



2015–16 HOUSEHOLD INCOME AND EXPENDITURE SURVEY

MODULE 1 - DEMOGRAPHIC INFORMATION

TOKELAU NATIONAL STATISTICS OFFICE

IN ACCORDANCE WITH THE TOKELAU STATISTICS RULES (2013), ALL PRIVATE INFORMATION IN THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL

QUESTIONNAIRE ID AND LABEL

HOUSEHOLD LISTING	S1.3	EDUCATIONAL STATUS
S1.1 DEMOGRAPHIC PROFILE	S1.5	COMMUNICATION STATUS
S1.2 ACTIVITIES LAST WEEK (Labour force status)	S1.6	HOUSEHOLD MEMBERS WHO LEFT THE HOUSEHOLD

HOUSEHOLD DETAILS

HIES HOUSEHOLD ID <input type="text"/> <input type="text"/> <input type="text"/>		Set A, B, C <input type="text"/>	ROUND <input type="text"/>
HOUSEHOLD HEAD (HH)	First name	<input type="text"/>	
	Surname	<input type="text"/>	
		HOUSEHOLD SIZE	
		Males	<input type="text"/> <input type="text"/>
		Females	<input type="text"/> <input type="text"/>
		TOTAL	<input type="text"/> <input type="text"/>
Phone number (optional) <input type="text"/>			
ISLAND	<input type="text"/>	Code	<input type="text"/>
VILLAGE	<input type="text"/>	Code	<input type="text"/> <input type="text"/>
Other information (optional) <input type="text"/>		FORM #	<input type="text"/> of <input type="text"/>

FIELD STAFF

ENUMERATOR	<input type="text"/>	Code	<input type="text"/> <input type="text"/>
SUPERVISOR	<input type="text"/>	Code	<input type="text"/> <input type="text"/>
DATA ENTRY	<input type="text"/>	Code	<input type="text"/> <input type="text"/>

DATE INTERVIEW COMPLETED <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	DATE DATA ENTRY COMPLETED <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
(dd/mm/yy)	(dd/mm/yy)

NOTES

SECTION S1.1: DEMOGRAPHIC PROFILE (ALL PERSONS)

	RELATIONSHIP TO HOUSEHOLD HEAD	DATE OF BIRTH	BIRTHPLACE	CITIZENSHIP (primary)	MARITAL STATUS	WHERE DO THESE PEOPLE USUALLY LIVE?	
[HM]	01. Head 02. Spouse 03. Son/Daughter (incl. adopted) 04. Son-/Daughter-in-law 05. Parent or spouse's parent 06. Uncle / Aunt 07. Grand-son/-daughter 08. Brother/Sister 09. Other relative (Note) 10. Non-relative <i>Write the appropriate code in the box</i>	dd/mm/yy	1. Tokelau: Atafu 2. Tokelau: Fakaofu 3. Tokelau: Nukunonu 4. Tuvalu 5. Samoa 6. New Zealand 7. Australia 8. Other Pacific Island Country (note) 9. Other (note) <i>Write the appropriate code in the box</i>	What is ...'s citizenship country? 1. New Zealand 2. Samoa 3. Other (note) <i>Write the appropriate code in the box</i>	What is ...'s present marital status? 1. Never married 2. Legally married 3. Separated 4. Divorced 5. Widowed <i>Write the appropriate code in the box</i>	1. Usual resident currently here 2. Absent less than 1 month for work, holidays 3. Absent for more than 1 month but regularly dependent on this HH (eg. students in dorm only, persons in hospital for long-term medical care) 4. Absent for more than 1 month but supporting this HH and expected to return (seamen, seasonal workers) 5. Visitor currently living with HH (more than 6 months)	NOTE ID
10101	10105	10106	10107	10108	10109	10110	10199
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"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ID	NOTES

SECTION S1.2: ACTIVITIES LAST WEEK (15+ YEARS)

Please provide the main activity details for every member of this household, aged 15 years and older.

Reference period
last 7 days

	MAIN ACTIVITY	MAIN ACTIVITY SECTION				NOTE ID
		TYPE OF ACTIVITY (occupation)	WORKING INDUSTRY	WORKING HOURS	WILLING TO WORK MORE	
[HM]	<p>What was this ...'s main activity during last week? (If away, due to holidays or illness, state what this person would normally be doing).</p> <p>Codes are listed in the box below. Write the appropriate code in the box.</p> <p>If 01 to 08, go to 10202 If 09 to 11, go to 10206 If 12 to 13, go to 10211</p>	<p><i>Examples:</i> nurse, teacher, enumerator, security, cook, shop-keeper, farmer, fisherman</p>	<p>What industry did ... work in? <i>Examples:</i> health, education, security, restaurant, retail sales, agriculture, fisheries</p>	<p>How many hours did ... work in this main activity last week? (Include sick, annual and statutory leave)</p> <p>If 30+ hrs, go to 10206 If <30 hrs, go to 10205</p>	<p>Would ... be willing and able to work more hours in this main activity?</p> <p>1. Yes 2. No</p>	
10101	10201	10202	10203	10204	10205	10299
01	<input type="text"/>			<input type="text"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="text"/>			<input type="text"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="text"/>			<input type="text"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="text"/>			<input type="text"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="text"/>			<input type="text"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="text"/>			<input type="text"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="text"/>			<input type="text"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="text"/>			<input type="text"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="text"/>			<input type="text"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="text"/>			<input type="text"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="text"/>			<input type="text"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="text"/>			<input type="text"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>

ACTIVITY CODES FOR 10201

Paid employment

- 01. Employer (Producing goods or services for sale, running a business with paid employees)
- 02. Self-employed (Producing goods or services for sale, running a business without paid employees)
- 03. Employee, working for wages/salary in public sector (incl. NGO, UN agencies)
- 04. Employee, working for wages/salary in private sector

Unpaid employment

- 05. Producing goods for own and/or family consumption (self employed)
- 06. Unpaid family worker (family business/ plantation)
- 07. Unpaid family worker, help with basic household duties inside (washing, cooking, cleaning, etc) and outside (gardening, maintaining lawn, etc)
- 08. Volunteer work (community, church, etc.)

Not in the labour force

- 09. Student - full time
- 10. Student - part time
- 11. Home maker
- 12. Retired / Too old
- 13. None - Did not pursue any activity (no work)
- 14. Physically/Mentally disabled

SECTION S1.2: ACTIVITIES LAST WEEK (15+ YEARS) (Cont'd)

Reference period
last 7 days

In addition to this main activity, did [HM] do any other activity last week: paid or unpaid (even just for 1 hour)?

ANY OTHER ACTIVITY LAST WEEK					NOTE ID
OTHER ACTIVITY	TYPE OF ACTIVITY (occupation)	WORKING INDUSTRY	WORKING HOURS	WILLING TO WORK MORE	
Paid or unpaid (even just for 1 hour)? <i>Codes are listed in the box on the right. Write the appropriate code in the box.</i> If 01 to 08, go to 10207 If 09 to 12, go to 10211	<i>Examples: nurse, teacher, enumerator, security, cook, shop-keeper, farmer, fisherman</i>	What industry did ... work in? <i>Examples: health, education, security, restaurant, retail sales, agriculture, fisheries</i> <i>Codes are listed in the box on the right. Write the appropriate code in the box</i>	How many hours did ... work in this secondary activity last week ? If 30+ hrs, go to 10211 If <30 hrs, go to 10210	Would ... be willing and available to work more hours in this secondary activity last week ? 1. Yes 2. No	
10206	10207	10208	10209	10210	10299
<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>

- ACTIVITY CODES FOR 10206**
- Paid employment**
- 01. Employer (Producing goods or services for sale, running a business with paid employees)
 - 02. Self-employed (Producing goods or services for sale, running a business without paid employees)
 - 03. Employee, working for wages / salary in public sector (incl. NGO, UN agencies)
 - 04. Employee, working for wages / salary in private sector
- Unpaid employment**
- 05. Producing goods for own and/or family consumption (self employed)
 - 06. Unpaid family worker (family business/plantation)
 - 07. Unpaid family worker, help with basic household duties inside (washing, cooking, cleaning, etc) and outside (gardening, maintaining lawn, etc)
 - 08. Volunteer work (community, church, etc.)
- Not in the labour force**
- 09. Student - full time
 - 10. Student - part time
 - 11. Home maker
 - 12. Retired / Too old
 - 13. None - Did not pursue any activity (no work)
 - 14. Physically/Mentally disabled

ID	NOTES

SECTION S1.2: ACTIVITIES LAST WEEK (15+ YEARS) (Cont'd)

	ACTIVELY LOOK FOR A JOB	WHY NOT?	WILLING TO WORK MORE	
[HM]	Did ... actively look for work or for a job last week? 1. Yes 2. No If 1, go to 10213 If 2, go to 10212	Reason for not searching a job: 01. Student 02. Already have a full-time job 03. Don't want to work more 04. Physically/Psychologically disabled 05. Believe no paid work available 06. Discouraged (stopped looking, cannot find anything) 07. Waiting for family/friends to find work for me or tell me about other jobs 08. Weather/No transport 09. Home duties (babysitting, chores, etc.) 10. Other (observation)	Was ... available to work, or take on another job last week? 1. Yes 2. No	NOTE ID
10101	10211	10212	10213	10299
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"/>
11	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID	NOTES

SECTION S1.3: EDUCATIONAL STATUS (3+ YEARS)

Please provide the educational status of every member of this household aged 3 years and over.

SCHOOL ATTENDANCE								
[HM]	Has ... ever attended a formal education institution? 1. Yes 2. No If Yes, go to 10303	NEVER ATTENDED?	Is ... attending school now? 1. Yes 2. No If Yes, go to 10306 If No, go to 10304	ALREADY LEFT SCHOOL		CURRENTLY ATTENDING SCHOOL		NOTE ID
		Why has ... never attended school (main reason)? 1. Too young 2. Physical/Mental disability 3. Medical/health issues 4. Other (note) Go to next [HM]		Why did ... leave school (main reason)? 1. Completed desired schooling 2. Poor academic progress 3. Too expensive 4. Too far away 5. Find a job 6. Had to help at home 7. Personal reasons 8. Medical/Health issues 9. Other (note)	What was the highest level/grade you have completed? 30. None completed 31. Preschool/Kindergarten 01-11. 1st to 11th year 12. Highschool graduate or equivalent 14. Some college, no degree 15. Trade certificate 16. Bachelor's degree 17. Post-graduate qualification 18. Master's degree 19. Doctorate 20. Other (note) Go to next [HM]	What level/grade is ... currently attending? 31. Preschool/Kindergarten 01-12. 1 st -12 th year 14. College 15. Trade certificate 16. Bachelor's degree 17. Post-graduate qualification 18. Master's degree 19. Doctorate 20. Other (note)	Type of school: 1. Public 2. Private 3. Others (note) Write the appropriate code in the box	
10101	10301	10302	10303	10304	10305	10306	10307	10399
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"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID	NOTES

SECTION S1.5: COMMUNICATION STATUS (10+ YEARS)

For each member of this household, 10 years and older, please record the following:

Reference period
last 1 month

DURING THE PAST MONTH:					
[HM]	Did ... use internet?	Where did ... access the internet?			NOTE ID
	1. Yes 2. No	1. Home 2. Work 3. Village council office 4. Place of education 5. Another household 6. Mobile device (cellphone, i-pad, smartphone) 7. Other (<i>note</i>)			
		1 st access	2 nd access	3 rd access	
10101	10501	10502	10503	10504	10599
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"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID	NOTES

SECTION S1.6 HOUSEHOLD MEMBERS WHO LEFT THE HOUSEHOLD

Did this household have any members in the last 12 months, who are no longer members of the household?

Examples: Died in the last 12 months, or... Moved away with no intention of returning

1. Yes Provide details below
 2. No Go to Module 2

**Reference period
last 12 months**

IN THE LAST 12 MONTHS, DID THIS PERSON ...									
[HM]	PERSON NAME <i>First name</i> <i>Surname</i>	SEX 1 = Male 2 = Female <i>Write the appropriate code in the box</i>	AGE IN COMPLETE YEARS <i>enter 000 for child under 1 year</i>	Contributed any income during the stay within this HH? 1. Yes 2. No If No, go to 10607	What main paid activity did this person do? 1. Wages job 2. Own business 3. Sale of agricultural products 4. Sale of fish, sea food 5. Sale of livestock 6. Sale of handicraft 7. Other type of income	Incurred any major personal expenses while with HH? 1. Yes 2. No If No, go to Module 2	What was the main expense incurred by this person? 1. Household assets 2. Travel 3. Education expenditure 4. Health expenditure 5. Customs 6. Other (note)	How many months did [HM] stay in HH over last 12 months?	NOTE ID
10601	10602	10603	10604	10605	10606	10607	10608	10609	10699
61	<input style="width: 100%; height: 20px;" type="text"/>	<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"/> mths	<input type="checkbox"/>
62	<input style="width: 100%; height: 20px;" type="text"/>	<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"/> mths	<input type="checkbox"/>
63	<input style="width: 100%; height: 20px;" type="text"/>	<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"/> mths	<input type="checkbox"/>
64	<input style="width: 100%; height: 20px;" type="text"/>	<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"/> mths	<input type="checkbox"/>
65	<input style="width: 100%; height: 20px;" type="text"/>	<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"/> mths	<input type="checkbox"/>
66	<input style="width: 100%; height: 20px;" type="text"/>	<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"/> mths	<input type="checkbox"/>
67	<input style="width: 100%; height: 20px;" type="text"/>	<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"/> mths	<input type="checkbox"/>
68	<input style="width: 100%; height: 20px;" type="text"/>	<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"/> mths	<input type="checkbox"/>
69	<input style="width: 100%; height: 20px;" type="text"/>	<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"/> mths	<input type="checkbox"/>

ID	NOTES