

20XX CENSUS OF (COUNTRY NAME)

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ALL INFORMATION IN THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL

CORE CENSUS SUPPLEMENTARY MODULES

MODULE A: HOUSING, SUPPLEMENTARY MODULES

<p>VACANT HOUSING UNITS ONLY</p> <p>A-V1. Status of vacant dwelling</p> <ol style="list-style-type: none"> 1. For rent 2. For sale 3. Rented or sold, but not occupied 4. For seasonal or recreational use only 5. For migrant workers, but not occupied 6. Other vacant <p><input type="checkbox"/> Write the appropriate code in the box</p>	<p>A-S5. Do you rent this dwelling?</p> <p><input type="checkbox"/> 1. Yes <i>If yes, go to A-S6</i></p> <p><input type="checkbox"/> 2. No <i>If no, go to A-S7</i></p> <p>Mark the appropriate box with an X</p>						
<p>A-V2. Is this dwelling boarded up?</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p> <p>Mark the appropriate box with an X</p>	<p>A-S6. How much is the monthly rent? <i>If housing is paid or subsidized by employer, ask HH to estimate the value of this benefit of monthly rent.</i></p> <p>Enter # \$ <input type="text"/> Go to A-S8</p>						
<p>A-V3. How long has the unit been vacant</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Less than 1 month</td> <td style="width: 50%;">4. More than 1 year</td> </tr> <tr> <td>2. 1 up to 6 months</td> <td>5. Unknown, can not determine</td> </tr> <tr> <td>3. 7 up to 12 months</td> <td></td> </tr> </table> <p><input type="checkbox"/> Write the appropriate code in the box</p>	1. Less than 1 month	4. More than 1 year	2. 1 up to 6 months	5. Unknown, can not determine	3. 7 up to 12 months		<p>A-S7. If you were to rent this dwelling, how much would you expect the monthly rent to be?</p> <p>Enter # \$ <input type="text"/></p>
1. Less than 1 month	4. More than 1 year						
2. 1 up to 6 months	5. Unknown, can not determine						
3. 7 up to 12 months							
<p>A-S1. How many rooms do you have in this house/ apartment? <i>Count living rooms, dining rooms, kitchens, and bedrooms, but do NOT count bathrooms, balconies, foyers, or halls.</i></p> <p>Enter # <input type="text"/></p>	<p>A-S8. Additional goods to consider . . . <i>If yes, how many of each to you possess</i></p> <p>FURNITURE</p> <p><input type="checkbox"/> Tables</p> <p><input type="checkbox"/> Chairs</p> <p><input type="checkbox"/> Sofa</p> <p><input type="checkbox"/> Bed</p> <p><input type="checkbox"/> Cupboard or cabinets</p>						
<p>A-S2. How many rooms used for sleeping? <i>Count all rooms used mainly for sleeping, even if used part-time for other purposes.</i></p> <p>Enter # <input type="text"/></p>	<p>OTHER</p> <p>CB or VHF radio <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p> <p>CD/Cassette player <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p> <p>Walkie talkie <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p> <p>Microwave oven <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p> <p>Clothes dryer <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p> <p>Air conditioning <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p>						
<p>A-S3. When was this housing structure built? <i>Specify year of construction.</i></p> <p>Enter # <input type="text"/></p>	<p>INTERNET CONNECTION, IS YOUR ACCESS <i>Mark the appropriate box with an X</i></p> <p>Narrowband <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p> <p>Fixed broadband <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p> <p>Mobile broadband <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p>						
<p>A-S4. What is the value of this property? <i>How much do you think this house and land would sell for if it were for sale?</i></p> <p>Enter # \$ <input type="text"/></p>							

MODULE B: AGRICULTURE SUPPLEMENTARY

B-AG1. How many parcels (separate pieces) of land were used for agricultural purposes in the last 12-months?

Number: 01 to 99

B-AG2. For each parcel of land used by the HH for agricultural activities in the last 12-months, list the parcel number, area, current land use, land tenure and presence of irrigation.

Parcel No. 01 to 99	Total area	Land use	Land tenure	Irrigation
	1. <0.25 acres 2. 0.25 to <0.5 acres 3. 0.5 to <1 acres 4. 1 to <2 acres 5. 2 to <3 acres 6. 3 to <4 acres 7. 4 to <5 acres 8. 5+ acres	1. Land under temporary crops 2. Land under temporary meadows 3. Land temporarily fallow 4. Land under permanent crops 5. Land under permanent meadows and pastures 6. Forest or other wooded land 7. Aquaculture (optional) 8. Other land	1. Custom ownership 2. Own land (freehold) 3. Rent (lease)	
<input type="text"/> <input type="text"/>				<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
<input type="text"/> <input type="text"/>				<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
<input type="text"/> <input type="text"/>				<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
<input type="text"/> <input type="text"/>				<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
<input type="text"/> <input type="text"/>				<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
<input type="text"/> <input type="text"/>				<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
<input type="text"/> <input type="text"/>				<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
<input type="text"/> <input type="text"/>				<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
<input type="text"/> <input type="text"/>				<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
<input type="text"/> <input type="text"/>				<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

B-AG3. Has any HH member grown any of the following crops in the last 12-months? *Mark the appropriate box with an X*

1. Yes 2. No (go to question XX)

If 'yes': What was the main purpose of growing this crop in the last 12-months?

How frequently do you harvest this crop?

What was the total area of land for this crop under cultivation in the last 12 months'?

Crop	Grow	Purpose	Frequency	Area
	<i>If No, skip to next crop</i>	1. Home consumption 2. For sale 3. Mainly home consumption, but some sale 4. Mainly sale, but some home consumption 5. Other (e.g. customary)	1. Every week 2. Every fortnight 3. Once a month 4. Occasionally	1. <0.25 acres 2. 0.25 to <0.5 acres 3. 0.5 to <1 acres 4. 1 to <2 acres 5. 2 to <3 acres 6. 3 to <4 acres 7. 4 to <5 acres 8. 5+ acres
1	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
2	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
3	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
4	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
5	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			

MODULE B: AGRICULTURE SUPPLEMENTARY (cont')

B-AG4. Does this HH have any of the following trees? *Mark the appropriate box with an X*

1. Yes 2. No (go to module XX)

If 'yes': What was the main purpose of the tree(s) in the last 12-months?

How many trees do you have?

Are these trees in a defined and managed horticulture compact plantation/orchard?

Tree	Have <i>If No, skip to next tree</i>	Purpose	Number 1 to 9,999	Plantation
		1. Home consumption 2. For sale 3. Mainly home consumption, but some sale 4. Mainly sale, but some home consumption 5. Other (e.g. customary)		
1	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
2	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
3	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
4	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
5	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

B-AG5. Which person(s) in this HH is responsible for decision making in regards to the HHs agriculture activities?

Write in order of decision making responsibility (first being the main decision maker). Refer to roster HM Id. 99 = non-HH member

[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B-AG6. Does the household have any of the following agricultural equipment? *Fill in the equipment which are in most interests.*

Equipment	
	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

MODULE B: LIVESTOCK SUPPLEMENTARY

B-L1. Is any member of the HH now raising any of the following livestock or poultry? *Mark the appropriate box with an X*

1. Yes 2. No (go to module XX)

If 'yes': What is the main purpose of raising these livestock?

How many was the HH responsible for raising?

Livestock	Raised <i>If No, skip to next livestock</i>	Purpose	Number 1 to 999
		1. Home consumption 2. For sale 3. Mainly home consumption, but some sale 4. Mainly sale, but some home consumption 5. Other (e.g. customary)	
1	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
2	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
3	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
4	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
5	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		

MODULE B: LIVESTOCK SUPPLEMENTARY (cont')

B-L2. Which person(s) in this HH is responsible for decision making in regards to the HHs livestock activities? Write in order of decision making responsibility (first being the main decision maker). Refer to roster HM Id. 99 = non-HH member

[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID
<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"/>

MODULE B: FISHERIES SUPPLEMENTARY

B-F1. Has any HH member utilised the following mode for fishing in the last 12-months? Mark the appropriate box with an X

1. Yes 2. No (go to question XX)

If 'yes': What was the main purpose of this mode of fishing?
How frequently do you undertake this mode of fishing?

Mode	Undertaken <i>If No, skip to next mode of fishing</i>	Purpose	Frequency
		1. Home consumption 2. For sale 3. Mainly home consumption, but some sale 4. Mainly sale, but some home consumption 5. Other (e.g. customary)	1. Every day 2. Every week 3. Every fortnight 4. Monthly or less frequently
Boat with motor	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Boat without motor (canoe, sail)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Shore based (no boat)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Other (specify) <input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		

B-F2. Has any HH member fished in the following locations in the last 12-months? Mark the appropriate box with an X

1. Yes 2. No (go to question XX)

If 'yes': What was the main purpose of fishing in this location?
How frequently do you fish in this location?

Location	Fished <i>If No, skip to next location</i>	Purpose	Frequency
		1. Home consumption 2. For sale 3. Mainly home consumption, but some sale 4. Mainly sale, but some home consumption 5. Other (e.g. customary)	1. Every day 2. Every week 3. Every fortnight 4. Monthly or less frequently
Mangrove	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Lagoon	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Reef flats	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Outer reef	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Offshore (open water outside reef)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Fish aggregating device (incl. buoy)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Other (specify) <input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		

MODULE B: FISHERIES SUPPLEMENTARY (cont')

B-F3. Has any HH member caught the following types of fish/invertebrates in the last 12-months? *Mark the appropriate box with an X*

1. Yes 2. No *(go to question XX)*

If 'yes': What is the purpose of catching these fish/invertebrates?

What is the frequency of targeting these types of fish/invertebrates?

Type	Caught <i>If No, skip to next type</i>	Purpose	Frequency
		1. Home consumption 2. For sale 3. Mainly home consumption, but some sale 4. Mainly sale, but some home consumption 5. Other (e.g. customary)	1. Every day 2. Every week 3. Every fortnight 4. Monthly or less frequently
Sea cucumber	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Commercial invertebrates (clam, green snail, lobster, trochus)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Other invertebrates (octopus, cockles, sea urchin)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Reef fish (grouper, parrot fish, rabbit fish, emperor, surgeon fish)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Pelagic fish (skipjack, tuna, wahoo, mahi mahi, kawa kawa, rainbow runner, billfish)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Flying fish	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Turtles, dugongs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Freshwater fish	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Aquarium trade (corals, sponges, small colourful fish)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Other (specify) <input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		

B-F4. Has any HH member used the following fishing methods or tools to conduct fishing activities in the last 12-months? *Mark the appropriate box with an X*

1. Yes 2. No *(go to module XX)*

If 'yes': What was the method used?

Type	Used
Net (gillnet, seine, trawl net, etc.) - day	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
Net (gillnet, seine, trawl net, etc.) - night	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
Scoop net, hand net	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
Traps (or other traditional capture pen methods)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
Spear fishing – day	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
Spear fishing – night	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
Harpoon	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
Hook & line	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
Gleaning	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
Other (specify) <input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

B-F5. Which person(s) in this HH is responsible for decision making in regards to the HHs fishing activities? *Write in order of decision making responsibility (first being the main decision maker). Refer to roster HM Id. 99 = non-HH member*

[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID
<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"/>

MODULE B: AQUACULTURE SUPPLEMENTARY

B-AQ1. Does this HH have any of the following aquaculture facilities today? *Mark the appropriate box with an X*

1. Yes 2. No *(go to module XX)*

*If 'yes': What is the main **purpose** of this facility?*

*How often do you **harvest** from this aquaculture facility?*

*How much **stock** do you currently have?*

Facility	Have <i>If No, skip to next facility</i>	Purpose	Frequency	Stock
		1. Home consumption 2. For sale 3. Mainly home consumption, but some sale 4. Mainly sale, but some home consumption 5. Other (e.g. customary)	1. Every day 2. Every week 3. Every fortnight 4. Monthly or less frequently	1 to 9,999 units <i>eg.: fish, pieces, individuals, bunches, etc.</i>
Tilapia (freshwater)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
Prawn (freshwater)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
Clam (saltwater)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
Seaweed (saltwater)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
Milkfish (saltwater)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
Oyster or Pearl (saltwater)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
Corals (saltwater)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
Etc.	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			

B-AQ2. Which person(s) in this HH is responsible for decision making in regards to the HHs aquaculture activities?

Write in order of decision making responsibility (first being the main decision maker). Refer to roster HM Id. 99 = non-HH member

[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID	[HM] ID
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MODULE C: POPULATION SUPPLEMENTARY

	CS1. ALCOHOL	CS2. KAVA	CS3. TOBACCO	CS4. BETELNUT
[HM]	<p>How frequently does [HM] consume alcohol in an average week?</p> <ol style="list-style-type: none"> 1. Never, 0 drinks /week 2. Rarely, 1-2 drinks / week 3. Occasional, 3-7/week 4. Some, 8-14 /week 5. Regularly, 15-21/ week 6. Frequently, 22+/week <p><i>Write the appropriate code in the box</i></p>	<p>How frequently does [HM] drink kava?</p> <ol style="list-style-type: none"> 1. Never 2. Special occasions 3. Once a week (avg.) 4. 2-3 times /week 5. 4-6 times /week 6. Every day 	<p>How many cigarettes does [HM] usually consum (smoke or/and chew) on average?</p> <ol style="list-style-type: none"> 1. Never 2. Little, 1 pack/week 3. Occasional, 5 cig/day 4. Some, 10 cig/day 5. Regular 1 pack/day 6. Heavy, 1+ packs/day 	<p>How many betelnuts does [HM]'s consume per day?</p> <ol style="list-style-type: none"> 1. Never, does not chew 2. Rarely, < 1 /day 3. A few, 2-4 /day 4. 5-10 /day 5. 10-20 /day 6. 20+ /day
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MODULE D: DISABILITY SUPPLEMENTARY (Cont') in the past 30 days

PLEASE DESCRIBE THE LEVEL OF DIFFICULTY, PAIN, OR DISCOMFORT [HM] EXPERIENCED								
DS7.	DS8.	DS9.	DS10.	DS11.	DS12.	DS13.	DS14.	
Does [HM] have difficulty caused by health or a disability with:								
... passing water (urinating) or in controlling urine (incontinence)?	... defecating, including constipation	... shortness of breath at rest?	... shortness of breath with mild exercise, such as climbing uphill for 20 meters or 12 stairs?	... coughing or wheezing for ten minutes or more at a time?	... sleeping, such as: falling asleep, waking up frequently during the night or waking up too early in the morning?	... feeling sad, low or depressed?	... worry or anxiety?	
1. None 2. Mild 3. Moderate 4. Severe 5. Extreme/Cannot do <i>Write the appropriate code in the box</i>								
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MODULE D: DISABILITY SUPPLEMENTARY (Cont') in the past 30 days

PLEASE DESCRIBE HOW MUCH DIFFICULTY [HM] HAS EXPERIENCED UNDERSTANDING OR COMMUNICATING IN:						
DS15.	DS16.	DS17.	DS18.	DS19.	DS20.	
Does [HM] have difficulty caused by health or a disability with:						
... <u>concentrating</u> on doing something for ten minutes?	... <u>remembering</u> to do important things?	... <u>analysing and finding solutions</u> to problems in day to day life?	... <u>learning a new task</u> , for example, learning how to get to a new place?	... <u>generally understanding</u> what people say?	... starting and maintaining a <u>conversation</u> ?	
[HM]	<p>1. None 2. Mild 3. Moderate 4. Severe 5. Extreme/Cannot do</p> <p><i>Write the appropriate code in the box</i></p>					
01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
03	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
06	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
07	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MODULE D: DISABILITY SUPPLEMENTARY (Cont') in the past 30 days

PLEASE DESCRIBE HOW MUCH DIFFICULTY [HM] HAS EXPERIENCED IN GETTING AROUND IN:					
DS21.	DS22.	DS23.	DS24.	DS25.	
Does [HM] have difficulty caused by health or a disability with:					
... <u>standing for long periods</u> such as 30 minutes?	... <u>standing up</u> from sitting down?	... <u>moving around</u> inside your home?	... <u>getting out</u> of your home?	... <u>walking a long distance</u> such as a kilometre (or equivalent)?	
[HM]	<p>1. None 2. Mild 3. Moderate 4. Severe 5. Extreme/Cannot do</p> <p><i>Write the appropriate code in the box</i></p>				
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MODULE D: DISABILITY SUPPLEMENTARY (Cont') in the past 30 days

PLEASE DESCRIBE HOW MUCH DIFFICULTY [HM] HAS EXPERIENCED									
WITH SELF CARE IN:				IN GETTING ALONG IN:					
DS26.	DS27.	DS28.	DS29.	DS30.	DS31.	DS32.	DS33.	DS34.	
Does [HM] have difficulty caused by health or a disability with:									
... washing his/her whole body?	... getting dressed?	... eating?	... staying by [HM]'s self for a few days?	... dealing with people [HM] do not know?	... maintaining a friendship?	... getting along with people who are close to [HM]?	... making new friends?	... sexual activities?	
[HM]	<p>1. None 2. Mild 3. Moderate 4. Severe 5. Extreme/Cannot do</p> <p><i>Write the appropriate code in the box</i></p>								
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MODULE D: DISABILITY SUPPLEMENTARY (Cont') in the past 30 days

PLEASE DESCRIBE HOW MUCH DIFFICULTY [HM] HAS EXPERIENCED WITH HH, WORK, OR SCHOOL ACTIVITIES IN:								
DS35.	DS36.	DS37.	DS38.	DS39.	DS40.	DS41.	DS42.	
Does [HM] have difficulty caused by health or a disability with:								
... taking care of [HM]'s <u>HH responsibilities</u> ?	... doing [HM]'s most important HH tasks <u>well</u> ?	... getting all the HH work <u>done</u> that you needed to do?	... getting your HH work done as <u>quickly</u> as needed?	... your day to day <u>work</u> or school?	... doing your most important work/school tasks <u>well</u> ?	... getting all the work <u>done</u> that you need to do?	... getting your work done as <u>quickly</u> as needed?	
[HM]	1. None 2. Mild 3. Moderate 4. Severe 5. Extreme/Cannot do <i>Write the appropriate code in the box</i>							
01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
03	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
06	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
07	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MODULE D: DISABILITY SUPPLEMENTARY (Cont') in the past 30 days

PLEASE DESCRIBE HOW MUCH OF A PROBLEM [HM] HAD PARTICIPATING IN SOCIETY IN:

DS43.	DS46=4.	DS45.	DS46.	DS47.	DS48.	DS49.
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Does [HM] have difficulty caused by health or a disability with:

... <u>community, religious, or other activities</u> in the same way as anyone else?	... because of <u>barriers or hindrances</u> in the world around you?	... <u>living with dignity</u> because of the attitudes and actions of others?	... the <u>amount of time</u> [HM] spent on health conditions, or consequences?	... [HM] been emotionally affected by health conditions?	... has [HM]'s health caused a drain on financial resources?	... problems with rest of family due to [HM]'s health problems?
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[HM]

1. None
 2. Mild
 3. Moderate
 4. Severe
 5. Extreme/Cannot do
- Write the appropriate code in the box*

01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MODULE D: DISABILITY SUPPLEMENTARY (Cont') in the past 30 days

DISABILITY						
D_SUPP_EX4.	D_SUPP_EX5.	D_SUPP_EX6.	D_SUPP_EX7.	D_SUPP_EX8.	D_SUPP_EX9.	
Does [HM] have difficulty caused by health or a disability with:						
... seeing the print in a map, newspaper, or book?	...remembering appointments?	... remembering the names of people or places?	... tying your shoelaces?	... combing your hair?	... feeding yourself?	
[HM]	<p>1. No, no difficulty 2. Yes, some difficulty 3. Yes, lots of difficulty 4. Cannot do at all <i>Write the appropriate code in the box</i></p>					
01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
03	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
06	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
07	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MODULE E: EDUCATION, LANGUAGES AND LITERACY SUPPLEMENTARY

	PREVIOUS YEAR (AGES 3+)		SCHOOL TYPE	LANGUAGE USE		FIELD OF EDUCATION	TYPE OF INSTITUTION
	ES1.	ES2.	ES3.	ES4.	ES5.	ES8.	ES9.
[HM]	<p>Did [HM] attend school in the year before the current school year?</p> <p>1. Yes 2. No</p> <p>Write the appropriate code in the box.</p> <p><i>If 1, skip to E...</i></p>	<p>What level of schooling did [HM] attend the year before this one?</p>	<p>What kind of school did [HM] attend last year?</p> <p>1. Public school 2. Private school 3. Other</p> <p>Write the language in the box</p>	<p>What other language does [HM] speak at home?</p> <p>Write the language in the box</p>	<p>Does [HM] speak this language at home more often than (official)?</p> <p>1. Yes, more often than (official language) 2. Both equally 3. No, less often than (official language) 4. Does not speak (official language)</p> <p>Write the language in the box</p>	<p>What area or field of education did [HM] study?</p> <p>write the field of study, e.g. education, social science, business and law etc.</p>	<p>What type of educational institution did [HM] attend?</p> <p>1. Public school 2. Private school 3. Other</p> <p>Write the language in the box</p>
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MODULE F: ECONOMIC SUPPLEMENTARY — EARNING AND INCOME

EARNINGS AND INCOME						
	FS1. WAGES/SALARY	FS2. BUSINESS INCOME	FS3. CROP INCOME OR CONSUMPTION	FS4. FISHING INCOME OR CONSUMPTION	FS5. LIVESTOCK INCOME OR CONSUMPTION	FS6. CRAFTS INCOME OR CONSUMPTION
[HM]	How much did [HM] earn in income from wages, salary, commissions, bonuses, or tips in the last 12 months? <i>Report amount before deductions for taxes, bonds, dues, etc.</i>	How much did [HM] earn from (his/her) own non/farm business, proprietorship, or partnership in the last 12 months? <i>Report net income after business or operating expenses.</i>	Last year (20..), did [HM] grow any crops for own use or for sale?	Last year (20..), did [HM] do any fishing or aquaculture for own use or for sale?	Last year (20..), did [HM] raise any livestock or other animals for own use or for sale?	Last year (20..), did [HM] make any handicrafts for own use or for sale?
<p>If Yes, Enter # of weeks worked and amount of total earnings in 20..</p> <p>If No, Go to the next question.</p> <p>Enter '00' if less than 1 week.</p> <p>Estimates total value of goods produced last year, including the value at market cost of goods consumed by the HH.</p>						
01	\$ <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"/> .00	\$ <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"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> wks \$ <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"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> wks \$ <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"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> wks \$ <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"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> wks \$ <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"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
02	\$ <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"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	\$ <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"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> wks \$ <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"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> wks \$ <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"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> wks \$ <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"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> wks \$ <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"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
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MODULE F: ECONOMIC SUPPLEMENTARY — EARNING AND INCOME (Cont')

OTHER PENSIONS			
	FS7.	FS8.	FS9.
	How much did [HM] receive in retirement pension in 20..? <i>(other pensions)</i>	How much did [HM] receive from unemployment compensation, child support or alimony, or any other REGULAR source of income in 20..? <i>Do not include lump-sum payments such as money from an inheritance or the sale property.</i>	What was [HM] total income in 20..?
[HM]	Enter amount of total earnings in 20.. Enter '00' if less none.		
01	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
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