



Population and Housing Census 2006
Shaviyani Form
Information on Households and Individuals



Confidentiality of the information!

The information collected from the individuals and households is accorded confidential treatment and will not be used for any legal purpose. It is an offence to publish or disclose any individual or household information Collected in the census to unauthorised persons. Only aggregated information Would be published.

Confidential

	Name	Signature
1-Enumerator	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
2-Supervisor	<input type="text"/>	<input type="text"/>
3-Coder	<input type="text"/>	<input type="text"/>
4-Number of times visited to the household	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	

How to Answer :

1 <input checked="" type="checkbox"/> Female 2 <input type="checkbox"/> Male Year <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> 5 <input type="text"/> 7 Month <input type="text"/> 0 <input type="text"/> 8	M8- What is your place of registration? 1 This island 2 Not registered 3 Another island (specify atoll and island)	1 <input type="text"/> 2 <input type="text"/> 3 <input checked="" type="checkbox"/> Aa.Rasdho <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Administrative purpose

Census reference time is 00:00 hrs of 21st March 2006

Persons to be included in this household

Persons to be included are:

- At the reference time
 1. Those people who are sleeping and having meals together and belong to the under mentioned categories
 - Maldivians
 - Foreigners who are married to Maldivians
 - Children of foreigners, married to Maldivians
 } (Foreigners who have work permit is not included)
 - If the household includes the following people, be careful to enumerate them
 - ◆ Persons of this household admitted in the hospital, arrested in jail or shifted to another household after the reference time
 2. Usual members of the household who are currently abroad (Maldivians)
(That is those who slept and had their main meals together before they left)

- Before the reference time
 1. Persons of this household leaving from another island before reference time and returning to Household
 2. Persons leaving from another island before reference time who joined the household temporarily

At the reference time, if a household registered in this house is abroad, all the members of that household has to be enumerated as a separated household.

Shaviyani Form-Information on Households and individuals

Place Identification

<p>1- Atoll and Island (Ward for Male') <input style="width: 150px;" type="text"/> Administrative purpose <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>2- Block number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>3-Structure number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>4- Name of unit or number <input style="width: 250px;" type="text"/></p>	<p>5- Household serial number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>6- Number of books completed for this household <input style="width: 20px;" type="text"/> Of <input style="width: 20px;" type="text"/></p> <p>7- If this is the second book filled for this HH, put the serial number of the first book <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
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HOUSEHOLD INFORMATION (all questions refer to the area used by the household only)

B1 - Type of Residential

- 1 living quarter (House, Flat, Apartment, Rooms etc)
- 2 Collective living Quarter (Boarding Houses, Labour quarters, Factory, Guest house, Resorts etc.)
- 3 Establishment (Garage, Café' etc)
- 4 Institution (Rehabilitation centre, Hospital, Jail etc)
- 5 Temporary shelter provided due to Tsunami
- 6 Permanent new housing provided due to Tsunami
- 7 Mobile units such as boat, tents etc
- 8 Other (specify) } 👉 Skip to B13

B2 - How many rooms in the household were used for sleeping by household members during the last week?

- 1 Rooms only for sleeping
- 2 Kitchen and dinning room (if used for sleeping)

B3 - What is the type of construction material used for the major part of the outer walls?

- 1 With bricks and plastered
- 2 With bricks but unplastered
- 3 Durable wood or wooden sheets
- 4 Ordinary thin plywood and wood slides
- 5 Thatch and sticks
- 6 Gulvanized tin Sheets
- 7 Other (specify)

HOUSEHOLD INFORMATION (all questions refer to the area used by the household only)

B4 - What is the type of material used for the major part of the floor?

- 1 Cement / Slake lime
- 2 Tiles
- 3 Concrete sheet
- 4 Durable wood
- 5 Sand
- 6 Other

B5 - What is the type of material used for construction of major part of the roof?

- 1 Gulvanized tin sheets
- 2 Thatch
- 3 Roofing Tiles
- 4 Concrete sheet
- 5 Wood
- 6 Other

B6 - What type of lighting is used last week for the major part of housing unit?

- 1 Electricity
- 2 Lamp or similar thing **Skip to B 8**

B7 - Who provides electricity for this household?

- 1 STELCO
- 2 Community electricity
- 3 Private electricity
- 4 Own generator
- 5 Other

B8 - What is the type of sanitation system in this housing unit?

- 1 Toilet connected to sea
- 2 Toilet connected to septic tank
- 3 Reserved compound of the house (gifili)
- 4 Other (beach etc)

B9 - Is there a toilet in the living quarter only for this household members use?

- 1 Yes
- 2 No

B10- Is this a rented place or a place owned by one of the member of this household?

- 1 Owned by one of the member of this household
 - 2 Rented Place
 - 3 Others
- } **Skip to B12**

B11- Is this household owned by a male of a female?

- 1 Female / Females
- 2 Male / Males
- 3 Female and Male

B12- How do you dispose of household waste?

- 1 Garbage compound
- 2 Seaside
- 3 Land reclamation site
- 4 Throwing it into the bushes
- 5 Bury in the living area
- 6 Burn in the living area
- 7 Use a waste disposal machine

B13 - What type of water is usually used for drinking by most of the occupants of the household?

- 1 Rain water
- 2 Well water
- 3 Desalinated water
- 4 Mineral water **Skip to B 15**
- 5 Others

B14 - Do you use any method of purification of drinking water?

- 1 Boiling
- 2 Chlorinating
- 3 Filtering
- 4 Without any treatment
- 5 Others

B15 - What type of water is normally used by the household for cooking?

- 1 Rain water
- 2 Well water
- 3 Desalinated water
- 4 Mineral water

B16 - Is there a kitchen in the living quarter for only this household members use?

- 1 Yes
- 2 No

B17 - What type of fuel is normally used by the household for cooking?

- 1 Firewood
- 2 Oil
- 3 Gas
- 4 Others

Person Number

Age

Name

<input type="text"/>						
<input type="text"/>						
<input type="text"/>						

HOUSEHOLD INFORMATION (all questions refer to the area used by the household only)

B18 - Are the following consumer durables / facilities available in the household?

	Yes	No
1 Internet	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2 Radio / Stereo set	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3 TV	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4 Satellite / Cable TV connection	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5 Washing machine	1 <input type="checkbox"/>	2 <input type="checkbox"/>
6 Refrigerator	1 <input type="checkbox"/>	2 <input type="checkbox"/>
7 Air-conditioner	1 <input type="checkbox"/>	2 <input type="checkbox"/>
8 Bicycle	1 <input type="checkbox"/>	2 <input type="checkbox"/>
9 Motor cycle	1 <input type="checkbox"/>	2 <input type="checkbox"/>
10 Car / Jeep	1 <input type="checkbox"/>	2 <input type="checkbox"/>
11 Mobile phone	1 <input type="checkbox"/>	2 <input type="checkbox"/>
12 Fixed line	1 <input type="checkbox"/>	2 <input type="checkbox"/>
13 Computer	1 <input type="checkbox"/>	2 <input type="checkbox"/>
14 Daily news paper	1 <input type="checkbox"/>	2 <input type="checkbox"/>

INDIVIDUAL INFORMATION

	Female	Male	Total
● Number of persons included in this household (Number of people in H-Form 2)	<input type="text"/>	<input type="text"/>	<input type="text"/>
This includes:			
■ Number of household members abroad	<input type="text"/>	<input type="text"/>	<input type="text"/>
■ Number of foreigners in this household who are married to Maldivians and their children	<input type="text"/>	<input type="text"/>	<input type="text"/>
Persons not included in this household			
■ Persons who are living in other island due to employment (Resorts, Industrial islands etc)	<input type="text"/>	<input type="text"/>	<input type="text"/>
■ Foreigners employed in this household	<input type="text"/>	<input type="text"/>	<input type="text"/>

Remarks

Migration

For all ages

Side 7

Serial Number of the book

<p>M9- What is your usual residence?</p> <p>1 This island</p> <p>2 Another country</p> <p>3 Another island (specify atoll and island)</p> <p>! Usual residence is the place, where the person has lived continuously for 1 year or more or for more than one year</p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>M10- Continuously for how many years have you been living in your usual residence? If age and this duration is same 👉 Skip to M 14</p> <p>! Durations less than one year spend in other islands for medical purposes, holidays, etc will not be considered as a break</p>	<p><input type="text"/> <input type="text"/> Year</p> <p>If age and this duration is same 👉 Skip to M 14</p>	<p><input type="text"/> <input type="text"/> Year</p> <p>If age and this duration is same 👉 Skip to M 14</p>	<p><input type="text"/> <input type="text"/> Year</p> <p>If age and this duration is same 👉 Skip to M 14</p>	<p><input type="text"/> <input type="text"/> Year</p> <p>If age and this duration is same 👉 Skip to M 14</p>	<p><input type="text"/> <input type="text"/> Year</p> <p>If age and this duration is same 👉 Skip to M 14</p>	<p><input type="text"/> <input type="text"/> Year</p> <p>If age and this duration is same 👉 Skip to M 14</p>	<p><input type="text"/> <input type="text"/> Year</p> <p>If age and this duration is same 👉 Skip to M 14</p>
<p>M11- What is your main reason for migrating to the island of your usual residence?</p> <p>1 For education</p> <p>2 For employment / seeking work</p> <p>3 To live in this island / live with the family</p> <p>4 Due to marriage</p> <p>5 As a parent / Guardian</p> <p>6 For medical purpose</p> <p>7 To live temporarily due to Tsunami</p> <p>8 Moved to this island due to Tsunami</p> <p>9 Due to population consolidation program (not relating to tsunami)</p> <p>10 Other reasons (Specify)</p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> <p>5 <input type="text"/></p> <p>6 <input type="text"/></p> <p>7 <input type="text"/></p> <p>8 <input type="text"/></p> <p>9 <input type="text"/></p> <p>0 <input type="text"/></p> <p><input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> <p>5 <input type="text"/></p> <p>6 <input type="text"/></p> <p>7 <input type="text"/></p> <p>8 <input type="text"/></p> <p>9 <input type="text"/></p> <p>0 <input type="text"/></p> <p><input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> <p>5 <input type="text"/></p> <p>6 <input type="text"/></p> <p>7 <input type="text"/></p> <p>8 <input type="text"/></p> <p>9 <input type="text"/></p> <p>0 <input type="text"/></p> <p><input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> <p>5 <input type="text"/></p> <p>6 <input type="text"/></p> <p>7 <input type="text"/></p> <p>8 <input type="text"/></p> <p>9 <input type="text"/></p> <p>0 <input type="text"/></p> <p><input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> <p>5 <input type="text"/></p> <p>6 <input type="text"/></p> <p>7 <input type="text"/></p> <p>8 <input type="text"/></p> <p>9 <input type="text"/></p> <p>0 <input type="text"/></p> <p><input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> <p>5 <input type="text"/></p> <p>6 <input type="text"/></p> <p>7 <input type="text"/></p> <p>8 <input type="text"/></p> <p>9 <input type="text"/></p> <p>0 <input type="text"/></p> <p><input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> <p>5 <input type="text"/></p> <p>6 <input type="text"/></p> <p>7 <input type="text"/></p> <p>8 <input type="text"/></p> <p>9 <input type="text"/></p> <p>0 <input type="text"/></p> <p><input type="text"/></p>

Migration

For all people 1 year of age & over

For all people 1 year of age & over Side 8

M12- Where were you residing in March 2005?

1 This island

1

1

1

1

1

1

1

2 Another country

2

2

2

2

2

2

2

3 Another island (specify atolls and island)

3

3

3

3

3

3

3

Administrative purpose 

For all people 5 years of age & over

For all people 5 years of age & over

M13- Where were you residing in March 2001?

1 This island

1

1

1

1

1

1

1

2 Another country

2

2

2

2

2

2

2

3 Another island (specify atolls and island)

3

3

3

3

3

3

3

Administrative purpose 

Education

For all people 6 years of age & over

For all people 6 years of age & over

M14- Have you attended any level of education from a school?

1 Yes

1

1

1

1

1

1

1

2 No  Skip to M 16

2

 M 16

2

 M 16

2

 M 16

2

 M 16

2

 M 16

2

 M 16

2

 M 16

M15- What is the highest grade you have completed at school?

Grade

Grade

Grade

Grade

Grade

Grade

Grade

M16- Are you attending any school / educational institution now?

1 Yes  Skip to M 18

1

 M 18

1

 M 18

1

 M 18

1

 M 18

1

 M 18

1

 M 18

1

 M 18

2 No

2

2

2

2

2

2

2

 If above 65 yrs tick code 2 without asking

Education	For all people 6 years of age & over							Side 9	Serial Number of the book	
<p>M17- Did you achieve any educational certificate?</p> <p>1 Yes  Skip to M 19</p> <p>2 No  Skip to M 20</p>	<p>1 <input type="checkbox"/>  M 19</p> <p>2 <input type="checkbox"/>  M 20</p>	<p>1 <input type="checkbox"/>  M 19</p> <p>2 <input type="checkbox"/>  M 20</p>	<p>1 <input type="checkbox"/>  M 19</p> <p>2 <input type="checkbox"/>  M 20</p>	<p>1 <input type="checkbox"/>  M 19</p> <p>2 <input type="checkbox"/>  M 20</p>	<p>1 <input type="checkbox"/>  M 19</p> <p>2 <input type="checkbox"/>  M 20</p>	<p>1 <input type="checkbox"/>  M 19</p> <p>2 <input type="checkbox"/>  M 20</p>	<p>1 <input type="checkbox"/>  M 19</p> <p>2 <input type="checkbox"/>  M 20</p>			
<p>M18- What is the educational level which you are studying now?</p> <p>Grade (1 to 12)  Skip to M 20</p> <p>13 O' level</p> <p>14 A' level</p> <p>15 Diploma</p> <p>16 First degree</p> <p>17 Masters degree and above</p> <p>18 Certificate</p> <p>19 Others</p>	<p><input type="checkbox"/> <input type="checkbox"/>  M20</p> <p>13 <input type="checkbox"/></p> <p>14 <input type="checkbox"/></p> <p>15 <input type="checkbox"/></p> <p>16 <input type="checkbox"/></p> <p>17 <input type="checkbox"/></p> <p>18 <input type="checkbox"/></p> <p>19 <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/>  M20</p> <p>13 <input type="checkbox"/></p> <p>14 <input type="checkbox"/></p> <p>15 <input type="checkbox"/></p> <p>16 <input type="checkbox"/></p> <p>17 <input type="checkbox"/></p> <p>18 <input type="checkbox"/></p> <p>19 <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/>  M20</p> <p>13 <input type="checkbox"/></p> <p>14 <input type="checkbox"/></p> <p>15 <input type="checkbox"/></p> <p>16 <input type="checkbox"/></p> <p>17 <input type="checkbox"/></p> <p>18 <input type="checkbox"/></p> <p>19 <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/>  M20</p> <p>13 <input type="checkbox"/></p> <p>14 <input type="checkbox"/></p> <p>15 <input type="checkbox"/></p> <p>16 <input type="checkbox"/></p> <p>17 <input type="checkbox"/></p> <p>18 <input type="checkbox"/></p> <p>19 <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/>  M20</p> <p>13 <input type="checkbox"/></p> <p>14 <input type="checkbox"/></p> <p>15 <input type="checkbox"/></p> <p>16 <input type="checkbox"/></p> <p>17 <input type="checkbox"/></p> <p>18 <input type="checkbox"/></p> <p>19 <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/>  M20</p> <p>13 <input type="checkbox"/></p> <p>14 <input type="checkbox"/></p> <p>15 <input type="checkbox"/></p> <p>16 <input type="checkbox"/></p> <p>17 <input type="checkbox"/></p> <p>18 <input type="checkbox"/></p> <p>19 <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/>  M20</p> <p>13 <input type="checkbox"/></p> <p>14 <input type="checkbox"/></p> <p>15 <input type="checkbox"/></p> <p>16 <input type="checkbox"/></p> <p>17 <input type="checkbox"/></p> <p>18 <input type="checkbox"/></p> <p>19 <input type="checkbox"/></p>			
<p>M19- What is the level of the highest educational certificate that you have achieved?</p> <p>1 O' level</p> <p>2 A' level</p> <p>3 Diploma</p> <p>4 First degree</p> <p>5 Masters degree or above</p> <p>6 Certificate / sanadhu</p> <p>7 Basic Literacy certificate</p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>7 <input type="checkbox"/></p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>7 <input type="checkbox"/></p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>7 <input type="checkbox"/></p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>7 <input type="checkbox"/></p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>7 <input type="checkbox"/></p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>7 <input type="checkbox"/></p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>7 <input type="checkbox"/></p>			

Employment

For persons 15 years of age and over

M26- Were you engage in any economic activity during the last 2 years?

- 1 Yes
- 2 No **Skip to M 34**

1

2 M34

M27-What is the economic activity in which you spent most of the time during the last week?

Industry / Main place of work

For example: Primary Secondary education, Weaving thatch,/ Garment shops, Sea transport, Planting chillies, Reef fishing, Café, Pharmacy, Construction etc which generates income to you or your family

If temporarily absent from work during last week, take the industry of that activity

Administrative purpose

| Industry |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |

<input type="checkbox"/>							
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M28- What type of establishment is that ?

- 1 Company
- 2 Government office / place
- 3 Non profit making organization
- 4 Private establishment (except companies)
- 5 N.S.S
- 6 Police
- 7 Own house / living quarter **Skip to M30**
- 8 No fixed premise / location **Skip to M30**

1

2

3

4

5

6

7 M30

8 M30

1

2

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6

7 M30

8 M30

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7 M30

8 M30

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7 M30

8 M30

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7 M30

8 M30

1

2

3

4

5

6

7 M30

8 M30

1

2

3

4

5

6

7 M30

8 M30

Employment

For those 15 years of age and over

<p>M33- Were you engaged in any other economic activity during the last week? (Includes economic activities which generates income to you or your family)</p> <p>1 Yes (Average time spend per day on that work)</p> <p>2 No</p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>
<p>M34- Were you engaged in any subsistence work during the last week?</p> <p>(Sewing, Producing agricultural products, Making fish past etc for household use)</p> <p>1 Yes (Average time spend per day on that work)</p> <p>2 No</p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>
<p>M35- Were you engaged in any household work during the last week?</p> <p>(Cooking, Taking care of children etc..)</p> <p>1 Yes (Average time spend per day on that work)</p> <p>2 No</p> <p>End for school students</p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>End for school students</p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>End for school students</p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>End for school students</p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>End for school students</p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>End for school students</p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>End for school students</p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>End for school students</p>
<p>M36- Were you engaged in any voluntary work for the society during the last week?</p> <p>1 Yes (Average time spend per day on that work)</p> <p>2 No</p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Time</p> <p><input type="text"/> <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p>
<p>! For those who are above 65 years</p> <p>M37- With whom are your living with?</p> <p>1 Children</p> <p>2 Spouse</p> <p>3 Step children</p> <p>4 Other relative</p> <p>5 No family relationship</p> <p>6 No guardian</p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> <p>5 <input type="text"/></p> <p>6 <input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> <p>5 <input type="text"/></p> <p>6 <input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> <p>5 <input type="text"/></p> <p>6 <input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> <p>5 <input type="text"/></p> <p>6 <input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> <p>5 <input type="text"/></p> <p>6 <input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> <p>5 <input type="text"/></p> <p>6 <input type="text"/></p>	<p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> <p>5 <input type="text"/></p> <p>6 <input type="text"/></p>

Marital Status

For those 15 years of age and over

Side 15

Serial Number of the book

M38 - What is your marital status?

- 1 Never married } For women Skip to M 42
End for men

2 Married

3 Divorced

4 Widowed

1 Women M42
End for men

2

2

2

2

2

2

2

3

3

3

3

3

3

3

4

4

4

4

4

4

4

M39 - What was your age at first marriage?

Years

Years

Years

Years

Years

Years

Years

M40 - How many people did you get married?

People

People

People

People

People

People

People

M41 - How many times did you get married?

End for men

Times

Times

Times

Times

Times

Times

Times

End for men

Fertility

For those 15 years of age and over

For those 15 years of age and over

M42- Did you give a live birth to a child?

1 Yes

2 No End

1

1

1

1

1

1

1

2 End

M43- How many are they?

1 Female

2 Male

3 Total

1 Female

2 Male

3 Total

Person Number

Age

Name

Fertility

For those 15 years of age and over

Side 16

Serial Number of the book

M44- Among them how many children are living now?

1 Female

2 Male

3 Total

1 Female

2 Male

3 Total

End for females above 50 years

End for females above 50 years

End for females above 50 years

M45- Did you give birth to a child during last year (after 28 March 2005)?

1 Yes

2 No

End

1

1

1

1

1

1

1

2 End

M46- How many are they?

1 Female

2 Male

3 Total

1 Female

2 Male

3 Total

M47- Among them how many children are living Now?

1 Female

2 Male

3 Total

1 Female

2 Male

3 Total

End

End

Remarks