

## PERSONAL FORM



### Niue Census of Population and Housing

November 11 2022

## PERSONAL FORM

|                          |                                                                      |
|--------------------------|----------------------------------------------------------------------|
| <b>1</b>                 | What is your full name?                                              |
|                          | <input type="text"/>                                                 |
| <b>2</b>                 | What is your marital status?                                         |
| <input type="checkbox"/> | Never been married                                                   |
| <input type="checkbox"/> | Married                                                              |
| <input type="checkbox"/> | Widowed                                                              |
| <input type="checkbox"/> | Separated                                                            |
| <input type="checkbox"/> | Divorced                                                             |
| <input type="checkbox"/> | Living in a de facto relationship                                    |
| <b>3</b>                 | What country were you born in?                                       |
| <input type="checkbox"/> | Niue                                                                 |
| <input type="checkbox"/> | New Zealand                                                          |
| <input type="checkbox"/> | Other – please specify:<br>_____                                     |
| <b>4</b>                 | What is your citizenship?                                            |
|                          | Select all that apply.                                               |
| <input type="checkbox"/> | New Zealand                                                          |
| <input type="checkbox"/> | Other – please specify:<br>_____                                     |
| <b>5</b>                 | Which ethnic group do you belong to?                                 |
| <input type="checkbox"/> | Niuean                                                               |
| <input type="checkbox"/> | Part Niuean– please specify:<br>_____                                |
| <input type="checkbox"/> | Non-Niuean– please specify:<br>_____                                 |
| <b>6</b>                 | Is this village your usual place of residence?                       |
| <input type="checkbox"/> | Yes → go to 9                                                        |
| <input type="checkbox"/> | No → go to 7                                                         |
| <b>7</b>                 | Is your usual place of residence somewhere else in Niue or overseas? |
| <input type="checkbox"/> | Elsewhere in Niue – please specify village:<br>_____ → go to 11      |
| <input type="checkbox"/> | Overseas – please specify the country:<br>_____ → go to 8            |

|                          |                                                                                  |
|--------------------------|----------------------------------------------------------------------------------|
| <b>8</b>                 | Are you a visitor to Niue, planning to be here for less than 12 months in total? |
| <input type="checkbox"/> | Yes → finish here                                                                |
| <input type="checkbox"/> | No → go to 9                                                                     |
| <b>9</b>                 | Have you lived in this village for the last 12 months or more?                   |
| <input type="checkbox"/> | Yes → go to 11                                                                   |
| <input type="checkbox"/> | No → go to 10                                                                    |
| <b>10</b>                | What month (and year) did you arrive to live in this village?                    |
| <input type="checkbox"/> | November 2021 (arrived 12 months ago)                                            |
| <input type="checkbox"/> | December 2021                                                                    |
| <input type="checkbox"/> | January 2022                                                                     |
| <input type="checkbox"/> | February 2022                                                                    |
| <input type="checkbox"/> | March 2022                                                                       |
| <input type="checkbox"/> | April 2022                                                                       |
| <input type="checkbox"/> | May 2022                                                                         |
| <input type="checkbox"/> | June 2022                                                                        |
| <input type="checkbox"/> | July 2022                                                                        |
| <input type="checkbox"/> | August 2022                                                                      |
| <input type="checkbox"/> | September 2022                                                                   |
| <input type="checkbox"/> | October 2022                                                                     |
| <input type="checkbox"/> | November 2022 (arrived this month)                                               |
| <b>11</b>                | Where were you living on this date 5 years ago (on 11 November 2017)?            |
| <input type="checkbox"/> | Was not born 5 years ago → go to 14                                              |
| <input type="checkbox"/> | In this village → go to 13                                                       |
| <input type="checkbox"/> | In another village in Niue → go to 13                                            |
| <input type="checkbox"/> | Overseas – please specify the country:<br>_____ → go to 12                       |
| <b>12</b>                | What was your main reason for moving to Niue?                                    |
| <input type="checkbox"/> | Returning resident                                                               |
| <input type="checkbox"/> | To take up employment                                                            |
| <input type="checkbox"/> | To be with a spouse / partner                                                    |
| <input type="checkbox"/> | As the child of someone employed in Niue                                         |
| <input type="checkbox"/> | As another relative of someone employed in Niue                                  |
| <input type="checkbox"/> | As a student - attending school or college                                       |
| <input type="checkbox"/> | As a missionary                                                                  |
| <input type="checkbox"/> | For medical reasons                                                              |
| <input type="checkbox"/> | To visit, for a vacation                                                         |
| <input type="checkbox"/> | As a change of lifestyle                                                         |
| <input type="checkbox"/> | Other reason                                                                     |

|                          |                                                                                                                                                                                           |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>13</b>                | Where will you be living in 12 months-time?                                                                                                                                               |
| <input type="checkbox"/> | Don't know → go to 15                                                                                                                                                                     |
| <input type="checkbox"/> | In Niue → go to 15                                                                                                                                                                        |
| <input type="checkbox"/> | Overseas → go to 14                                                                                                                                                                       |
| <b>14</b>                | What would be the <b>main</b> reason for expecting to leave Niue in the next 12 months??                                                                                                  |
| <input type="checkbox"/> | Returning resident                                                                                                                                                                        |
| <input type="checkbox"/> | As a change of lifestyle                                                                                                                                                                  |
| <input type="checkbox"/> | To be with family / friends                                                                                                                                                               |
| <input type="checkbox"/> | For environmental reasons                                                                                                                                                                 |
| <input type="checkbox"/> | Because of climate change                                                                                                                                                                 |
| <input type="checkbox"/> | For a job or to seek employment                                                                                                                                                           |
| <input type="checkbox"/> | For education                                                                                                                                                                             |
| <input type="checkbox"/> | For medical reasons                                                                                                                                                                       |
| <input type="checkbox"/> | For more opportunities for leisure                                                                                                                                                        |
| <input type="checkbox"/> | For more opportunities for shopping / product choices                                                                                                                                     |
| <input type="checkbox"/> | For benefits                                                                                                                                                                              |
| <input type="checkbox"/> | For other reasons                                                                                                                                                                         |
| <b>15</b>                | What is your religion?                                                                                                                                                                    |
| <input type="checkbox"/> | <del>Ekalesia</del> (Congregational Christian)                                                                                                                                            |
| <input type="checkbox"/> | Roman Catholic                                                                                                                                                                            |
| <input type="checkbox"/> | Other religion – please specify<br>_____                                                                                                                                                  |
| <input type="checkbox"/> | No religion                                                                                                                                                                               |
| <input type="checkbox"/> | Refuse to answer                                                                                                                                                                          |
| <b>16</b>                | If this form is being completed for someone under 5 → finish here<br>Otherwise → continue                                                                                                 |
| <b>17</b>                | These next questions are about difficulties you might have doing certain activities because of a <b>health problem</b> .<br>Do you have difficulty seeing, even if using wearing glasses? |
| <input type="checkbox"/> | No                                                                                                                                                                                        |
| <input type="checkbox"/> | Sometimes                                                                                                                                                                                 |
| <input type="checkbox"/> | Often                                                                                                                                                                                     |
| <input type="checkbox"/> | Always / cannot do at all                                                                                                                                                                 |
| <b>18</b>                | Do you have difficulty hearing, even if using a hearing aid?                                                                                                                              |
| <input type="checkbox"/> | No                                                                                                                                                                                        |
| <input type="checkbox"/> | Sometimes                                                                                                                                                                                 |
| <input type="checkbox"/> | Often                                                                                                                                                                                     |
| <input type="checkbox"/> | Always / cannot do at all                                                                                                                                                                 |

**19** Does you have difficulty walking or climbing steps?

☐ No

☐ Sometimes

☐ Often

☐ Always / cannot do at all

**20** Do you have difficulty remembering or concentrating?

☐ No

☐ Sometimes

☐ Often

☐ Always / cannot do at all

**21** Do you have difficulty with self-care such as washing all over and dressing?

☐ No

☐ Sometimes

☐ Often

☐ Always / cannot do at all

**22** Do you have difficulty communicating using your usual language?

☐ No

☐ Sometimes

☐ Often

☐ Always / cannot do at all

**23** Do you have difficulty with emotional, psychological or mental health conditions?

*For example, anxiety, depression, bipolar disorder, substance abuse, anorexia etc.*

☐ No

☐ Sometimes

☐ Often

☐ Always

**24** Are you currently attending any place of education?

☐ Yes

☐ No → go to 26

**25** What type of school are you attending?

☐ Early childhood education (ECE) → go to 27

☐ Primary school (Years 1 – 6) → go to 27

☐ Primary school (Years 7 – 8) → go to 27

☐ Secondary school (Years 9 – 13) → go to 27

☐ Post-secondary study → go to 26

**26** What type of post-secondary study are you attending?

☐ Foundational

☐ Degree level

☐ Post-graduate level

☐ Master's level

☐ Doctorate level

**27** What is the highest certificate or qualification you have gained?

☐ No school qualification

☐ Post-primary

☐ NCEA Level 1 or NZ School Certificate

☐ NCEA Level 2 or University Entrance

☐ NCEA Level 3 or New Zealand Bursary

☐ Trade Qualification (Certificate or Diploma)

☐ Some university - no completed qualification

☐ Associates degree / diploma

☐ Bachelor's degree / certificate

☐ Post-graduate diploma / certificate

☐ Master's degree

☐ Doctorate

☐ Other qualification – please specify: \_\_\_\_\_

**28** How would you rate your current skills in speaking Vagahau Niue?

☐ Cannot speak Vagahau Niue

☐ Poor

☐ Fair

☐ Good

☐ Very good

**29** How would you rate your current reading skills in Vagahau Niue?

☐ Cannot read Vagahau Niue

☐ Poor

☐ Fair

☐ Good

☐ Very good

**30** How would you rate your current writing skills in Vagahau Niue?

☐ Cannot write in Vagahau Niue

☐ Poor

☐ Fair

☐ Good

☐ Very good

**31** How would you rate your current skills in understanding spoken Vagahau Niue?

☐ Cannot understand spoken Vagahau Niue

☐ Poor

☐ Fair

☐ Good

☐ Very good

**32** Do you use the internet?

☐ Yes → go to 33

☐ No → go to 35

**33** Over the last 12 months, where did you use the internet?

*Select all that apply.*

☐ Home

☐ Work

☐ Place of education

☐ Free wireless hotspots

☐ With a mobile device using a mobile data plan

☐ Other – please specify: \_\_\_\_\_

**34** Over the last 12 months, what did you use the internet for?

*Select all that apply.*

☐ Education / online learning

☐ Shopping / product information

☐ Entertainment

☐ Streaming media (eg watching movies, listening to music)

☐ Gaming

☐ Work / business

☐ Information gathering

☐ Communication (including e-mail, video calling)

☐ Other uses

**35** If this form is for someone under 15 → finish here

Otherwise → continue

**36** In the seven days ending Thursday 10 November, did you:

- Do any work for pay, or
- Work unpaid in a family business, farm or plantation?

☐ Yes → go to 37

☐ No → go to 50

|                          |                                                                                                                                                                                                                                         |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>37</b>                | In the main job held last week, what was your occupation?<br><br><i>GIVE THE OCCUPATION TITLE AND MAIN TASKS / DUTIES – eg, Machine operator for processing fish; Business owner for retail; Cook preparing meals; Ambulance driver</i> |
|                          |                                                                                                                                                                                                                                         |
| <b>38</b>                | What was the industry for the main job held last week?                                                                                                                                                                                  |
|                          |                                                                                                                                                                                                                                         |
| <b>39</b>                | In that job, how would you best be described?                                                                                                                                                                                           |
| <input type="checkbox"/> | Employer - producing goods or services for sale, running a business with paid employees                                                                                                                                                 |
| <input type="checkbox"/> | Self-employed - producing goods or services for sale, running a business without paid employees                                                                                                                                         |
| <input type="checkbox"/> | Public sector employee - working for wages / salary                                                                                                                                                                                     |
| <input type="checkbox"/> | Private sector employee - working for wages / salary                                                                                                                                                                                    |
| <input type="checkbox"/> | Unpaid worker in family business, farm or plantation                                                                                                                                                                                    |
| <input type="checkbox"/> | Other – please specify:<br>_____                                                                                                                                                                                                        |
| <b>40</b>                | In that job, how many hours did you work last week?                                                                                                                                                                                     |
|                          | Hours worked <input type="text"/>                                                                                                                                                                                                       |
| <b>41</b>                | Would you be willing to work and available to work more hours in this main activity?                                                                                                                                                    |
| <input type="checkbox"/> | Yes                                                                                                                                                                                                                                     |
| <input type="checkbox"/> | No                                                                                                                                                                                                                                      |
| <b>42</b>                | What is your usual main means of travel to work?<br><br><i>If you used more than one, tell me the one you used for the greatest distance.</i>                                                                                           |
| <input type="checkbox"/> | Driver of own private vehicle (with or without passengers)                                                                                                                                                                              |
| <input type="checkbox"/> | Passenger in a private vehicle                                                                                                                                                                                                          |
| <input type="checkbox"/> | Driver of a vehicle owned by employer (with or without passengers)                                                                                                                                                                      |
| <input type="checkbox"/> | Motorbike or motor scooter                                                                                                                                                                                                              |
| <input type="checkbox"/> | Bicycle / walk                                                                                                                                                                                                                          |
| <input type="checkbox"/> | Other main means of transport                                                                                                                                                                                                           |
| <input type="checkbox"/> | Usually work from home                                                                                                                                                                                                                  |

|                          |                                                                                                                                                                                                                                          |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>43</b>                | In addition to that main activity, in the seven days that ended on Thursday 10 November 2022, did you do any other work for pay or work unpaid in a family business, farm or plantation?                                                 |
| <input type="checkbox"/> | Yes → go to 44                                                                                                                                                                                                                           |
| <input type="checkbox"/> | No → go to 54                                                                                                                                                                                                                            |
| <b>44</b>                | In the other job held last week, what was your occupation?<br><br><i>GIVE THE OCCUPATION TITLE AND MAIN TASKS / DUTIES – eg, Machine operator for processing fish; Business owner for retail; Cook preparing meals; Ambulance driver</i> |
|                          |                                                                                                                                                                                                                                          |
| <b>45</b>                | What was the industry for the other job held last week?                                                                                                                                                                                  |
|                          |                                                                                                                                                                                                                                          |
| <b>46</b>                | In that second job held last week, how would you best be described?                                                                                                                                                                      |
| <input type="checkbox"/> | Employer - producing goods or services for sale, running a business with paid employees                                                                                                                                                  |
| <input type="checkbox"/> | Self-employed - producing goods or services for sale, running a business without paid employees                                                                                                                                          |
| <input type="checkbox"/> | Public sector employee - working for wages / salary                                                                                                                                                                                      |
| <input type="checkbox"/> | Private sector employee - working for wages / salary                                                                                                                                                                                     |
| <input type="checkbox"/> | Unpaid worker in family business, farm or plantation                                                                                                                                                                                     |
| <input type="checkbox"/> | Other – please specify:<br>_____                                                                                                                                                                                                         |
| <b>47</b>                | In that other job, how many hours did you work last week?                                                                                                                                                                                |
|                          | Hours worked <input type="text"/>                                                                                                                                                                                                        |
| <b>48</b>                | Would you be willing to work and available to work more hours in this other job?                                                                                                                                                         |
| <input type="checkbox"/> | Yes                                                                                                                                                                                                                                      |
| <input type="checkbox"/> | No                                                                                                                                                                                                                                       |
| <b>49</b>                | If you have answered questions about your job(s) → go to 54<br><br>Otherwise → go to 50                                                                                                                                                  |

|                          |                                                                                                                            |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>50</b>                | What is the reason you were not working in the last seven days?                                                            |
| <input type="checkbox"/> | Student – full-time study → go to 54                                                                                       |
| <input type="checkbox"/> | Student – part-time study → go to 54                                                                                       |
| <input type="checkbox"/> | Full-time home duties → go to 54                                                                                           |
| <input type="checkbox"/> | Retired / beyond working age → go to 54                                                                                    |
| <input type="checkbox"/> | Physical or mental disability → go to 54                                                                                   |
| <input type="checkbox"/> | On maternity leave → go to 54                                                                                              |
| <input type="checkbox"/> | Unemployed – able to work but not currently in employment → go to 51                                                       |
| <b>51</b>                | Did you look for a paid job last week?                                                                                     |
| <input type="checkbox"/> | Yes → go to 54                                                                                                             |
| <input type="checkbox"/> | No → go to 52                                                                                                              |
| <b>52</b>                | For what reasons did you not look for a job in the last seven days?                                                        |
| <input type="checkbox"/> | Retired                                                                                                                    |
| <input type="checkbox"/> | Already secured a job I will start soon                                                                                    |
| <input type="checkbox"/> | Student                                                                                                                    |
| <input type="checkbox"/> | Physically or psychologically disabled                                                                                     |
| <input type="checkbox"/> | Believe that no work is available                                                                                          |
| <input type="checkbox"/> | Discouraged from looking for work                                                                                          |
| <input type="checkbox"/> | Waiting for family / friends to find or help me find work                                                                  |
| <input type="checkbox"/> | Weather conditions not favourable                                                                                          |
| <input type="checkbox"/> | No transport available                                                                                                     |
| <input type="checkbox"/> | Home duties prevented me (eg childcare, household work)                                                                    |
| <input type="checkbox"/> | Other reasons                                                                                                              |
| <b>53</b>                | If someone had offered you a paid job, would you have been available to start work last week?                              |
| <input type="checkbox"/> | Yes                                                                                                                        |
| <input type="checkbox"/> | No                                                                                                                         |
| <b>54</b>                | In the seven days that ended on the Thursday 10 November, did you do any unpaid work for the family, village or community? |
| <input type="checkbox"/> | Yes → go to 55                                                                                                             |
| <input type="checkbox"/> | No → go to 56                                                                                                              |

|                          |                                                                                                                              |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>55</b>                | What type(s) of unpaid work did you do?                                                                                      |
| <input type="checkbox"/> | Producing goods for own and / or family consumption                                                                          |
| <input type="checkbox"/> | Unpaid family worker (eg family business / farm)                                                                             |
| <input type="checkbox"/> | Unpaid household duties inside (eg washing, cooking, cleaning)                                                               |
| <input type="checkbox"/> | Unpaid household duties outside (eg, gardening, sweeping, cutting grass)                                                     |
| <input type="checkbox"/> | Unpaid household caring duties (eg caring for children and / or elderly)                                                     |
| <input type="checkbox"/> | Volunteer work (eg community or church)                                                                                      |
| <b>56</b>                | From all sources, what is your total annual income for the last 12 months - before tax or anything else was taken out of it? |
| <input type="checkbox"/> | No income                                                                                                                    |
| <input type="checkbox"/> | less than \$5,000                                                                                                            |
| <input type="checkbox"/> | \$5,000 - \$9,999                                                                                                            |
| <input type="checkbox"/> | \$10,000 - \$14,999                                                                                                          |
| <input type="checkbox"/> | \$15,000 - \$19,999                                                                                                          |
| <input type="checkbox"/> | \$20,000 - \$24,999                                                                                                          |
| <input type="checkbox"/> | \$25,000 - \$29,999                                                                                                          |
| <input type="checkbox"/> | \$30,000 - \$34,999                                                                                                          |
| <input type="checkbox"/> | \$35,000 - \$39,999                                                                                                          |
| <input type="checkbox"/> | \$40,000 - \$44,999                                                                                                          |
| <input type="checkbox"/> | \$45,000 - \$49,999                                                                                                          |
| <input type="checkbox"/> | \$50,000 - \$59,999                                                                                                          |
| <input type="checkbox"/> | \$60,000 - \$69,999                                                                                                          |
| <input type="checkbox"/> | \$70,000 - \$79,999                                                                                                          |
| <input type="checkbox"/> | \$80,000 - \$89,999                                                                                                          |
| <input type="checkbox"/> | \$90,000 - \$99,999                                                                                                          |
| <input type="checkbox"/> | more than \$100,000                                                                                                          |
| <b>57</b>                | Do you smoke cigarettes - even if only rarely?                                                                               |
| <input type="checkbox"/> | Yes → go to 58                                                                                                               |
| <input type="checkbox"/> | No → go to 60                                                                                                                |
| <b>58</b>                | Which of the following best describes how much you smoke?                                                                    |
| <input type="checkbox"/> | Little - one pack a week or less                                                                                             |
| <input type="checkbox"/> | Occasional - up to five cigarettes a day                                                                                     |
| <input type="checkbox"/> | Some - up to 10 cigarettes a day                                                                                             |
| <input type="checkbox"/> | Regular - around a packet per day                                                                                            |
| <input type="checkbox"/> | Heavy - more than one packet a day                                                                                           |
| <b>59</b>                | At what age did you first start smoking cigarettes?                                                                          |
|                          | Age first drinking alcohol? <input type="text"/>                                                                             |

|                          |                                                                                           |
|--------------------------|-------------------------------------------------------------------------------------------|
| <b>60</b>                | Do you drink alcohol - even if only rarely?                                               |
| <input type="checkbox"/> | Yes → go to 61                                                                            |
| <input type="checkbox"/> | No → go to 63                                                                             |
| <b>61</b>                | Which of the following best describes how much you drink alcohol?                         |
| <input type="checkbox"/> | Rarely - one or two drinks a week                                                         |
| <input type="checkbox"/> | Occasional - three to seven drinks a week                                                 |
| <input type="checkbox"/> | Some - eight to 14 drinks a week                                                          |
| <input type="checkbox"/> | Regular - 15 to 21 drinks a week                                                          |
| <input type="checkbox"/> | Heavy - 22 or more drinks per week                                                        |
| <b>62</b>                | At what age did you first start drinking alcohol?                                         |
|                          | Age first drinking alcohol? <input type="text"/>                                          |
| <b>63</b>                | Do you consume kava - even if only rarely?                                                |
| <input type="checkbox"/> | Yes → go to 64                                                                            |
| <input type="checkbox"/> | No → go to 66                                                                             |
| <b>64</b>                | Which of the following best describes how much you consume kava?                          |
| <input type="checkbox"/> | Rarely - only on special occasions                                                        |
| <input type="checkbox"/> | Occasional - around once a week                                                           |
| <input type="checkbox"/> | Some - two to three times a week                                                          |
| <input type="checkbox"/> | Regular - four to six times a week                                                        |
| <input type="checkbox"/> | Every day - at least once a day                                                           |
| <b>65</b>                | At what age did you first start consuming kava?                                           |
|                          | Age first consumed kava? <input type="text"/>                                             |
| <b>66</b>                | Do you have any of the following sicknesses or diseases?<br><i>Select all that apply.</i> |
| <input type="checkbox"/> | Diabetes                                                                                  |
| <input type="checkbox"/> | Gout                                                                                      |
| <input type="checkbox"/> | Asthma                                                                                    |
| <input type="checkbox"/> | High blood pressure (hypertension)                                                        |
| <input type="checkbox"/> | None of these                                                                             |
| <b>67</b>                | If you are male → finish here<br>Otherwise → continue                                     |
| <b>68</b>                | Have you ever given birth to a baby?                                                      |
| <input type="checkbox"/> | Yes → go to 69                                                                            |
| <input type="checkbox"/> | No → finish here                                                                          |

|                          |                                                                                              |
|--------------------------|----------------------------------------------------------------------------------------------|
| <b>69</b>                | What was your age when you gave birth to your first baby?                                    |
|                          | Age at first baby <input type="text"/>                                                       |
| <b>70</b>                | How many babies have you given birth to <b>alive</b> ?                                       |
|                          | Number of boys <input type="text"/> Number of girls <input type="text"/>                     |
| <b>71</b>                | How many babies born alive are living here in this household?                                |
|                          | Number of boys <input type="text"/> Number of girls <input type="text"/>                     |
| <b>72</b>                | How many babies born alive are living elsewhere (either somewhere else in Niue or overseas)? |
|                          | Number of boys <input type="text"/> Number of girls <input type="text"/>                     |
| <b>73</b>                | How many babies were born alive but have later died?                                         |
|                          | Number of boys <input type="text"/> Number of girls <input type="text"/>                     |
| <b>74</b>                | Of the children born alive, what was the date of birth of the last baby born?                |
|                          | Date of birth (DD/MM/YYYY) <input type="text"/>                                              |
| <b>75</b>                | Is that child still alive?                                                                   |
| <input type="checkbox"/> | Yes                                                                                          |
| <input type="checkbox"/> | No                                                                                           |
| <b>76</b>                | What was that child's sex?                                                                   |
| <input type="checkbox"/> | Male                                                                                         |
| <input type="checkbox"/> | Female                                                                                       |

**Thank you for your time and effort to complete your Census**



|                              |                      |
|------------------------------|----------------------|
| <i>Interviewer Use Only:</i> |                      |
| <i>Household ID:</i>         | <input type="text"/> |
| <i>Person No:</i>            | <input type="text"/> |
| <i>Interview Key:</i>        | <input type="text"/> |