

WHAT IS THE NAME OF EACH PERSON PRESENT IN THIS HOUSE ON CENSUS NIGHT?

| Person Number | Full Name | Sex | Relationship to Person 1 (Head of Household) |
|---------------|-----------|-----|--|
| 01            |           |     |  |
| 02            |           |     |  |
| 03            |           |     |  |
| 04            |           |     |  |
| 05            |           |     |  |
| 06            |           |     |  |
| 07            |           |     |  |
| 08            |           |     |  |
| 09            |           |     |  |
| 10            |           |     |  |
| 11            |           |     |  |
| 12            |           |     |  |
| 13            |           |     |  |
| 14            |           |     |  |
| 15            |           |     |  |
| 16            |           |     |  |
| 17            |           |     |  |
| 18            |           |     |  |
| 19            |           |     |  |
| 20            |           |     |  |

# 2006 Census Form

## TOKELAU



### Coverage

All persons present in Tokelau on census night Thursday 19<sup>th</sup> October 2006 must be counted, whether they are family members or not. Public servants and secondary school children in Apia, Samoa are also to be counted.

### Privacy and Security

Your privacy is protected by law. No one outside the census office can see your form or link your answers with your name and address.

### Collection Authority

Participation in the census is required by law, according to the Tokelau Census Act, 1961 – which states:

*“Every person commits an offence who neglects or refuses to furnish any census schedule ... or who knowingly makes any statements or gives any answer untrue”.*

**Address / location of this dwelling – attach sticker  
in space below**

***Is this dwelling private or non-private? Please circle one of the following:***

***PRIVATE***

***NON-PRIVATE***

**PLEASE ANSWER THE FOLLOWING QUESTIONS FOR THIS DWELLING**

|    |   |   |  |  |  |  |
|----|---|---|--|--|--|--|
| H1 | What type of structure is the main building?  | 1 <input type="radio"/> Tokelauan Fale<br>2 <input type="radio"/> European-style house<br>3 <input type="radio"/> Other (eg mixed) <i>Specify:</i><br>_____<br>_____  |  |  |  |  |
| H2 | What is the primary flooring material (of the main building)?   | 1 <input type="radio"/> Concrete<br>2 <input type="radio"/> Wood / timber<br>3 <input type="radio"/> Coral pebbles<br>4 <input type="radio"/> Other <i>Specify:</i><br>_____<br>_____   |  |  |  |  |
| H3 | What is the primary roofing material (of the main building)?  | 1 <input type="radio"/> Corrugated iron<br>2 <input type="radio"/> Thatch<br>3 <input type="radio"/> Other <i>Specify:</i><br>_____<br>_____  |  |  |  |  |
| H4 | What is the primary outer wall material (of the main building)?   | 1 <input type="radio"/> Concrete<br>2 <input type="radio"/> Wood / timber<br>3 <input type="radio"/> Other <i>Specify:</i><br>_____<br>_____  |  |  |  |  |
| H5 | In what year was the main building first constructed?<br><br><i>If year is unknown, ask for a close, careful estimate</i> | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> <p style="text-align: center;">Year</p> |  |  |  |  |
|    |   |   |  |  |  |  |
| H6 | How many rooms are there in the main building?  | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> <p style="text-align: center;"><i>Print number of rooms</i></p>   |  |  |  |  |
|    |   |   |  |  |  |  |





PLEASE ANSWER THE FOLLOWING QUESTIONS FOR THIS HOUSEHOLD

|     |   |  |
|-----|---|--|
| H7  | What toilet facility does this household use?   | 1 <input type="radio"/> Tank flush - private, <b>inside</b> dwelling<br>2 <input type="radio"/> Tank flush - private, <b>outside</b> dwelling<br>3 <input type="radio"/> Tank flush - shared with other household(s)<br>4 <input type="radio"/> Other <i>Specify:</i><br>_____<br>_____  |
| H8  | What is this household's main source of water for <b>drinking</b> ?                   | 1 <input type="radio"/> Private household water tank<br>2 <input type="radio"/> Water tank - shared with other household(s)<br>3 <input type="radio"/> Other <i>Specify:</i><br>_____<br>_____   |
| H9  | What is this household's main source of water for <b>personal washing / bathing</b> ? | 1 <input type="radio"/> Shower facility - private, <b>inside</b> dwelling<br>2 <input type="radio"/> Shower facility - private, <b>outside</b> dwelling<br>3 <input type="radio"/> Shower facility - shared with other household(s)<br>4 <input type="radio"/> Lagoon / sea<br>5 <input type="radio"/> Other <i>Specify:</i><br>_____<br>_____ |
| H10 | What is this household's <b>main</b> source of lighting?                              | 1 <input type="radio"/> Generator - private<br>2 <input type="radio"/> Generator - community<br>3 <input type="radio"/> Solar<br>4 <input type="radio"/> Hurricane light<br>5 <input type="radio"/> Other <i>Specify:</i><br>_____<br>_____  |
| H11 | What is this household's <b>main</b> means of cooking?                                | 1 <input type="radio"/> Gas stove<br>2 <input type="radio"/> Kerosene stove<br>3 <input type="radio"/> Open fire<br>4 <input type="radio"/> Tokelauan umu<br>5 <input type="radio"/> Other <i>Specify:</i><br>_____<br>_____   |

|     |  |  |
|-----|--|--|
| H12 | <p>What is the <b>main</b> way in which household waste is disposed of?</p>  | <p>1 <input type="radio"/> Collected by village worker(s)</p> <p>2 <input type="radio"/> Buried</p> <p>3 <input type="radio"/> Burned</p> <p>4 <input type="radio"/> Disposed in garden / plantation (<b>not</b> buried or burned)</p> <p>5 <input type="radio"/> Disposed at sea</p> <p>6 <input type="radio"/> Other <i>Specify:</i></p> <p>_____</p> <p>_____</p>   |
| H13 | <p>Does this household own, or partly own, any of the following items in <b>working order</b>?</p>   | <p><input type="radio"/> Radio</p> <p><input type="radio"/> Cassette and / or CD player</p> <p><input type="radio"/> TV and / or video player</p> <p><input type="radio"/> Freezer</p> <p><input type="radio"/> Refrigerator</p> <p><input type="radio"/> Washing Machine</p> <p><input type="radio"/> Sewing machine</p> <p><input type="radio"/> Telephone</p> <p><input type="radio"/> Traditional canoe</p> <p><input type="radio"/> Aluminium boat</p> <p><input type="radio"/> Wooden boat</p> <p><input type="radio"/> Outboard motor</p> |
| H14 | <p>How many pigs does this household own?</p> <p><i>How many of those pigs are female? Give an estimate if actual number is unknown.</i></p>   | <p><input type="text"/><input type="text"/><input type="text"/> TOTAL pigs</p> <p><input type="text"/><input type="text"/><input type="text"/> Female pigs</p>   |
| H15 | <p>How many chickens does this household own (that will be used for food - eggs and / or meat)?</p> <p><i>How many of those chickens are female? Give an estimate if actual number is unknown.</i></p> | <p><input type="text"/><input type="text"/><input type="text"/> TOTAL chickens</p> <p><input type="text"/><input type="text"/><input type="text"/> Female chickens</p>   |

| Absentee 3   | Absentee 4   | Absentee 5   | Absentee 6   |
|--|--|--|--|
| <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"/>   |
| 1 <input type="radio"/> Male   | 1 <input type="radio"/> Male   | 1 <input type="radio"/> Male   | 1 <input type="radio"/> Male   |
| 2 <input type="radio"/> Female                                       | 2 <input type="radio"/> Female                                       | 2 <input type="radio"/> Female                                       | 2 <input type="radio"/> Female                                       |
| 1 <input type="radio"/> Head of household                            | 1 <input type="radio"/> Head of household                            | 1 <input type="radio"/> Head of household                            | 1 <input type="radio"/> Head of household                            |
| 2 <input type="radio"/> Spouse                                       | 2 <input type="radio"/> Spouse                                       | 2 <input type="radio"/> Spouse                                       | 2 <input type="radio"/> Spouse                                       |
| 3 <input type="radio"/> Stepchild / adopted child                    | 3 <input type="radio"/> Stepchild / adopted child                    | 3 <input type="radio"/> Stepchild / adopted child                    | 3 <input type="radio"/> Stepchild / adopted child                    |
| 4 <input type="radio"/> Son or daughter                              | 4 <input type="radio"/> Son or daughter                              | 4 <input type="radio"/> Son or daughter                              | 4 <input type="radio"/> Son or daughter                              |
| 5 <input type="radio"/> Mother or father                             | 5 <input type="radio"/> Mother or father                             | 5 <input type="radio"/> Mother or father                             | 5 <input type="radio"/> Mother or father                             |
| 6 <input type="radio"/> Brother or sister                            | 6 <input type="radio"/> Brother or sister                            | 6 <input type="radio"/> Brother or sister                            | 6 <input type="radio"/> Brother or sister                            |
| 7 <input type="radio"/> Other relationship                           | 7 <input type="radio"/> Other relationship                           | 7 <input type="radio"/> Other relationship                           | 7 <input type="radio"/> Other relationship                           |
| 8 <input type="radio"/> Unrelated                                    | 8 <input type="radio"/> Unrelated                                    | 8 <input type="radio"/> Unrelated                                    | 8 <input type="radio"/> Unrelated                                    |
| 1 <input type="radio"/> Schooling / education                        | 1 <input type="radio"/> Schooling / education                        | 1 <input type="radio"/> Schooling / education                        | 1 <input type="radio"/> Schooling / education                        |
| 2 <input type="radio"/> Official duties overseas                     | 2 <input type="radio"/> Official duties overseas                     | 2 <input type="radio"/> Official duties overseas                     | 2 <input type="radio"/> Official duties overseas                     |
| 3 <input type="radio"/> TPS based in Apia                            | 3 <input type="radio"/> TPS based in Apia                            | 3 <input type="radio"/> TPS based in Apia                            | 3 <input type="radio"/> TPS based in Apia                            |
| 4 <input type="radio"/> Medical referral patient                     | 4 <input type="radio"/> Medical referral patient                     | 4 <input type="radio"/> Medical referral patient                     | 4 <input type="radio"/> Medical referral patient                     |
| 5 <input type="radio"/> Private medical patient                      | 5 <input type="radio"/> Private medical patient                      | 5 <input type="radio"/> Private medical patient                      | 5 <input type="radio"/> Private medical patient                      |
| 6 <input type="radio"/> On holiday overseas                          | 6 <input type="radio"/> On holiday overseas                          | 6 <input type="radio"/> On holiday overseas                          | 6 <input type="radio"/> On holiday overseas                          |
| 7 <input type="radio"/> Other reason <i>Specify:</i><br>_____        | 7 <input type="radio"/> Other reason <i>Specify:</i><br>_____        | 7 <input type="radio"/> Other reason <i>Specify:</i><br>_____        | 7 <input type="radio"/> Other reason <i>Specify:</i><br>_____        |
| 1 <input type="radio"/> Yes → Go to next absentee                    | 1 <input type="radio"/> Yes → Go to next absentee                    | 1 <input type="radio"/> Yes → Go to next absentee                    | 1 <input type="radio"/> Yes → Go to next absentee                    |
| 2 <input type="radio"/> No → Go to A7                                | 2 <input type="radio"/> No → Go to A7                                | 2 <input type="radio"/> No → Go to A7                                | 2 <input type="radio"/> No → Go to A7                                |
| 1 <input type="radio"/> Less than 12 months<br>→ Go to next absentee | 1 <input type="radio"/> Less than 12 months<br>→ Go to next absentee | 1 <input type="radio"/> Less than 12 months<br>→ Go to next absentee | 1 <input type="radio"/> Less than 12 months<br>→ Go to next absentee |
| 2 <input type="radio"/> 12 months or more<br>→ Go to next absentee   | 2 <input type="radio"/> 12 months or more<br>→ Go to next absentee   | 2 <input type="radio"/> 12 months or more<br>→ Go to next absentee   | 2 <input type="radio"/> 12 months or more<br>→ Go to next absentee   |

**Please list everyone who usually lives in this dwelling but will not be completing the census here (and will not have a form filled in for them here), and answer the questions about them.**

Absentee 1

Absentee 2

|    |  |   |   |
|----|--|---|---|
| A1 | What is this person's full name?   | <input type="text"/><br><input type="text"/>  | <input type="text"/><br><input type="text"/>  |
| A2 | What was this person's age on their last birthday?                                 | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  |
| A3 | Is this person male or female?   | 1 <input type="radio"/> Male<br>2 <input type="radio"/> Female  | 1 <input type="radio"/> Male<br>2 <input type="radio"/> Female  |
| A4 | What is this person's relationship to the head of the household?                   | 1 <input type="radio"/> Head of household<br>2 <input type="radio"/> Spouse<br>3 <input type="radio"/> Stepchild / adopted child<br>4 <input type="radio"/> Son or daughter<br>5 <input type="radio"/> Mother or father<br>6 <input type="radio"/> Brother or sister<br>7 <input type="radio"/> Other relationship<br>8 <input type="radio"/> Unrelated               | 1 <input type="radio"/> Head of household<br>2 <input type="radio"/> Spouse<br>3 <input type="radio"/> Stepchild / adopted child<br>4 <input type="radio"/> Son or daughter<br>5 <input type="radio"/> Mother or father<br>6 <input type="radio"/> Brother or sister<br>7 <input type="radio"/> Other relationship<br>8 <input type="radio"/> Unrelated               |
| A5 | What is this person's reason for absence on census night?                          | 1 <input type="radio"/> Schooling / education<br>2 <input type="radio"/> Official duties overseas<br>3 <input type="radio"/> TPS based in Apia<br>4 <input type="radio"/> Medical referral patient<br>5 <input type="radio"/> Private medical patient<br>6 <input type="radio"/> On holiday overseas<br>7 <input type="radio"/> Other reason <i>Specify:</i><br>_____ | 1 <input type="radio"/> Schooling / education<br>2 <input type="radio"/> Official duties overseas<br>3 <input type="radio"/> TPS based in Apia<br>4 <input type="radio"/> Medical referral patient<br>5 <input type="radio"/> Private medical patient<br>6 <input type="radio"/> On holiday overseas<br>7 <input type="radio"/> Other reason <i>Specify:</i><br>_____ |
| A6 | Is this person in Tokelau on Census Night?   | 1 <input type="radio"/> Yes → Go to next absentee<br>2 <input type="radio"/> No → Go to A7  | 1 <input type="radio"/> Yes → Go to next absentee<br>2 <input type="radio"/> No → Go to A7  |
| A7 | If this person is not in Tokelau, how long altogether is he/she away from Tokelau? | 1 <input type="radio"/> Less than 12 months<br>→ Go to next absentee<br>2 <input type="radio"/> 12 months or more<br>→ Go to next absentee  | 1 <input type="radio"/> Less than 12 months<br>→ Go to next absentee<br>2 <input type="radio"/> 12 months or more<br>→ Go to next absentee  |

| H16 | <p>Does anyone in this household receive income from any of the following sources?</p> <p><i>Probe - how often? Read out options</i></p> <p><i>Allow multiple responses</i></p>   | <p><input type="radio"/> Regular TPS salary</p> <p><input type="radio"/> Casual / contract village worker wages</p> <p><input type="radio"/> Inati / other allowances</p> <p><input type="radio"/> Remittance from family overseas</p> <p><input type="radio"/> Old age pension</p> <p><input type="radio"/> Government superannuation</p> <p><input type="radio"/> Proceeds from own business</p> <p><input type="radio"/> Sale of pigs and / or chickens</p> <p><input type="radio"/> Sale of fish</p> <p><input type="radio"/> Other(s) <i>Specify:</i></p> <p>_____</p> <p>_____</p> <p>_____</p> | <table border="0"> <thead> <tr> <th></th> <th>Weekly</th> <th>Fortnightly or Monthly</th> <th>A few times a year or less often</th> </tr> </thead> <tbody> <tr> <td>1</td> <td><input type="radio"/></td> <td>2 <input type="radio"/></td> <td>3 <input type="radio"/></td> </tr> <tr> <td>1</td> <td><input type="radio"/></td> <td>2 <input type="radio"/></td> <td>3 <input type="radio"/></td> </tr> <tr> <td>1</td> <td><input type="radio"/></td> <td>2 <input type="radio"/></td> <td>3 <input type="radio"/></td> </tr> <tr> <td>1</td> <td><input type="radio"/></td> <td>2 <input type="radio"/></td> <td>3 <input type="radio"/></td> </tr> <tr> <td>1</td> <td><input type="radio"/></td> <td>2 <input type="radio"/></td> <td>3 <input type="radio"/></td> </tr> <tr> <td>1</td> <td><input type="radio"/></td> <td>2 <input type="radio"/></td> <td>3 <input type="radio"/></td> </tr> <tr> <td>1</td> <td><input type="radio"/></td> <td>2 <input type="radio"/></td> <td>3 <input type="radio"/></td> </tr> <tr> <td>1</td> <td><input type="radio"/></td> <td>2 <input type="radio"/></td> <td>3 <input type="radio"/></td> </tr> <tr> <td>1</td> <td><input type="radio"/></td> <td>2 <input type="radio"/></td> <td>3 <input type="radio"/></td> </tr> <tr> <td>1</td> <td><input type="radio"/></td> <td>2 <input type="radio"/></td> <td>3 <input type="radio"/></td> </tr> </tbody> </table> |  | Weekly | Fortnightly or Monthly | A few times a year or less often | 1 | <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 1 | <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 1 | <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 1 | <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 1 | <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 1 | <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 1 | <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 1 | <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 1 | <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 1 | <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
|-----|---|---|--|--|--------|------------------------|----------------------------------|---|-----------------------|-------------------------|-------------------------|---|-----------------------|-------------------------|-------------------------|---|-----------------------|-------------------------|-------------------------|---|-----------------------|-------------------------|-------------------------|---|-----------------------|-------------------------|-------------------------|---|-----------------------|-------------------------|-------------------------|---|-----------------------|-------------------------|-------------------------|---|-----------------------|-------------------------|-------------------------|---|-----------------------|-------------------------|-------------------------|---|-----------------------|-------------------------|-------------------------|
|     | Weekly  | Fortnightly or Monthly  | A few times a year or less often   |  |        |                        |                                  |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |
| 1   | <input type="radio"/>   | 2 <input type="radio"/>   | 3 <input type="radio"/>  |  |        |                        |                                  |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |
| 1   | <input type="radio"/>   | 2 <input type="radio"/>   | 3 <input type="radio"/>  |  |        |                        |                                  |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |
| 1   | <input type="radio"/>   | 2 <input type="radio"/>   | 3 <input type="radio"/>  |  |        |                        |                                  |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |
| 1   | <input type="radio"/>   | 2 <input type="radio"/>   | 3 <input type="radio"/>  |  |        |                        |                                  |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |
| 1   | <input type="radio"/>   | 2 <input type="radio"/>   | 3 <input type="radio"/>  |  |        |                        |                                  |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |
| 1   | <input type="radio"/>   | 2 <input type="radio"/>   | 3 <input type="radio"/>  |  |        |                        |                                  |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |
| 1   | <input type="radio"/>   | 2 <input type="radio"/>   | 3 <input type="radio"/>  |  |        |                        |                                  |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |
| 1   | <input type="radio"/>   | 2 <input type="radio"/>   | 3 <input type="radio"/>  |  |        |                        |                                  |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |
| 1   | <input type="radio"/>   | 2 <input type="radio"/>   | 3 <input type="radio"/>  |  |        |                        |                                  |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |
| 1   | <input type="radio"/>   | 2 <input type="radio"/>   | 3 <input type="radio"/>  |  |        |                        |                                  |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |
| H17 | <p>From all of the sources of income you mentioned in H16 above, what will be the <b>total household income for the past year</b> (ending today) before tax or any other expenses are taken out?</p> <p><i>Don't count one-off payments</i></p> | <p>1 <input type="radio"/> \$0 - \$5,000</p> <p>2 <input type="radio"/> \$5,001 - \$10,000</p> <p>3 <input type="radio"/> \$10,001 - \$15,000</p> <p>4 <input type="radio"/> \$15,001 - \$20,000</p> <p>5 <input type="radio"/> \$20,001 - \$30,000</p> <p>6 <input type="radio"/> \$30,001 - \$40,000</p> <p>7 <input type="radio"/> \$40,001 - \$50,000</p> <p>8 <input type="radio"/> \$50,001 or more</p>   |  |  |        |                        |                                  |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |   |                       |                         |                         |

**END OF DWELLING AND HOUSEHOLD QUESTIONS, PLEASE CONTINUE ON TO ABSENTEE QUESTIONS**

**PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR EACH MAN, WOMAN AND CHILD WHO WILL SPEND CENSUS NIGHT IN THIS DWELLING**

|     |   | Respondent 1   | Respondent 2   |  |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |  |  |
|-----|---|--|--|--|--|--|--|--|--|--|--|--|-----|-------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|-------|------|--|--|--|--|--|--|--|
| Q1  | What are the names of each person (including visitors) who will spend census night in this dwelling?                            | First name(s)<br><input type="text"/><br>Family name<br><input type="text"/>   | First name(s)<br><input type="text"/><br>Family name<br><input type="text"/>   |  |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |  |  |
| Q2  | Is ( ... ) male or female?  | 1 <input type="radio"/> Male<br>2 <input type="radio"/> Female   | 1 <input type="radio"/> Male<br>2 <input type="radio"/> Female   |  |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |  |  |
| Q3  | What is ( ... )'s relationship to the reference person (ie the person who answered questions about the dwelling and household)? | 1 <input type="radio"/> Reference person<br>2 <input type="radio"/> Spouse<br>3 <input type="radio"/> Stepchild / adopted child<br>4 <input type="radio"/> Son or daughter<br>5 <input type="radio"/> Mother or father<br>6 <input type="radio"/> Brother or sister<br>7 <input type="radio"/> Other relationship<br>8 <input type="radio"/> Unrelated   | 1 <input type="radio"/> Reference person<br>2 <input type="radio"/> Spouse<br>3 <input type="radio"/> Stepchild / adopted child<br>4 <input type="radio"/> Son or daughter<br>5 <input type="radio"/> Mother or father<br>6 <input type="radio"/> Brother or sister<br>7 <input type="radio"/> Other relationship<br>8 <input type="radio"/> Unrelated |  |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |  |  |
| Q4  | When was ( ... ) born?  | <table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td align="center">Day</td> <td align="center">Month</td> <td align="center">Year</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  | Day | Month | Year |  |  |  |  |  |  |  | <table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td align="center">Day</td> <td align="center">Month</td> <td align="center">Year</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  | Day | Month | Year |  |  |  |  |  |  |  |
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| Day | Month   | Year   |  |  |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |  |  |
| Q5  | Where does ( ... ) usually live?<br><i>"At this address" = The address at which he / she is being interviewed.</i>              | 10 <input type="radio"/> At this address<br><input type="radio"/> Elsewhere in Tokelau<br><i>Specify:</i><br>_____<br><input type="radio"/> Other country <i>Specify:</i><br>_____   | 10 <input type="radio"/> At this address<br><input type="radio"/> Elsewhere in Tokelau<br><i>Specify:</i><br>_____<br><input type="radio"/> Other country <i>Specify:</i><br>_____   |  |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |  |  |
| Q6  | What country is ( ... )'s citizenship?  | 10 <input type="radio"/> New Zealand citizen<br><input type="radio"/> Other citizenship<br><i>Specify:</i><br>_____<br>_____   | 10 <input type="radio"/> New Zealand citizen<br><input type="radio"/> Other citizenship<br><i>Specify:</i><br>_____<br>_____   |  |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |  |  |
| Q7  | Where was ( ... ) born?   | 10 <input type="radio"/> In this village / on this atoll<br>20 <input type="radio"/> Elsewhere in Tokelau<br><input type="radio"/> Other country<br><i>Specify:</i><br>_____   | 10 <input type="radio"/> In this village / on this atoll<br>20 <input type="radio"/> Elsewhere in Tokelau<br><input type="radio"/> Other country<br><i>Specify:</i><br>_____   |  |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |  |  |



|     |   | Respondent 1   | Respondent 2   |
|-----|---|--|--|
| Q32 | How many children does ( ... ) have?<br><i>Including step-children, adopted children, foster children and children by birth</i> | <input type="text"/> <input type="text"/> Males<br><input type="text"/> <input type="text"/> Females<br><input type="radio"/> No children<br>→ Go to next respondent   | <input type="text"/> <input type="text"/> Males<br><input type="text"/> <input type="text"/> Females<br><input type="radio"/> No children<br>→ Go to next respondent   |
| Q33 | Has ( ... ) ever given birth to a baby?<br><i>Count all births, even if the baby later died</i>                                 | 1 <input type="radio"/> Yes → Go to Q34<br>2 <input type="radio"/> No → Go to next respondent  | 1 <input type="radio"/> Yes → Go to Q34<br>2 <input type="radio"/> No → Go to next respondent  |
| Q34 | How many children that ( ... ) gave birth to are living in this household?  | <input type="text"/> <input type="text"/> Males<br><input type="text"/> <input type="text"/> Females   | <input type="text"/> <input type="text"/> Males<br><input type="text"/> <input type="text"/> Females   |
| Q35 | How many children that ( ... ) gave birth to are living somewhere else?   | <input type="text"/> <input type="text"/> Males<br><input type="text"/> <input type="text"/> Females   | <input type="text"/> <input type="text"/> Males<br><input type="text"/> <input type="text"/> Females   |
| Q36 | How many children that ( ... ) gave birth to have died?   | <input type="text"/> <input type="text"/> Males<br><input type="text"/> <input type="text"/> Females   | <input type="text"/> <input type="text"/> Males<br><input type="text"/> <input type="text"/> Females   |
| Q37 | Am I right, altogether ( ... ) gave birth to __ babies?   | <input type="text"/> <input type="text"/> TOTAL BABIES BORN  | <input type="text"/> <input type="text"/> TOTAL BABIES BORN  |
| Q38 | When was ( ... )'s <b>last</b> baby born?   | <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Day      Month      Year                            | <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Day      Month      Year                            |
| Q39 | Is that child still alive?  | 1 <input type="radio"/> Yes<br>2 <input type="radio"/> No  | 1 <input type="radio"/> Yes<br>2 <input type="radio"/> No  |
| Q40 | Are ( ... )'s birth mother and father still alive?  | Father alive?<br>1 <input type="radio"/> Yes<br>2 <input type="radio"/> No<br>3 <input type="radio"/> Unknown<br><br>Mother alive?<br>1 <input type="radio"/> Yes<br>2 <input type="radio"/> No<br>3 <input type="radio"/> Unknown | Father alive?<br>1 <input type="radio"/> Yes<br>2 <input type="radio"/> No<br>3 <input type="radio"/> Unknown<br><br>Mother alive?<br>1 <input type="radio"/> Yes<br>2 <input type="radio"/> No<br>3 <input type="radio"/> Unknown |

| Respondent 3  | Respondent 4   | Respondent 5   | Respondent 6   |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |
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| First name(s)<br><input type="text"/><br>Family name<br><input type="text"/>  | First name(s)<br><input type="text"/><br>Family name<br><input type="text"/>   | First name(s)<br><input type="text"/><br>Family name<br><input type="text"/>   | First name(s)<br><input type="text"/><br>Family name<br><input type="text"/>   |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |
| 1 <input type="radio"/> Male<br>2 <input type="radio"/> Female  | 1 <input type="radio"/> Male<br>2 <input type="radio"/> Female   | 1 <input type="radio"/> Male<br>2 <input type="radio"/> Female   | 1 <input type="radio"/> Male<br>2 <input type="radio"/> Female   |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |
| 1 <input type="radio"/> Reference person<br>2 <input type="radio"/> Spouse<br>3 <input type="radio"/> Stepchild / adopted child<br>4 <input type="radio"/> Son or daughter<br>5 <input type="radio"/> Mother or father<br>6 <input type="radio"/> Brother or sister<br>7 <input type="radio"/> Other relationship<br>8 <input type="radio"/> Unrelated  | 1 <input type="radio"/> Reference person<br>2 <input type="radio"/> Spouse<br>3 <input type="radio"/> Stepchild / adopted child<br>4 <input type="radio"/> Son or daughter<br>5 <input type="radio"/> Mother or father<br>6 <input type="radio"/> Brother or sister<br>7 <input type="radio"/> Other relationship<br>8 <input type="radio"/> Unrelated | 1 <input type="radio"/> Reference person<br>2 <input type="radio"/> Spouse<br>3 <input type="radio"/> Stepchild / adopted child<br>4 <input type="radio"/> Son or daughter<br>5 <input type="radio"/> Mother or father<br>6 <input type="radio"/> Brother or sister<br>7 <input type="radio"/> Other relationship<br>8 <input type="radio"/> Unrelated | 1 <input type="radio"/> Reference person<br>2 <input type="radio"/> Spouse<br>3 <input type="radio"/> Stepchild / adopted child<br>4 <input type="radio"/> Son or daughter<br>5 <input type="radio"/> Mother or father<br>6 <input type="radio"/> Brother or sister<br>7 <input type="radio"/> Other relationship<br>8 <input type="radio"/> Unrelated |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |
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| Day   | Month  | Year   |  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |
| 10 <input type="radio"/> At this address<br><input type="radio"/> Elsewhere in Tokelau<br><i>Specify village:</i><br>_____<br><input type="radio"/> Other country<br><i>Specify:</i><br>_____   | 10 <input type="radio"/> At this address<br><input type="radio"/> Elsewhere in Tokelau<br><i>Specify village:</i><br>_____<br><input type="radio"/> Other country<br><i>Specify:</i><br>_____  | 10 <input type="radio"/> At this address<br><input type="radio"/> Elsewhere in Tokelau<br><i>Specify village:</i><br>_____<br><input type="radio"/> Other country<br><i>Specify:</i><br>_____  | 10 <input type="radio"/> At this address<br><input type="radio"/> Elsewhere in Tokelau<br><i>Specify village:</i><br>_____<br><input type="radio"/> Other country<br><i>Specify:</i><br>_____  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |
| 10 <input type="radio"/> New Zealand citizen<br><input type="radio"/> Other citizenship<br><i>Specify:</i><br>_____<br>_____  | 10 <input type="radio"/> New Zealand citizen<br><input type="radio"/> Other citizenship<br><i>Specify:</i><br>_____<br>_____   | 10 <input type="radio"/> New Zealand citizen<br><input type="radio"/> Other citizenship<br><i>Specify:</i><br>_____<br>_____   | 10 <input type="radio"/> New Zealand citizen<br><input type="radio"/> Other citizenship<br><i>Specify:</i><br>_____<br>_____   |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |
| 10 <input type="radio"/> In this village / on this atoll<br>20 <input type="radio"/> Elsewhere in Tokelau<br><input type="radio"/> Other country<br><i>Specify:</i><br>_____  | 10 <input type="radio"/> In this village / on this atoll<br>20 <input type="radio"/> Elsewhere in Tokelau<br><input type="radio"/> Other country<br><i>Specify:</i><br>_____   | 10 <input type="radio"/> In this village / on this atoll<br>20 <input type="radio"/> Elsewhere in Tokelau<br><input type="radio"/> Other country<br><i>Specify:</i><br>_____   | 10 <input type="radio"/> In this village / on this atoll<br>20 <input type="radio"/> Elsewhere in Tokelau<br><input type="radio"/> Other country<br><i>Specify:</i><br>_____   |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |   |  |  |  |  |  |  |  |  |     |       |      |  |  |  |  |  |

|   |  | Respondent 1  | Respondent 2  |
|---|--|---|---|
| Q8  | <p>If (...) has come to this village in the last 12 months, in what month did he / she arrive here?</p> <p><i>Give month in two digits i.e. May = 05</i><br/><i>If exact month is unknown give a close, careful estimate</i></p> | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/><input type="text"/><br/> <small>Month</small> </div> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><br/> <small>Year</small> </div> </div> <p>55 <input type="radio"/> Been in this village longer than 12 months</p>  | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/><input type="text"/><br/> <small>Month</small> </div> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><br/> <small>Year</small> </div> </div> <p>55 <input type="radio"/> Been in this village longer than 12 months</p>  |
| Q9  | <p>What is (...)’s ethnic origin?</p> <p><i>Interviewer to read out all response options</i></p>   | <p>1 <input type="radio"/> Tokelauan</p> <p>2 <input type="radio"/> Part Tokelauan / Samoan</p> <p>3 <input type="radio"/> Part Tokelauan / Tuvaluan</p> <p>4 <input type="radio"/> Part Tokelauan / other Pacific Islander</p> <p>5 <input type="radio"/> Part Tokelauan / European</p> <p>6 <input type="radio"/> Samoan</p> <p>7 <input type="radio"/> Tuvaluan</p> <p>8 <input type="radio"/> Other Pacific Islander</p> <p>9 <input type="radio"/> European</p> <p>10 <input type="radio"/> Other(s) <i>Specify:</i></p> <p>_____</p> <p>_____</p> | <p>1 <input type="radio"/> Tokelauan</p> <p>2 <input type="radio"/> Part Tokelauan / Samoan</p> <p>3 <input type="radio"/> Part Tokelauan / Tuvaluan</p> <p>4 <input type="radio"/> Part Tokelauan / other Pacific Islander</p> <p>5 <input type="radio"/> Part Tokelauan / European</p> <p>6 <input type="radio"/> Samoan</p> <p>7 <input type="radio"/> Tuvaluan</p> <p>8 <input type="radio"/> Other Pacific Islander</p> <p>9 <input type="radio"/> European</p> <p>10 <input type="radio"/> Other(s) <i>Specify:</i></p> <p>_____</p> <p>_____</p> |
| Q10   | <p>What is (...)’s religion?</p>   | <p>1 <input type="radio"/> Congregational Christian</p> <p>2 <input type="radio"/> Presbyterian</p> <p>3 <input type="radio"/> Roman Catholic</p> <p><input type="radio"/> Other <i>Specify:</i></p> <p>_____</p>   | <p>1 <input type="radio"/> Congregational Christian</p> <p>2 <input type="radio"/> Presbyterian</p> <p>3 <input type="radio"/> Roman Catholic</p> <p><input type="radio"/> Other <i>Specify:</i></p> <p>_____</p>   |
| Q11   | <p>In what language(s) could (...) have a conversation about a lot of everyday things?</p> <p><i>Allow multiple responses</i></p>  | <p><input type="radio"/> Tokelauan</p> <p><input type="radio"/> Samoan</p> <p><input type="radio"/> English</p> <p><input type="radio"/> Tuvaluan</p> <p><input type="radio"/> Kiribati / Gilbertese</p> <p><input type="radio"/> Other(s) <i>Specify:</i></p> <p>_____</p> <p>_____</p> <p><input type="radio"/> None (eg too young to talk)</p>   | <p><input type="radio"/> Tokelauan</p> <p><input type="radio"/> Samoan</p> <p><input type="radio"/> English</p> <p><input type="radio"/> Tuvaluan</p> <p><input type="radio"/> Kiribati / Gilbertese</p> <p><input type="radio"/> Other(s) <i>Specify:</i></p> <p>_____</p> <p>_____</p> <p><input type="radio"/> None (eg too young to talk)</p>   |
| <b>ONLY CONTINUE FOR PEOPLE AGED FIVE YEARS OR MORE WHO ARE USUALLY RESIDENT IN TOKELAU</b> |  |   |   |
| Q12   | <p>Has (...) ever lived overseas for more than six months?</p> <p><i>Interviewer to read out all response options</i></p> <p><i>Allow multiple responses</i></p>   | <p>1 <input type="radio"/> No → Go to Q13</p> <p>2 <input type="radio"/> Yes</p> <p style="text-align: center;">↓</p> <p>If yes, where?</p> <p><input type="radio"/> Samoa</p> <p><input type="radio"/> New Zealand</p> <p><input type="radio"/> Other Pacific Is.</p> <p style="text-align: center;"><i>Specify:</i></p> <p>_____</p> <p><input type="radio"/> Other Country</p> <p style="text-align: center;"><i>Specify:</i></p> <p>_____</p>   | <p>1 <input type="radio"/> No → Go to Q13</p> <p>2 <input type="radio"/> Yes</p> <p style="text-align: center;">↓</p> <p>If yes, where?</p> <p><input type="radio"/> Samoa</p> <p><input type="radio"/> New Zealand</p> <p><input type="radio"/> Other Pacific Is.</p> <p style="text-align: center;"><i>Specify:</i></p> <p>_____</p> <p><input type="radio"/> Other Country</p> <p style="text-align: center;"><i>Specify:</i></p> <p>_____</p>   |

| Respondent 3  | Respondent 4  | Respondent 5  | Respondent 6  |
|---|---|---|---|
| 1 <input type="radio"/> Yes<br>2 <input type="radio"/> No<br>↓<br>Why not?<br>_____   | 1 <input type="radio"/> Yes<br>2 <input type="radio"/> No<br>↓<br>Why not?<br>_____   | 1 <input type="radio"/> Yes<br>2 <input type="radio"/> No<br>↓<br>Why not?<br>_____   | 1 <input type="radio"/> Yes<br>2 <input type="radio"/> No<br>↓<br>Why not?<br>_____   |
| 1 <input type="radio"/> Yes<br>2 <input type="radio"/> No   | 1 <input type="radio"/> Yes<br>2 <input type="radio"/> No   | 1 <input type="radio"/> Yes<br>2 <input type="radio"/> No   | 1 <input type="radio"/> Yes<br>2 <input type="radio"/> No   |
| 1 <input type="radio"/> Yes → Go to Q28<br>2 <input type="radio"/> No → Go to Q29   | 1 <input type="radio"/> Yes → Go to Q28<br>2 <input type="radio"/> No → Go to Q29   | 1 <input type="radio"/> Yes → Go to Q28<br>2 <input type="radio"/> No → Go to Q29   | 1 <input type="radio"/> Yes → Go to Q28<br>2 <input type="radio"/> No → Go to Q29   |
| 1 <input type="radio"/> Housework - in own household<br>2 <input type="radio"/> Caring for children - from own household<br>3 <input type="radio"/> Caring for children - from another household<br>4 <input type="radio"/> Helping family or other relatives<br>5 <input type="radio"/> Helping with village / community cleaning<br>6 <input type="radio"/> Helping with village / community weaving<br>7 <input type="radio"/> Helping with village / community fishing<br>8 <input type="radio"/> Helping out with <b>other</b> village / community activities<br>9 <input type="radio"/> Other unpaid / voluntary work<br>10 <input type="radio"/> None of these | 1 <input type="radio"/> Housework - in own household<br>2 <input type="radio"/> Caring for children - from own household<br>3 <input type="radio"/> Caring for children - from another household<br>4 <input type="radio"/> Helping family or other relatives<br>5 <input type="radio"/> Helping with village / community cleaning<br>6 <input type="radio"/> Helping with village / community weaving<br>7 <input type="radio"/> Helping with village / community fishing<br>8 <input type="radio"/> Helping out with <b>other</b> village / community activities<br>9 <input type="radio"/> Other unpaid / voluntary work<br>10 <input type="radio"/> None of these | 1 <input type="radio"/> Housework - in own household<br>2 <input type="radio"/> Caring for children - from own household<br>3 <input type="radio"/> Caring for children - from another household<br>4 <input type="radio"/> Helping family or other relatives<br>5 <input type="radio"/> Helping with village / community cleaning<br>6 <input type="radio"/> Helping with village / community weaving<br>7 <input type="radio"/> Helping with village / community fishing<br>8 <input type="radio"/> Helping out with <b>other</b> village / community activities<br>9 <input type="radio"/> Other unpaid / voluntary work<br>10 <input type="radio"/> None of these | 1 <input type="radio"/> Housework - in own household<br>2 <input type="radio"/> Caring for children - from own household<br>3 <input type="radio"/> Caring for children - from another household<br>4 <input type="radio"/> Helping family or other relatives<br>5 <input type="radio"/> Helping with village / community cleaning<br>6 <input type="radio"/> Helping with village / community weaving<br>7 <input type="radio"/> Helping with village / community fishing<br>8 <input type="radio"/> Helping out with <b>other</b> village / community activities<br>9 <input type="radio"/> Other unpaid / voluntary work<br>10 <input type="radio"/> None of these |
| 1 <input type="radio"/> Yes → Go to Q31<br>2 <input type="radio"/> No → Go to Q30   | 1 <input type="radio"/> Yes → Go to Q31<br>2 <input type="radio"/> No → Go to Q30   | 1 <input type="radio"/> Yes → Go to Q31<br>2 <input type="radio"/> No → Go to Q30   | 1 <input type="radio"/> Yes → Go to Q31<br>2 <input type="radio"/> No → Go to Q30   |
| 1 <input type="radio"/> Yes<br>2 <input type="radio"/> No   | 1 <input type="radio"/> Yes<br>2 <input type="radio"/> No   | 1 <input type="radio"/> Yes<br>2 <input type="radio"/> No   | 1 <input type="radio"/> Yes<br>2 <input type="radio"/> No   |

**END OF QUESTIONNAIRE FOR MALES  
IF FEMALE AGED 15 YEARS AND OVER CONTINUE TO Q32**

**PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR ALL PEOPLE AGED  
15 YEARS AND OLDER**

|     |   | Respondent 1  | Respondent 2  |
|-----|---|---|---|
| Q25 | Did ( ... ) look for a <b>paid</b> job last week?   | 1 <input type="radio"/> Yes<br><br>2 <input type="radio"/> No<br>↓<br>Why not?<br>_____   | 1 <input type="radio"/> Yes<br><br>2 <input type="radio"/> No<br>↓<br>Why not?<br>_____   |
| Q26 | If someone had offered ( ... ) a paid job, would ( ... ) have been <b>able and willing to start work last week</b> ?  | 1 <input type="radio"/> Yes<br><br>2 <input type="radio"/> No   | 1 <input type="radio"/> Yes<br><br>2 <input type="radio"/> No   |
| Q27 | Did ( ... ) do any unpaid / voluntary work for the family, village or community?<br><br><i>Follow the routing instruction after answering this question</i> | 1 <input type="radio"/> Yes → Go to Q28<br><br>2 <input type="radio"/> No → Go to Q29   | 1 <input type="radio"/> Yes → Go to Q28<br><br>2 <input type="radio"/> No → Go to Q29   |
| Q28 | What type of unpaid / voluntary work did ( ... ) do?<br><br><i>Read out all response options<br/>Allow multiple responses</i>                               | 1 <input type="radio"/> Housework - in own household<br><br>2 <input type="radio"/> Caring for children - from own household<br><br>3 <input type="radio"/> Caring for children - from another household<br><br>4 <input type="radio"/> Helping family or other relatives<br><br>5 <input type="radio"/> Helping with village / community cleaning<br><br>6 <input type="radio"/> Helping with village / community weaving<br><br>7 <input type="radio"/> Helping with village / community fishing<br><br>8 <input type="radio"/> Helping out with <b>other</b> village / community activities<br><br>9 <input type="radio"/> Other unpaid / voluntary work<br><br>10 <input type="radio"/> None of these | 1 <input type="radio"/> Housework - in own household<br><br>2 <input type="radio"/> Caring for children - from own household<br><br>3 <input type="radio"/> Caring for children - from another household<br><br>4 <input type="radio"/> Helping family or other relatives<br><br>5 <input type="radio"/> Helping with village / community cleaning<br><br>6 <input type="radio"/> Helping with village / community weaving<br><br>7 <input type="radio"/> Helping with village / community fishing<br><br>8 <input type="radio"/> Helping out with <b>other</b> village / community activities<br><br>9 <input type="radio"/> Other unpaid / voluntary work<br><br>10 <input type="radio"/> None of these |
| Q29 | Does (...) smoke cigarettes regularly (that is, one or more a day)?   | 1 <input type="radio"/> Yes → Go to Q31<br><br>2 <input type="radio"/> No → Go to Q30   | 1 <input type="radio"/> Yes → Go to Q31<br><br>2 <input type="radio"/> No → Go to Q30   |
| Q30 | Has (...) ever been a regular smoker of one or more cigarettes a day?   | 1 <input type="radio"/> Yes<br><br>2 <input type="radio"/> No   | 1 <input type="radio"/> Yes<br><br>2 <input type="radio"/> No   |
| Q31 | <b>END OF QUESTIONNAIRE FOR MALES<br/>IF FEMALE AGED 15 YEARS AND OVER CONTINUE TO Q32</b>  |   |   |

| Respondent 3   | Respondent 4   | Respondent 5   | Respondent 6   |
|--|--|--|--|
| <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/><br/> <input type="text"/><br/> Month </div> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/><br/> <input type="text"/><br/> <input type="text"/><br/> <input type="text"/><br/> Year </div> </div> <p>98 <input type="radio"/> Been in this village longer than 12 months</p>   | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/><br/> <input type="text"/><br/> Month </div> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/><br/> <input type="text"/><br/> <input type="text"/><br/> <input type="text"/><br/> Year </div> </div> <p>98 <input type="radio"/> Been in this village longer than 12 months</p>   | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/><br/> <input type="text"/><br/> Month </div> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/><br/> <input type="text"/><br/> <input type="text"/><br/> <input type="text"/><br/> Year </div> </div> <p>98 <input type="radio"/> Been in this village longer than 12 months</p>   | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/><br/> <input type="text"/><br/> Month </div> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/><br/> <input type="text"/><br/> <input type="text"/><br/> <input type="text"/><br/> Year </div> </div> <p>98 <input type="radio"/> Been in this village longer than 12 months</p>   |
| <p>1 <input type="radio"/> Tokelauan</p> <p>2 <input type="radio"/> Part Tokelauan / Samoan</p> <p>3 <input type="radio"/> Part Tokelauan / Tuvaluan</p> <p>4 <input type="radio"/> Part Tokelauan / other Pacific Islander</p> <p>5 <input type="radio"/> Part Tokelauan / European</p> <p>6 <input type="radio"/> Samoan</p> <p>7 <input type="radio"/> Tuvaluan</p> <p>8 <input type="radio"/> Other Pacific Islander</p> <p>9 <input type="radio"/> European</p> <p>10 <input type="radio"/> Other(s) <i>Specify:</i><br/> _____</p> | <p>1 <input type="radio"/> Tokelauan</p> <p>2 <input type="radio"/> Part Tokelauan / Samoan</p> <p>3 <input type="radio"/> Part Tokelauan / Tuvaluan</p> <p>4 <input type="radio"/> Part Tokelauan / other Pacific Islander</p> <p>5 <input type="radio"/> Part Tokelauan / European</p> <p>6 <input type="radio"/> Samoan</p> <p>7 <input type="radio"/> Tuvaluan</p> <p>8 <input type="radio"/> Other Pacific Islander</p> <p>9 <input type="radio"/> European</p> <p>10 <input type="radio"/> Other(s) <i>Specify:</i><br/> _____</p> | <p>1 <input type="radio"/> Tokelauan</p> <p>2 <input type="radio"/> Part Tokelauan / Samoan</p> <p>3 <input type="radio"/> Part Tokelauan / Tuvaluan</p> <p>4 <input type="radio"/> Part Tokelauan / other Pacific Islander</p> <p>5 <input type="radio"/> Part Tokelauan / European</p> <p>6 <input type="radio"/> Samoan</p> <p>7 <input type="radio"/> Tuvaluan</p> <p>8 <input type="radio"/> Other Pacific Islander</p> <p>9 <input type="radio"/> European</p> <p>10 <input type="radio"/> Other(s) <i>Specify:</i><br/> _____</p> | <p>1 <input type="radio"/> Tokelauan</p> <p>2 <input type="radio"/> Part Tokelauan / Samoan</p> <p>3 <input type="radio"/> Part Tokelauan / Tuvaluan</p> <p>4 <input type="radio"/> Part Tokelauan / other Pacific Islander</p> <p>5 <input type="radio"/> Part Tokelauan / European</p> <p>6 <input type="radio"/> Samoan</p> <p>7 <input type="radio"/> Tuvaluan</p> <p>8 <input type="radio"/> Other Pacific Islander</p> <p>9 <input type="radio"/> European</p> <p>10 <input type="radio"/> Other(s) <i>Specify:</i><br/> _____</p> |
| <p>1 <input type="radio"/> Congregational Christian</p> <p>2 <input type="radio"/> Presbyterian</p> <p>3 <input type="radio"/> Roman Catholic</p> <p><input type="radio"/> Other <i>Specify:</i><br/> _____</p>  | <p>1 <input type="radio"/> Congregational Christian</p> <p>2 <input type="radio"/> Presbyterian</p> <p>3 <input type="radio"/> Roman Catholic</p> <p><input type="radio"/> Other <i>Specify:</i><br/> _____</p>  | <p>1 <input type="radio"/> Congregational Christian</p> <p>2 <input type="radio"/> Presbyterian</p> <p>3 <input type="radio"/> Roman Catholic</p> <p><input type="radio"/> Other <i>Specify:</i><br/> _____</p>  | <p>1 <input type="radio"/> Congregational Christian</p> <p>2 <input type="radio"/> Presbyterian</p> <p>3 <input type="radio"/> Roman Catholic</p> <p><input type="radio"/> Other <i>Specify:</i><br/> _____</p>  |
| <p><input type="radio"/> Tokelauan</p> <p><input type="radio"/> Samoan</p> <p><input type="radio"/> English</p> <p><input type="radio"/> Tuvaluan</p> <p><input type="radio"/> Kiribati / Gilbertese</p> <p><input type="radio"/> Other(s) <i>Specify:</i><br/> _____</p> <p><input type="radio"/> None (eg too young to talk)</p>   | <p><input type="radio"/> Tokelauan</p> <p><input type="radio"/> Samoan</p> <p><input type="radio"/> English</p> <p><input type="radio"/> Tuvaluan</p> <p><input type="radio"/> Kiribati / Gilbertese</p> <p><input type="radio"/> Other(s) <i>Specify:</i><br/> _____</p> <p><input type="radio"/> None (eg too young to talk)</p>   | <p><input type="radio"/> Tokelauan</p> <p><input type="radio"/> Samoan</p> <p><input type="radio"/> English</p> <p><input type="radio"/> Tuvaluan</p> <p><input type="radio"/> Kiribati / Gilbertese</p> <p><input type="radio"/> Other(s) <i>Specify:</i><br/> _____</p> <p><input type="radio"/> None (eg too young to talk)</p>   | <p><input type="radio"/> Tokelauan</p> <p><input type="radio"/> Samoan</p> <p><input type="radio"/> English</p> <p><input type="radio"/> Tuvaluan</p> <p><input type="radio"/> Kiribati / Gilbertese</p> <p><input type="radio"/> Other(s) <i>Specify:</i><br/> _____</p> <p><input type="radio"/> None (eg too young to talk)</p>   |
| <b>ONLY CONTINUE FOR PEOPLE AGED FIVE YEARS OR MORE WHO ARE USUALLY RESIDENT IN TOKELAU</b>  |  |  |  |
| <p>1 <input type="radio"/> No → Go to Q13</p> <p>2 <input type="radio"/> Yes<br/> ↓<br/> If yes, where?<br/> <input type="radio"/> Samoa<br/> <input type="radio"/> New Zealand<br/> <input type="radio"/> Other Pacific Is.<br/> <i>Specify:</i><br/> _____</p> <p><input type="radio"/> Other Country<br/> <i>Specify:</i><br/> _____</p>  | <p>1 <input type="radio"/> No → Go to Q13</p> <p>2 <input type="radio"/> Yes<br/> ↓<br/> If yes, where?<br/> <input type="radio"/> Samoa<br/> <input type="radio"/> New Zealand<br/> <input type="radio"/> Other Pacific Is.<br/> <i>Specify:</i><br/> _____</p> <p><input type="radio"/> Other Country<br/> <i>Specify:</i><br/> _____</p>  | <p>1 <input type="radio"/> No → Go to Q13</p> <p>2 <input type="radio"/> Yes<br/> ↓<br/> If yes, where?<br/> <input type="radio"/> Samoa<br/> <input type="radio"/> New Zealand<br/> <input type="radio"/> Other Pacific Is.<br/> <i>Specify:</i><br/> _____</p> <p><input type="radio"/> Other Country<br/> <i>Specify:</i><br/> _____</p>  | <p>1 <input type="radio"/> No → Go to Q13</p> <p>2 <input type="radio"/> Yes<br/> ↓<br/> If yes, where?<br/> <input type="radio"/> Samoa<br/> <input type="radio"/> New Zealand<br/> <input type="radio"/> Other Pacific Is.<br/> <i>Specify:</i><br/> _____</p> <p><input type="radio"/> Other Country<br/> <i>Specify:</i><br/> _____</p>  |

**PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR ALL PEOPLE  
AGED FIVE YEARS AND OLDER**

|     |   | Respondent 1  | Respondent 2  |
|-----|---|---|---|
| Q13 | <p>Where was ( ... ) living five years ago?</p> <p><i>"At this address" = The address at which he / she is being interviewed.</i></p> | <p>10 <input type="radio"/> At this address</p> <p>20 <input type="radio"/> Elsewhere in Tokelau</p> <p><input type="radio"/> Other country<br/><i>Specify:</i><br/>_____</p>   | <p>10 <input type="radio"/> At this address</p> <p>20 <input type="radio"/> Elsewhere in Tokelau</p> <p><input type="radio"/> Other country<br/><i>Specify:</i><br/>_____</p>   |
| Q14 | <p>What was the last <b>school</b> ( ... ) attended?</p>  | <p>1 <input type="radio"/> Still at school<br/>→ Go to Q15</p> <p>2 <input type="radio"/> Tokelau village school</p> <p>3 <input type="radio"/> Samoan secondary school</p> <p>4 <input type="radio"/> New Zealand secondary school</p> <p>5 <input type="radio"/> Other Pacific Island secondary school</p> <p>6 <input type="radio"/> Other school</p> <p>7 <input type="radio"/> Not in school (eg home-schooled)</p> <p>8 <input type="radio"/> Never been to school<br/><br/>→ If aged 15 and over, Go to Q17<br/>→ If younger than 15, Go to next respondent</p> <p>9 <input type="radio"/> Not disclosed / Not specified</p> | <p>1 <input type="radio"/> Still at school<br/>→ Go to Q15</p> <p>2 <input type="radio"/> Tokelau village school</p> <p>3 <input type="radio"/> Samoan secondary school</p> <p>4 <input type="radio"/> New Zealand secondary school</p> <p>5 <input type="radio"/> Other Pacific Island secondary school</p> <p>6 <input type="radio"/> Other school</p> <p>7 <input type="radio"/> Not in school (eg home-schooled)</p> <p>8 <input type="radio"/> Never been to school<br/><br/>→ If aged 15 and over, Go to Q17<br/>→ If younger than 15, Go to next respondent</p> <p>9 <input type="radio"/> Not disclosed / Not specified</p> |
| Q15 | <p>What is the highest level of education ( ... ) reached?</p>  | <p>1 <input type="radio"/> Below primer 1 - standard 3</p> <p>2 <input type="radio"/> Standard 4 - form 2</p> <p>3 <input type="radio"/> Form 3 - form 4</p> <p>4 <input type="radio"/> Form 5 - form 7</p> <p>5 <input type="radio"/> University</p> <p>6 <input type="radio"/> Other non-university, tertiary institution</p> <p>7 <input type="radio"/> Other level <i>Specify</i><br/>_____</p> <p>9 <input type="radio"/> Not disclosed / Not specified</p>  | <p>1 <input type="radio"/> Below primer 1 - standard 3</p> <p>2 <input type="radio"/> Standard 4 - form 2</p> <p>3 <input type="radio"/> Form 3 - form 4</p> <p>4 <input type="radio"/> Form 5 - form 7</p> <p>5 <input type="radio"/> University</p> <p>6 <input type="radio"/> Other non-university, tertiary institution</p> <p>7 <input type="radio"/> Other level <i>Specify</i><br/>_____</p> <p>9 <input type="radio"/> Not disclosed / Not specified</p>  |

| Respondent 3   | Respondent 4   | Respondent 5   | Respondent 6   |
|--|--|--|--|
| <ul style="list-style-type: none"> <li><input type="radio"/> Work in a garden plot, bush or coastal activity, or catch fish</li> <li><input type="radio"/> Make cloth, garments, mats or handicrafts</li> <li><input type="radio"/> Build or repair houses, boats or umu</li> <li><input type="radio"/> None of these</li> </ul>   | <ul style="list-style-type: none"> <li><input type="radio"/> Work in a garden plot, bush or coastal activity, or catch fish</li> <li><input type="radio"/> Make cloth, garments, mats or handicrafts</li> <li><input type="radio"/> Build or repair houses, boats or umu</li> <li><input type="radio"/> None of these</li> </ul>   | <ul style="list-style-type: none"> <li><input type="radio"/> Work in a garden plot, bush or coastal activity, or catch fish</li> <li><input type="radio"/> Make cloth, garments, mats or handicrafts</li> <li><input type="radio"/> Build or repair houses, boats or umu</li> <li><input type="radio"/> None of these</li> </ul>   | <ul style="list-style-type: none"> <li><input type="radio"/> Work in a garden plot, bush or coastal activity, or catch fish</li> <li><input type="radio"/> Make cloth, garments, mats or handicrafts</li> <li><input type="radio"/> Build or repair houses, boats or umu</li> <li><input type="radio"/> None of these</li> </ul>   |
| <ul style="list-style-type: none"> <li><input type="radio"/> Work in a garden plot, bush or coastal activity, or catch fish</li> <li><input type="radio"/> Make cloth, garments, mats or handicrafts</li> <li><input type="radio"/> Build or repair houses, boats or umu</li> <li><input type="radio"/> None of these</li> </ul>   | <ul style="list-style-type: none"> <li><input type="radio"/> Work in a garden plot, bush or coastal activity, or catch fish</li> <li><input type="radio"/> Make cloth, garments, mats or handicrafts</li> <li><input type="radio"/> Build or repair houses, boats or umu</li> <li><input type="radio"/> None of these</li> </ul>   | <ul style="list-style-type: none"> <li><input type="radio"/> Work in a garden plot, bush or coastal activity, or catch fish</li> <li><input type="radio"/> Make cloth, garments, mats or handicrafts</li> <li><input type="radio"/> Build or repair houses, boats or umu</li> <li><input type="radio"/> None of these</li> </ul>   | <ul style="list-style-type: none"> <li><input type="radio"/> Work in a garden plot, bush or coastal activity, or catch fish</li> <li><input type="radio"/> Make cloth, garments, mats or handicrafts</li> <li><input type="radio"/> Build or repair houses, boats or umu</li> <li><input type="radio"/> None of these</li> </ul>   |
| <p>1 <input type="radio"/> Yes → Go to Q23</p> <p>2 <input type="radio"/> No → Go to Q25</p>   | <p>1 <input type="radio"/> Yes → Go to Q23</p> <p>2 <input type="radio"/> No → Go to Q25</p>   | <p>1 <input type="radio"/> Yes → Go to Q23</p> <p>2 <input type="radio"/> No → Go to Q25</p>   | <p>1 <input type="radio"/> Yes → Go to Q23</p> <p>2 <input type="radio"/> No → Go to Q25</p>   |
| <hr/> <hr/> <hr/>  | <hr/> <hr/> <hr/>  | <hr/> <hr/> <hr/>  | <hr/> <hr/> <hr/>  |
| <p>1 <input type="radio"/> Salaried member of TPS</p> <p>2 <input type="radio"/> Casual / contract worker for village council</p> <p>3 <input type="radio"/> Self-employed (own account worker)</p> <p>4 <input type="radio"/> Employee (work for wages / salary for someone else in Tokelau)</p> <p>5 <input type="radio"/> Employee (paid by an overseas institution)</p> <p>6 <input type="radio"/> Other <i>Specify:</i></p> <hr/> <hr/> | <p>1 <input type="radio"/> Salaried member of TPS</p> <p>2 <input type="radio"/> Casual / contract worker for village council</p> <p>3 <input type="radio"/> Self-employed (own account worker)</p> <p>4 <input type="radio"/> Employee (work for wages / salary for someone else in Tokelau)</p> <p>5 <input type="radio"/> Employee (paid by an overseas institution)</p> <p>6 <input type="radio"/> Other <i>Specify:</i></p> <hr/> <hr/> | <p>1 <input type="radio"/> Salaried member of TPS</p> <p>2 <input type="radio"/> Casual / contract worker for village council</p> <p>3 <input type="radio"/> Self-employed (own account worker)</p> <p>4 <input type="radio"/> Employee (work for wages / salary for someone else in Tokelau)</p> <p>5 <input type="radio"/> Employee (paid by an overseas institution)</p> <p>6 <input type="radio"/> Other <i>Specify:</i></p> <hr/> <hr/> | <p>1 <input type="radio"/> Salaried member of TPS</p> <p>2 <input type="radio"/> Casual / contract worker for village council</p> <p>3 <input type="radio"/> Self-employed (own account worker)</p> <p>4 <input type="radio"/> Employee (work for wages / salary for someone else in Tokelau)</p> <p>5 <input type="radio"/> Employee (paid by an overseas institution)</p> <p>6 <input type="radio"/> Other <i>Specify:</i></p> <hr/> <hr/> |

**PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR ALL RESPONDENTS AGED  
15 YEARS AND OLDER**

|     |  | Respondent 1   | Respondent 2   |
|-----|--|--|--|
| Q20 | <p>During the last week, did ( ... ) do any of the following <b>only for the household's use</b> ?</p> <p><i>Read out all responses</i></p> <p><i>Accept multiple responses</i></p> <p><i>Last week = 7 days prior to census day</i></p> | <p><input type="radio"/> Work in a garden plot, bush or coastal activity, or catch fish</p> <p><input type="radio"/> Make cloth, garments, mats or handicrafts</p> <p><input type="radio"/> Build or repair houses, boats or umu</p> <p><input type="radio"/> None of these</p>  | <p><input type="radio"/> Work in a garden plot, bush or coastal activity, or catch fish</p> <p><input type="radio"/> Make cloth, garments, mats or handicrafts</p> <p><input type="radio"/> Build or repair houses, boats or umu</p> <p><input type="radio"/> None of these</p>  |
| Q21 | <p>During the last week, did ( ... ) do any of the following <b>only for selling or for use by other households</b> ?</p> <p><i>Read out all responses</i></p> <p><i>Accept multiple responses</i></p>                                   | <p><input type="radio"/> Work in a garden plot, bush or coastal activity, or catch fish</p> <p><input type="radio"/> Make cloth, garments, mats or handicrafts</p> <p><input type="radio"/> Build or repair houses, boats or umu</p> <p><input type="radio"/> None of these</p>  | <p><input type="radio"/> Work in a garden plot, bush or coastal activity, or catch fish</p> <p><input type="radio"/> Make cloth, garments, mats or handicrafts</p> <p><input type="radio"/> Build or repair houses, boats or umu</p> <p><input type="radio"/> None of these</p>  |
| Q22 | <p>During the last week did ( ... ) do any work for pay or operate a business?</p>   | <p>1 <input type="radio"/> Yes → Go to Q23</p> <p>2 <input type="radio"/> No → Go to Q25</p>   | <p>1 <input type="radio"/> Yes → Go to Q23</p> <p>2 <input type="radio"/> No → Go to Q25</p>   |
| Q23 | <p>In ( ... )'s main job held <b>last week</b>, what was ( ... )'s occupation?</p>   | <p>_____</p> <p>_____</p> <p>_____</p>   | <p>_____</p> <p>_____</p> <p>_____</p>   |
| Q24 | <p>In that job, how would ( ... ) best be described?</p> <p><i>Only <b>one</b> response required</i></p>   | <p>1 <input type="radio"/> Salaried member of TPS</p> <p>2 <input type="radio"/> Casual / contract worker for village council</p> <p>3 <input type="radio"/> Self-employed (own account worker)</p> <p>4 <input type="radio"/> Employee (work for wages / salary for someone else in Tokelau)</p> <p>5 <input type="radio"/> Employee (paid by an overseas institution)</p> <p>6 <input type="radio"/> Other <i>Specify:</i></p> <p>_____</p> <p>_____</p> | <p>1 <input type="radio"/> Salaried member of TPS</p> <p>2 <input type="radio"/> Casual / contract worker for village council</p> <p>3 <input type="radio"/> Self-employed (own account worker)</p> <p>4 <input type="radio"/> Employee (work for wages / salary for someone else in Tokelau)</p> <p>5 <input type="radio"/> Employee (paid by an overseas institution)</p> <p>6 <input type="radio"/> Other <i>Specify:</i></p> <p>_____</p> <p>_____</p> |

| Respondent 3   | Respondent 4   | Respondent 5   | Respondent 6   |
|--|--|--|--|
| <p>10 <input type="radio"/> At this address</p> <p>20 <input type="radio"/> Elsewhere in Tokelau</p> <p><input type="radio"/> Other country<br/><i>Specify:</i><br/>_____</p>  | <p>10 <input type="radio"/> At this address</p> <p>20 <input type="radio"/> Elsewhere in Tokelau</p> <p><input type="radio"/> Other country<br/><i>Specify:</i><br/>_____</p>  | <p>10 <input type="radio"/> At this address</p> <p>20 <input type="radio"/> Elsewhere in Tokelau</p> <p><input type="radio"/> Other country<br/><i>Specify:</i><br/>_____</p>  | <p>10 <input type="radio"/> At this address</p> <p>20 <input type="radio"/> Elsewhere in Tokelau</p> <p><input type="radio"/> Other country<br/><i>Specify:</i><br/>_____</p>  |
| <p>1 <input type="radio"/> Still at school<br/>→ Go to Q15</p> <p>2 <input type="radio"/> Tokelau village school</p> <p>3 <input type="radio"/> Samoan secondary school</p> <p>4 <input type="radio"/> New Zealand secondary school</p> <p>5 <input type="radio"/> Other Pacific Island secondary school</p> <p>6 <input type="radio"/> Other school</p> <p>7 <input type="radio"/> Not in school (eg homeschooled)</p> <p>8 <input type="radio"/> Never been to school<br/><br/>→ If aged 15 and over, Go to Q17<br/>→ If younger than 15, Go to next respondent</p> <p>9 <input type="radio"/> Not disclosed / Not specified</p> | <p>1 <input type="radio"/> Still at school<br/>→ Go to Q15</p> <p>2 <input type="radio"/> Tokelau village school</p> <p>3 <input type="radio"/> Samoan secondary school</p> <p>4 <input type="radio"/> New Zealand secondary school</p> <p>5 <input type="radio"/> Other Pacific Island secondary school</p> <p>6 <input type="radio"/> Other school</p> <p>7 <input type="radio"/> Not in school (eg homeschooled)</p> <p>8 <input type="radio"/> Never been to school<br/><br/>→ If aged 15 and over, Go to Q17<br/>→ If younger than 15, Go to next respondent</p> <p>9 <input type="radio"/> Not disclosed / Not specified</p> | <p>1 <input type="radio"/> Still at school<br/>→ Go to Q15</p> <p>2 <input type="radio"/> Tokelau village school</p> <p>3 <input type="radio"/> Samoan secondary school</p> <p>4 <input type="radio"/> New Zealand secondary school</p> <p>5 <input type="radio"/> Other Pacific Island secondary school</p> <p>6 <input type="radio"/> Other school</p> <p>7 <input type="radio"/> Not in school (eg homeschooled)</p> <p>8 <input type="radio"/> Never been to school<br/><br/>→ If aged 15 and over, Go to Q17<br/>→ If younger than 15, Go to next respondent</p> <p>9 <input type="radio"/> Not disclosed / Not specified</p> | <p>1 <input type="radio"/> Still at school<br/>→ Go to Q15</p> <p>2 <input type="radio"/> Tokelau village school</p> <p>3 <input type="radio"/> Samoan secondary school</p> <p>4 <input type="radio"/> New Zealand secondary school</p> <p>5 <input type="radio"/> Other Pacific Island secondary school</p> <p>6 <input type="radio"/> Other school</p> <p>7 <input type="radio"/> Not in school (eg homeschooled)</p> <p>8 <input type="radio"/> Never been to school<br/><br/>→ If aged 15 and over, Go to Q17<br/>→ If younger than 15, Go to next respondent</p> <p>9 <input type="radio"/> Not disclosed / Not specified</p> |
| <p>1 <input type="radio"/> Below primer 1 - standard 3</p> <p>2 <input type="radio"/> Standard 4 - form 2</p> <p>3 <input type="radio"/> Form 3 - form 4</p> <p>4 <input type="radio"/> Form 5 - form 7</p> <p>5 <input type="radio"/> University</p> <p>6 <input type="radio"/> Other non-university, tertiary institution</p> <p>7 <input type="radio"/> Other level <i>Specify</i><br/>_____</p> <p>9 <input type="radio"/> Not disclosed / Not specified</p>   | <p>1 <input type="radio"/> Below primer 1 - standard 3</p> <p>2 <input type="radio"/> Standard 4 - form 2</p> <p>3 <input type="radio"/> Form 3 - form 4</p> <p>4 <input type="radio"/> Form 5 - form 7</p> <p>5 <input type="radio"/> University</p> <p>6 <input type="radio"/> Other non-university, tertiary institution</p> <p>7 <input type="radio"/> Other level <i>Specify</i><br/>_____</p> <p>9 <input type="radio"/> Not disclosed / Not specified</p>   | <p>1 <input type="radio"/> Below primer 1 - standard 3</p> <p>2 <input type="radio"/> Standard 4 - form 2</p> <p>3 <input type="radio"/> Form 3 - form 4</p> <p>4 <input type="radio"/> Form 5 - form 7</p> <p>5 <input type="radio"/> University</p> <p>6 <input type="radio"/> Other non-university, tertiary institution</p> <p>7 <input type="radio"/> Other level <i>Specify</i><br/>_____</p> <p>9 <input type="radio"/> Not disclosed / Not specified</p>   | <p>1 <input type="radio"/> Below primer 1 - standard 3</p> <p>2 <input type="radio"/> Standard 4 - form 2</p> <p>3 <input type="radio"/> Form 3 - form 4</p> <p>4 <input type="radio"/> Form 5 - form 7</p> <p>5 <input type="radio"/> University</p> <p>6 <input type="radio"/> Other non-university, tertiary institution</p> <p>7 <input type="radio"/> Other level <i>Specify</i><br/>_____</p> <p>9 <input type="radio"/> Not disclosed / Not specified</p>   |

|     |  | Respondent 1   | Respondent 2   |
|-----|--|--|--|
| Q16 | What is the highest certificate or qualification that ( ... ) has <b>gained at school</b> ?                | 1 <input type="radio"/> No school qualification<br>2 <input type="radio"/> Primary / form 2 certificate<br>3 <input type="radio"/> Leaving certificate<br>4 <input type="radio"/> School Certificate<br>5 <input type="radio"/> University Entrance<br>6 <input type="radio"/> Other school qualification <i>Specify</i><br>_____  | 1 <input type="radio"/> No school qualification<br>2 <input type="radio"/> Primary / form 2 certificate<br>3 <input type="radio"/> Leaving certificate<br>4 <input type="radio"/> School Certificate<br>5 <input type="radio"/> University Entrance<br>6 <input type="radio"/> Other school qualification <i>Specify</i><br>_____  |
| Q17 | Has ( ... ) undertaken any studies or training in an institution other than a primary or secondary school? | 1 <input type="radio"/> Yes → Go to Q18<br>2 <input type="radio"/> No → Go to Q19  | 1 <input type="radio"/> Yes → Go to Q18<br>2 <input type="radio"/> No → Go to Q19  |
| Q18 | What is the highest qualification ( ... ) has completed since leaving school?                              | 1 <input type="radio"/> Still studying for first post-school qualification<br>2 <input type="radio"/> Bachelors degree<br>3 <input type="radio"/> Post-graduate degree<br>4 <input type="radio"/> Other university qualification <i>Specify</i><br>_____<br>5 <input type="radio"/> Apprenticeship<br>6 <input type="radio"/> Technical / trade training<br>7 <input type="radio"/> Nursing school<br>8 <input type="radio"/> Theological college<br>9 <input type="radio"/> Agricultural school<br>10 <input type="radio"/> Other post-school qualification <i>Specify</i><br>_____ | 1 <input type="radio"/> Still studying for first post-school qualification<br>2 <input type="radio"/> Bachelors degree<br>3 <input type="radio"/> Post-graduate degree<br>4 <input type="radio"/> Other university qualification <i>Specify</i><br>_____<br>5 <input type="radio"/> Apprenticeship<br>6 <input type="radio"/> Technical / trade training<br>7 <input type="radio"/> Nursing school<br>8 <input type="radio"/> Theological college<br>9 <input type="radio"/> Agricultural school<br>10 <input type="radio"/> Other post-school qualification <i>Specify</i><br>_____ |
| Q19 | What is ( ... )'s present marital status?  | 1 <input type="radio"/> Never married<br>2 <input type="radio"/> Married<br>3 <input type="radio"/> Separated<br>4 <input type="radio"/> Divorced<br>5 <input type="radio"/> Widowed   | 1 <input type="radio"/> Never married<br>2 <input type="radio"/> Married<br>3 <input type="radio"/> Separated<br>4 <input type="radio"/> Divorced<br>5 <input type="radio"/> Widowed   |

| Respondent 3  | Respondent 4  | Respondent 5  | Respondent 6  |
|---|---|---|---|
| <p>1 <input type="radio"/> No school qualification</p> <p>2 <input type="radio"/> Primary / form 2 certificate</p> <p>3 <input type="radio"/> Leaving certificate</p> <p>4 <input type="radio"/> School Certificate</p> <p>5 <input type="radio"/> University Entrance</p> <p>6 <input type="radio"/> Other school qualification <i>Specify</i><br/>_____</p>   | <p>1 <input type="radio"/> No school qualification</p> <p>2 <input type="radio"/> Primary / form 2 certificate</p> <p>3 <input type="radio"/> Leaving certificate</p> <p>4 <input type="radio"/> School Certificate</p> <p>5 <input type="radio"/> University Entrance</p> <p>6 <input type="radio"/> Other school qualification <i>Specify</i><br/>_____</p>   | <p>1 <input type="radio"/> No school qualification</p> <p>2 <input type="radio"/> Primary / form 2 certificate</p> <p>3 <input type="radio"/> Leaving certificate</p> <p>4 <input type="radio"/> School Certificate</p> <p>5 <input type="radio"/> University Entrance</p> <p>6 <input type="radio"/> Other school qualification <i>Specify</i><br/>_____</p>   | <p>1 <input type="radio"/> No school qualification</p> <p>2 <input type="radio"/> Primary / form 2 certificate</p> <p>3 <input type="radio"/> Leaving certificate</p> <p>4 <input type="radio"/> School Certificate</p> <p>5 <input type="radio"/> University Entrance</p> <p>6 <input type="radio"/> Other school qualification <i>Specify</i><br/>_____</p>   |
| <p>1 <input type="radio"/> Yes → Go to Q18</p> <p>2 <input type="radio"/> No → Go to Q19</p>  | <p>1 <input type="radio"/> Yes → Go to Q18</p> <p>2 <input type="radio"/> No → Go to Q19</p>  | <p>1 <input type="radio"/> Yes → Go to Q18</p> <p>2 <input type="radio"/> No → Go to Q19</p>  | <p>1 <input type="radio"/> Yes → Go to Q18</p> <p>2 <input type="radio"/> No → Go to Q19</p>  |
| <p>1 <input type="radio"/> Still studying for first qualification</p> <p>2 <input type="radio"/> Bachelors degree</p> <p>3 <input type="radio"/> Post-graduate degree</p> <p>4 <input type="radio"/> Other university qualification <i>Specify</i><br/>_____</p> <p>5 <input type="radio"/> Apprenticeship</p> <p>6 <input type="radio"/> Technical / trade training</p> <p>7 <input type="radio"/> Nursing school</p> <p>8 <input type="radio"/> Theological college</p> <p>9 <input type="radio"/> Agricultural school</p> <p>10 <input type="radio"/> Other post-school qualification <i>Specify</i><br/>_____</p> | <p>1 <input type="radio"/> Still studying for first qualification</p> <p>2 <input type="radio"/> Bachelors degree</p> <p>3 <input type="radio"/> Post-graduate degree</p> <p>4 <input type="radio"/> Other university qualification <i>Specify</i><br/>_____</p> <p>5 <input type="radio"/> Apprenticeship</p> <p>6 <input type="radio"/> Technical / trade training</p> <p>7 <input type="radio"/> Nursing school</p> <p>8 <input type="radio"/> Theological college</p> <p>9 <input type="radio"/> Agricultural school</p> <p>10 <input type="radio"/> Other post-school qualification <i>Specify</i><br/>_____</p> | <p>1 <input type="radio"/> Still studying for first qualification</p> <p>2 <input type="radio"/> Bachelors degree</p> <p>3 <input type="radio"/> Post-graduate degree</p> <p>4 <input type="radio"/> Other university qualification <i>Specify</i><br/>_____</p> <p>5 <input type="radio"/> Apprenticeship</p> <p>6 <input type="radio"/> Technical / trade training</p> <p>7 <input type="radio"/> Nursing school</p> <p>8 <input type="radio"/> Theological college</p> <p>9 <input type="radio"/> Agricultural school</p> <p>10 <input type="radio"/> Other post-school qualification <i>Specify</i><br/>_____</p> | <p>1 <input type="radio"/> Still studying for first qualification</p> <p>2 <input type="radio"/> Bachelors degree</p> <p>3 <input type="radio"/> Post-graduate degree</p> <p>4 <input type="radio"/> Other university qualification <i>Specify</i><br/>_____</p> <p>5 <input type="radio"/> Apprenticeship</p> <p>6 <input type="radio"/> Technical / trade training</p> <p>7 <input type="radio"/> Nursing school</p> <p>8 <input type="radio"/> Theological college</p> <p>9 <input type="radio"/> Agricultural school</p> <p>10 <input type="radio"/> Other post-school qualification <i>Specify</i><br/>_____</p> |
| <p>1 <input type="radio"/> Never married</p> <p>2 <input type="radio"/> Married</p> <p>3 <input type="radio"/> Separated</p> <p>4 <input type="radio"/> Divorced</p> <p>5 <input type="radio"/> Widowed</p>   | <p>1 <input type="radio"/> Never married</p> <p>2 <input type="radio"/> Married</p> <p>3 <input type="radio"/> Separated</p> <p>4 <input type="radio"/> Divorced</p> <p>5 <input type="radio"/> Widowed</p>   | <p>1 <input type="radio"/> Never married</p> <p>2 <input type="radio"/> Married</p> <p>3 <input type="radio"/> Separated</p> <p>4 <input type="radio"/> Divorced</p> <p>5 <input type="radio"/> Widowed</p>   | <p>1 <input type="radio"/> Never married</p> <p>2 <input type="radio"/> Married</p> <p>3 <input type="radio"/> Separated</p> <p>4 <input type="radio"/> Divorced</p> <p>5 <input type="radio"/> Widowed</p>   |