 <input type="checkbox"/> 19 years 09 <input type="checkbox"/> 20 years 10 <input type="checkbox"/> 21 years or older
Q24. What was name of the last school (name) attended?	01 _____	01 _____	01 _____	01 _____	01 _____	01 _____	
Q25. Has (name) attended any Technical or Vocational Training?	01 <input type="checkbox"/> YES Name of Institution _____ Type of Training _____ 02 <input type="checkbox"/> NO (Go to Q28)	01 <input type="checkbox"/> YES Name of Institution _____ Type of Training _____ 02 <input type="checkbox"/> NO (Go to Q28)	01 <input type="checkbox"/> YES Name of Institution _____ Type of Training _____ 02 <input type="checkbox"/> NO (Go to Q28)	01 <input type="checkbox"/> YES Name of Institution _____ Type of Training _____ 02 <input type="checkbox"/> NO (Go to Q28)	01 <input type="checkbox"/> YES Name of Institution _____ Type of Training _____ 02 <input type="checkbox"/> NO (Go to Q28)	01 <input type="checkbox"/> YES Name of Institution _____ Type of Training _____ 02 <input type="checkbox"/> NO (Go to Q28)	01 <input type="checkbox"/> YES Name of Institution _____ Type of Training _____ 02 <input type="checkbox"/> NO (Go to Q28)
Q26. Did (name) complete that training?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (Go to Q28) 03 <input type="checkbox"/> Still studying (Go to Q28)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (Go to Q28) 03 <input type="checkbox"/> Still studying (Go to Q28)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (Go to Q28) 03 <input type="checkbox"/> Still studying (Go to Q28)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (Go to Q28) 03 <input type="checkbox"/> Still studying (Go to Q28)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (Go to Q28) 03 <input type="checkbox"/> Still studying (Go to Q28)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (Go to Q28) 03 <input type="checkbox"/> Still studying (Go to Q28)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (Go to Q28) 03 <input type="checkbox"/> Still studying (Go to Q28)

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06
Q27. What certificate/diploma did (name) receive? (specify) eg Certificate in Auto Engineering.						
Q28. Does (name) hold any other qualification?	01 <input type="checkbox"/> YES (specify)	01 <input type="checkbox"/> YES (specify)	01 <input type="checkbox"/> YES (specify)	01 <input type="checkbox"/> YES (specify)	01 <input type="checkbox"/> YES (specify)	01 <input type="checkbox"/> YES (specify)
	02 <input type="checkbox"/> NO	02 <input type="checkbox"/> NO	02 <input type="checkbox"/> NO	02 <input type="checkbox"/> NO	02 <input type="checkbox"/> NO	02 <input type="checkbox"/> NO
Q29. Is (name) currently doing any course leading to a trade, professional or career qualification?	01 <input type="checkbox"/> YES Vocational/Technical (Go to Q34)	01 <input type="checkbox"/> YES Vocational/Technical (Go to Q34)	01 <input type="checkbox"/> YES Vocational/Technical (Go to Q34)	01 <input type="checkbox"/> YES Vocational/Technical (Go to Q34)	01 <input type="checkbox"/> YES Vocational/Technical (Go to Q34)	01 <input type="checkbox"/> YES Vocational/Technical (Go to Q34)
	02 <input type="checkbox"/> YES Tertiary Course (Go to Q34)	02 <input type="checkbox"/> YES Tertiary Course (Go to Q34)	02 <input type="checkbox"/> YES Tertiary Course (Go to Q34)	02 <input type="checkbox"/> YES Tertiary Course (Go to Q34)	02 <input type="checkbox"/> YES Tertiary Course (Go to Q34)	02 <input type="checkbox"/> YES Tertiary Course (Go to Q34)
	03 <input type="checkbox"/> YES University (Go to Q34)	03 <input type="checkbox"/> YES University (Go to Q34)	03 <input type="checkbox"/> YES University (Go to Q34)	03 <input type="checkbox"/> YES University (Go to Q34)	03 <input type="checkbox"/> YES University (Go to Q34)	03 <input type="checkbox"/> YES University (Go to Q34)
	04 <input type="checkbox"/> NO, finished it	04 <input type="checkbox"/> NO, finished it	04 <input type="checkbox"/> NO, finished it	04 <input type="checkbox"/> NO, finished it	04 <input type="checkbox"/> NO, finished it	04 <input type="checkbox"/> NO, finished it
	05 <input type="checkbox"/> NO/None (go to Q34)	05 <input type="checkbox"/> NO/None (go to Q34)	05 <input type="checkbox"/> NO/None (go to Q34)	05 <input type="checkbox"/> NO/None (go to Q34)	05 <input type="checkbox"/> NO/None (go to Q34)	05 <input type="checkbox"/> NO/None (go to Q34)
Q30. What was (name's) field of study at University, Tertiary or Vocational institution?	01 <input type="checkbox"/> Art/Humanities	01 <input type="checkbox"/> Art/Humanities	01 <input type="checkbox"/> Art/Humanities	01 <input type="checkbox"/> Art/Humanities	01 <input type="checkbox"/> Art/Humanities	01 <input type="checkbox"/> Art/Humanities
	02 <input type="checkbox"/> Education	02 <input type="checkbox"/> Education	02 <input type="checkbox"/> Education	02 <input type="checkbox"/> Education	02 <input type="checkbox"/> Education	02 <input type="checkbox"/> Education
	03 <input type="checkbox"/> Natural Science	03 <input type="checkbox"/> Natural Science	03 <input type="checkbox"/> Natural Science	03 <input type="checkbox"/> Natural Science	03 <input type="checkbox"/> Natural Science	03 <input type="checkbox"/> Natural Science
	04 <input type="checkbox"/> Social Science	04 <input type="checkbox"/> Social Science	04 <input type="checkbox"/> Social Science	04 <input type="checkbox"/> Social Science	04 <input type="checkbox"/> Social Science	04 <input type="checkbox"/> Social Science
	05 <input type="checkbox"/> Mathematics	05 <input type="checkbox"/> Mathematics	05 <input type="checkbox"/> Mathematics	05 <input type="checkbox"/> Mathematics	05 <input type="checkbox"/> Mathematics	05 <input type="checkbox"/> Mathematics
	06 <input type="checkbox"/> Computer Science	06 <input type="checkbox"/> Computer Science	06 <input type="checkbox"/> Computer Science	06 <input type="checkbox"/> Computer Science	06 <input type="checkbox"/> Computer Science	06 <input type="checkbox"/> Computer Science
	07 <input type="checkbox"/> Medical	07 <input type="checkbox"/> Medical	07 <input type="checkbox"/> Medical	07 <input type="checkbox"/> Medical	07 <input type="checkbox"/> Medical	07 <input type="checkbox"/> Medical
	08 <input type="checkbox"/> Accountancy	08 <input type="checkbox"/> Accountancy	08 <input type="checkbox"/> Accountancy	08 <input type="checkbox"/> Accountancy	08 <input type="checkbox"/> Accountancy	08 <input type="checkbox"/> Accountancy
	09 <input type="checkbox"/> Engineering	09 <input type="checkbox"/> Engineering	09 <input type="checkbox"/> Engineering	09 <input type="checkbox"/> Engineering	09 <input type="checkbox"/> Engineering	09 <input type="checkbox"/> Engineering
	10 <input type="checkbox"/> Religion/Theology	10 <input type="checkbox"/> Religion/Theology	10 <input type="checkbox"/> Religion/Theology	10 <input type="checkbox"/> Religion/Theology	10 <input type="checkbox"/> Religion/Theology	10 <input type="checkbox"/> Religion/Theology
	11 <input type="checkbox"/> Teacher	11 <input type="checkbox"/> Teacher	11 <input type="checkbox"/> Teacher	11 <input type="checkbox"/> Teacher	11 <input type="checkbox"/> Teacher	11 <input type="checkbox"/> Teacher
	12 <input type="checkbox"/> Health Science	12 <input type="checkbox"/> Health Science	12 <input type="checkbox"/> Health Science	12 <input type="checkbox"/> Health Science	12 <input type="checkbox"/> Health Science	12 <input type="checkbox"/> Health Science
	13 <input type="checkbox"/> Statistics	13 <input type="checkbox"/> Statistics	13 <input type="checkbox"/> Statistics	13 <input type="checkbox"/> Statistics	13 <input type="checkbox"/> Statistics	13 <input type="checkbox"/> Statistics
	14 <input type="checkbox"/> Law	14 <input type="checkbox"/> Law	14 <input type="checkbox"/> Law	14 <input type="checkbox"/> Law	14 <input type="checkbox"/> Law	14 <input type="checkbox"/> Law
	15 <input type="checkbox"/> Other (specify)	15 <input type="checkbox"/> Other (specify)	15 <input type="checkbox"/> Other (specify)	15 <input type="checkbox"/> Other (specify)	15 <input type="checkbox"/> Other (specify)	15 <input type="checkbox"/> Other (specify)
Q31. Country where name attained highest qualification?	01 <input type="checkbox"/> NAURU	01 <input type="checkbox"/> NAURU	01 <input type="checkbox"/> NAURU	01 <input type="checkbox"/> NAURU	01 <input type="checkbox"/> NAURU	01 <input type="checkbox"/> NAURU
	Govt/Semi Govt (eg. NSS, Trade school etc)	Govt/Semi Govt (eg. NSS, Trade school etc)	Govt/Semi Govt (eg. NSS, Trade school etc)	Govt/Semi Govt (eg. NSS, Trade school etc)	Govt/Semi Govt (eg. NSS, Trade school etc)	Govt/Semi Govt (eg. NSS, Trade school etc)
	02 <input type="checkbox"/> NAURU	02 <input type="checkbox"/> NAURU	02 <input type="checkbox"/> NAURU	02 <input type="checkbox"/> NAURU	02 <input type="checkbox"/> NAURU	02 <input type="checkbox"/> NAURU
	Non-Government (eg. Kayser College, USP etc.)	Non-Government (eg. Kayser College, USP etc.)	Non-Government (eg. Kayser College, USP etc.)	Non-Government (eg. Kayser College, USP etc.)	Non-Government (eg. Kayser College, USP etc.)	Non-Government (eg. Kayser College, USP etc.)
	03 <input type="checkbox"/> Australia	03 <input type="checkbox"/> Australia	03 <input type="checkbox"/> Australia	03 <input type="checkbox"/> Australia	03 <input type="checkbox"/> Australia	03 <input type="checkbox"/> Australia
	04 <input type="checkbox"/> New Zealand	04 <input type="checkbox"/> New Zealand	04 <input type="checkbox"/> New Zealand	04 <input type="checkbox"/> New Zealand	04 <input type="checkbox"/> New Zealand	04 <input type="checkbox"/> New Zealand
	05 <input type="checkbox"/> Fiji	05 <input type="checkbox"/> Fiji	05 <input type="checkbox"/> Fiji	05 <input type="checkbox"/> Fiji	05 <input type="checkbox"/> Fiji	05 <input type="checkbox"/> Fiji
	06 <input type="checkbox"/> Papua New Guinea	06 <input type="checkbox"/> Papua New Guinea	06 <input type="checkbox"/> Papua New Guinea	06 <input type="checkbox"/> Papua New Guinea	06 <input type="checkbox"/> Papua New Guinea	06 <input type="checkbox"/> Papua New Guinea
	07 <input type="checkbox"/> Other (specify)	07 <input type="checkbox"/> Other (specify)	07 <input type="checkbox"/> Other (specify)	07 <input type="checkbox"/> Other (specify)	07 <input type="checkbox"/> Other (specify)	07 <input type="checkbox"/> Other (specify)

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06	
Q32. Time elapsed between completion of education and (name's) first job:	01 <input type="checkbox"/> Less than 1 month 02 <input type="checkbox"/> 1 - 2 months 03 <input type="checkbox"/> 3 - 5 months 04 <input type="checkbox"/> 6 - 8 months 05 <input type="checkbox"/> 9 - 11 months 06 <input type="checkbox"/> 1 year 07 <input type="checkbox"/> 2 years 08 <input type="checkbox"/> 3 years 09 <input type="checkbox"/> 4 years 10 <input type="checkbox"/> 5 years 11 <input type="checkbox"/> More than 5 years 12 <input type="checkbox"/> No job	01 <input type="checkbox"/> Less than 1 month 02 <input type="checkbox"/> 1 - 2 months 03 <input type="checkbox"/> 3 - 5 months 04 <input type="checkbox"/> 6 - 8 months 05 <input type="checkbox"/> 9 - 11 months 06 <input type="checkbox"/> 1 year 07 <input type="checkbox"/> 2 years 08 <input type="checkbox"/> 3 years 09 <input type="checkbox"/> 4 years 10 <input type="checkbox"/> 5 years 11 <input type="checkbox"/> More than 5 years 12 <input type="checkbox"/> No job	01 <input type="checkbox"/> Less than 1 month 02 <input type="checkbox"/> 1 - 2 months 03 <input type="checkbox"/> 3 - 5 months 04 <input type="checkbox"/> 6 - 8 months 05 <input type="checkbox"/> 9 - 11 months 06 <input type="checkbox"/> 1 year 07 <input type="checkbox"/> 2 years 08 <input type="checkbox"/> 3 years 09 <input type="checkbox"/> 4 years 10 <input type="checkbox"/> 5 years 11 <input type="checkbox"/> More than 5 years 12 <input type="checkbox"/> No job	01 <input type="checkbox"/> Less than 1 month 02 <input type="checkbox"/> 1 - 2 months 03 <input type="checkbox"/> 3 - 5 months 04 <input type="checkbox"/> 6 - 8 months 05 <input type="checkbox"/> 9 - 11 months 06 <input type="checkbox"/> 1 year 07 <input type="checkbox"/> 2 years 08 <input type="checkbox"/> 3 years 09 <input type="checkbox"/> 4 years 10 <input type="checkbox"/> 5 years 11 <input type="checkbox"/> More than 5 years 12 <input type="checkbox"/> No job	01 <input type="checkbox"/> Less than 1 month 02 <input type="checkbox"/> 1 - 2 months 03 <input type="checkbox"/> 3 - 5 months 04 <input type="checkbox"/> 6 - 8 months 05 <input type="checkbox"/> 9 - 11 months 06 <input type="checkbox"/> 1 year 07 <input type="checkbox"/> 2 years 08 <input type="checkbox"/> 3 years 09 <input type="checkbox"/> 4 years 10 <input type="checkbox"/> 5 years 11 <input type="checkbox"/> More than 5 years 12 <input type="checkbox"/> No job	01 <input type="checkbox"/> Less than 1 month 02 <input type="checkbox"/> 1 - 2 months 03 <input type="checkbox"/> 3 - 5 months 04 <input type="checkbox"/> 6 - 8 months 05 <input type="checkbox"/> 9 - 11 months 06 <input type="checkbox"/> 1 year 07 <input type="checkbox"/> 2 years 08 <input type="checkbox"/> 3 years 09 <input type="checkbox"/> 4 years 10 <input type="checkbox"/> 5 years 11 <input type="checkbox"/> More than 5 years 12 <input type="checkbox"/> No job	01 <input type="checkbox"/> Less than 1 month 02 <input type="checkbox"/> 1 - 2 months 03 <input type="checkbox"/> 3 - 5 months 04 <input type="checkbox"/> 6 - 8 months 05 <input type="checkbox"/> 9 - 11 months 06 <input type="checkbox"/> 1 year 07 <input type="checkbox"/> 2 years 08 <input type="checkbox"/> 3 years 09 <input type="checkbox"/> 4 years 10 <input type="checkbox"/> 5 years 11 <input type="checkbox"/> More than 5 years 12 <input type="checkbox"/> No job
Q33. Did name receive sponsorship for overseas studies?	01 <input type="checkbox"/> YES (lower age) 02 <input type="checkbox"/> YES (higher age) 03 <input type="checkbox"/> YES, OTHER (specify sponsors) 04 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (lower age) 02 <input type="checkbox"/> YES (higher age) 03 <input type="checkbox"/> YES, OTHER (specify sponsors) 04 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (lower age) 02 <input type="checkbox"/> YES (higher age) 03 <input type="checkbox"/> YES, OTHER (specify sponsors) 04 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (lower age) 02 <input type="checkbox"/> YES (higher age) 03 <input type="checkbox"/> YES, OTHER (specify sponsors) 04 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (lower age) 02 <input type="checkbox"/> YES (higher age) 03 <input type="checkbox"/> YES, OTHER (specify sponsors) 04 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (lower age) 02 <input type="checkbox"/> YES (higher age) 03 <input type="checkbox"/> YES, OTHER (specify sponsors) 04 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (lower age) 02 <input type="checkbox"/> YES (higher age) 03 <input type="checkbox"/> YES, OTHER (specify sponsors) 04 <input type="checkbox"/> NO
Q34. What language(s) does (name) speak? (can tick all)	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English 03 <input type="checkbox"/> Others (specify all) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English 03 <input type="checkbox"/> Others (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English 03 <input type="checkbox"/> Others (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English 03 <input type="checkbox"/> Others (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English 03 <input type="checkbox"/> Others (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English 03 <input type="checkbox"/> Others (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> English 03 <input type="checkbox"/> Others (specify) _____ _____
Q35. What language does (name) usually speak at home?	01 _____ _____	01 _____ _____	01 _____ _____	01 _____ _____	01 _____ _____	01 _____ _____	
ONLY CONTINUE FOR PERSONS 16 YEARS OR MORE (BORN BEFORE OCTOBER 1966)							
Q36. Did (name) do any work other than housework last week?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (go to Q39)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (go to Q39)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (go to Q39)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (go to Q39)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (go to Q39)	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (go to Q39)	
Q37. Does (name) receive (or expect) payment for the work done last week?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO	
Q38. What type of work did (name) do last week?	01 <input type="checkbox"/> Traditional work only (Go to Q46) 02 <input type="checkbox"/> Paid regular work only (Go to Q42) 03 <input type="checkbox"/> Other type of work only (Go to Q42) 04 <input type="checkbox"/> A combination of the above (Go to Q42)	01 <input type="checkbox"/> Traditional work only (Go to Q46) 02 <input type="checkbox"/> Paid regular work only (Go to Q42) 03 <input type="checkbox"/> Other type of work only (Go to Q42) 04 <input type="checkbox"/> A combination of the above (Go to Q42)	01 <input type="checkbox"/> Traditional work only (Go to Q46) 02 <input type="checkbox"/> Paid regular work only (Go to Q42) 03 <input type="checkbox"/> Other type of work only (Go to Q42) 04 <input type="checkbox"/> A combination of the above (Go to Q42)	01 <input type="checkbox"/> Traditional work only (Go to Q46) 02 <input type="checkbox"/> Paid regular work only (Go to Q42) 03 <input type="checkbox"/> Other type of work only (Go to Q42) 04 <input type="checkbox"/> A combination of the above (Go to Q42)	01 <input type="checkbox"/> Traditional work only (Go to Q46) 02 <input type="checkbox"/> Paid regular work only (Go to Q42) 03 <input type="checkbox"/> Other type of work only (Go to Q42) 04 <input type="checkbox"/> A combination of the above (Go to Q42)	01 <input type="checkbox"/> Traditional work only (Go to Q46) 02 <input type="checkbox"/> Paid regular work only (Go to Q42) 03 <input type="checkbox"/> Other type of work only (Go to Q42) 04 <input type="checkbox"/> A combination of the above (Go to Q42)	

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06
Q39 Last week was (name) temporarily absent from work through sickness or some other reason?	01 <input type="checkbox"/> YES (Go to Q42) 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (Go to Q42) 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (Go to Q42) 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (Go to Q42) 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (Go to Q42) 02 <input type="checkbox"/> NO	01 <input type="checkbox"/> YES (Go to Q42) 02 <input type="checkbox"/> NO
Q40 What is the main reason why (name) did not work last week?	01 <input type="checkbox"/> Student/At School 02 <input type="checkbox"/> On leave 03 <input type="checkbox"/> Retired/Too Old 04 <input type="checkbox"/> Temporarily sick 05 <input type="checkbox"/> Disabled 06 <input type="checkbox"/> Looking for work 07 <input type="checkbox"/> Do not want to work 08 <input type="checkbox"/> Other Reason (specify)	01 <input type="checkbox"/> Student/At School 02 <input type="checkbox"/> On leave 03 <input type="checkbox"/> Retired/Too Old 04 <input type="checkbox"/> Temporarily sick 05 <input type="checkbox"/> Disabled 06 <input type="checkbox"/> Looking for work 07 <input type="checkbox"/> Do not want to work 08 <input type="checkbox"/> Other Reason (specify)	01 <input type="checkbox"/> Student/At School 02 <input type="checkbox"/> On leave 03 <input type="checkbox"/> Retired/Too Old 04 <input type="checkbox"/> Temporarily sick 05 <input type="checkbox"/> Disabled 06 <input type="checkbox"/> Looking for work 07 <input type="checkbox"/> Do not want to work 08 <input type="checkbox"/> Other Reason (specify)	01 <input type="checkbox"/> Student/At School 02 <input type="checkbox"/> On leave 03 <input type="checkbox"/> Retired/Too Old 04 <input type="checkbox"/> Temporarily sick 05 <input type="checkbox"/> Disabled 06 <input type="checkbox"/> Looking for work 07 <input type="checkbox"/> Do not want to work 08 <input type="checkbox"/> Other Reason (specify)	01 <input type="checkbox"/> Student/At School 02 <input type="checkbox"/> On leave 03 <input type="checkbox"/> Retired/Too Old 04 <input type="checkbox"/> Temporarily sick 05 <input type="checkbox"/> Disabled 06 <input type="checkbox"/> Looking for work 07 <input type="checkbox"/> Do not want to work 08 <input type="checkbox"/> Other Reason (specify)	01 <input type="checkbox"/> Student/At School 02 <input type="checkbox"/> On leave 03 <input type="checkbox"/> Retired/Too Old 04 <input type="checkbox"/> Temporarily sick 05 <input type="checkbox"/> Disabled 06 <input type="checkbox"/> Looking for work 07 <input type="checkbox"/> Do not want to work 08 <input type="checkbox"/> Other Reason (specify)
Q41 Would (name) be available or willing to work if offered a job next week?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO IF MALE, GO TO Q57 IF FEMALE GO TO Q50	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO IF MALE, GO TO Q57 IF FEMALE GO TO Q50	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO IF MALE, GO TO Q57 IF FEMALE GO TO Q50	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO IF MALE, GO TO Q57 IF FEMALE GO TO Q50	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO IF MALE, GO TO Q57 IF FEMALE GO TO Q50	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO IF MALE, GO TO Q57 IF FEMALE GO TO Q50
Q42 In the main job held last week what was (name's) occupation and type of business?	(specify) Job _____ Dept./type of business _____	(specify) Job _____ Dept./type of business _____	(specify) Job _____ Dept./type of business _____	(specify) Job _____ Dept./type of business _____	(specify) Job _____ Dept./type of business _____	(specify) Job _____ Dept./type of business _____
Q43 For whom does (name) work?	01 Government (specify Dept.) 02 <input type="checkbox"/> Council (specify Dept.) 03 <input type="checkbox"/> N.P.C. (specify Dept.) 04 <input type="checkbox"/> Self/Own business 05 <input type="checkbox"/> Other (specify)	01 Government (specify Dept.) 02 <input type="checkbox"/> Council (specify Dept.) 03 <input type="checkbox"/> N.P.C. (specify Dept.) 04 <input type="checkbox"/> Self/Own business 05 <input type="checkbox"/> Other	01 Government (specify Dept.) 02 <input type="checkbox"/> Council (specify Dept.) 03 <input type="checkbox"/> N.P.C. (specify Dept.) 04 <input type="checkbox"/> Self/Own business 05 <input type="checkbox"/> Other	01 Government (specify Dept.) 02 <input type="checkbox"/> Council (specify Dept.) 03 <input type="checkbox"/> N.P.C. (specify Dept.) 04 <input type="checkbox"/> Self/Own business 05 <input type="checkbox"/> Other	01 Government (specify Dept.) 02 <input type="checkbox"/> Council (specify Dept.) 03 <input type="checkbox"/> N.P.C. (specify Dept.) 04 <input type="checkbox"/> Self/Own business 05 <input type="checkbox"/> Other	01 Government (specify Dept.) 02 <input type="checkbox"/> Council (specify Dept.) 03 <input type="checkbox"/> N.P.C. (specify Dept.) 04 <input type="checkbox"/> Self/Own business 05 <input type="checkbox"/> Other
Q44 What is (name's) main occupation? e.g Lawyer, Administrator, Mechanic	_____	_____	_____	_____	_____	_____
Q45 What work does (name) do? e.g. Barnster in private firm; Assistant to Secretary of Trade; Repairs cars in private car repair business	_____	_____	_____	_____	_____	_____

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06
Q55. What was the date of birth of the last baby (name) gave birth to?	Day Month Year [][] [][] [][][][]	Day Month Year [][] [][] [][][][]	Day Month Year [][] [][] [][][][]	Day Month Year [][] [][] [][][][]	Day Month Year [][] [][] [][][][]	Day Month Year [][] [][] [][][][]
Q56. Is that child still alive?	01 YES 02 NO (write the date of death) Day Month Year [][][][] [][] [][][][]	01 YES 02 NO (write the date of death) Day Month Year [][][][] [][] [][][][]	01 YES 02 NO (write the date of death) Day Month Year [][][][] [][] [][][][]	01 YES 02 NO (write the date of death) Day Month Year [][][][] [][] [][][][]	01 YES 02 NO (write the date of death) Day Month Year [][][][] [][] [][][][]	01 YES 02 NO (write the date of death) Day Month Year [][][][] [][] [][][][]
Q57. Are (name's) biological (birth or real) father and mother alive?	01 Father alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer 01 Mother Alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer If alive and living in this household, write mother's and/or father's Person Number from summary sheet <input type="checkbox"/> Mother <input type="checkbox"/> Father	01 Father alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer 01 Mother Alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer If alive and living in this household, write mother's and/or father's Person Number from summary sheet <input type="checkbox"/> Mother <input type="checkbox"/> Father	01 Father alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer 01 Mother Alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer If alive and living in this household, write mother's and/or father's Person Number from summary sheet <input type="checkbox"/> Mother <input type="checkbox"/> Father	01 Father alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer 01 Mother Alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer If alive and living in this household, write mother's and/or father's Person Number from summary sheet <input type="checkbox"/> Mother <input type="checkbox"/> Father	01 Father alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer 01 Mother Alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer If alive and living in this household, write mother's and/or father's Person Number from summary sheet <input type="checkbox"/> Mother <input type="checkbox"/> Father	01 Father alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer 01 Mother Alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer If alive and living in this household, write mother's and/or father's Person Number from summary sheet <input type="checkbox"/> Mother <input type="checkbox"/> Father
	GO TO NEXT PERSON	GO TO NEXT PERSON	GO TO NEXT PERSON	GO TO NEXT PERSON	GO TO NEXT PERSON	GO TO NEXT PERSON