

Appendix C

ID: - - / - -
State ED Number Block Number / Split Mapspot HH

QUESTIONNAIRE

2000 CENSUS OF POPULATION AND HOUSING

FEDERATED STATES OF MICRONESIA



**2000 CENSUS OF POPULATION AND HOUSING
FEDERATED STATES OF MICRONESIA
DEPARTMENT OF ECONOMIC AFFAIRS
STATISTICS DIVISION**



INTRODUCTION: Hello, my name is *(Your name)* and I'm working for the 2000 Population and Housing Census. This is my identification *(Pause)*. I have some questions I need to ask you. *Ask the questions on page 1. Complete a form for each household.*

COMPLETE BEFORE INTERVIEW

A. State B. Municipality

C. Enumeration District

D. Block: -

E. Map-Spot:

F. Household No.:

G. Village:

H. Interview Started: :

COMPLETE AFTER THE INTERVIEW

J. Respondent's Name: _____

K. Respondent's Telephone: _____

L. Population count: M F Total

M. Type of unit: Occup Reg Vacant UHE

N. Complete after (circle): 1st 2nd 3rd Last Resort

O. Total number of households in this unit:

P. Interview completed: : AM / PM

The 2000 Census of Population and Housing must count every person at his or her usual residence. "Usual residence" means the place where the person lives and sleeps most of the time.

INCLUDE:

- Everyone who usually lives here such as family members, housemates and roommates, foster children, roomers, boarders, and live-in employees.
- Persons who are temporarily away on a business trip, on vacation, or in a general hospital.
- Students who live here while attending school/college
- Newborn babies born on or before April 1, 2000
- Persons who stay here most of the weeks, even if they have a home somewhere else.
- Persons with no home who were staying here on April 1, 2000.

DO NOT INCLUDE:

- Persons who usually live somewhere else
- Persons who are confined to an institution
- Students who live somewhere else while attending school
- Persons in the Armed Forces who live somewhere else.
- Persons who stay somewhere else most of the week

NOTICE: You are required by Public Law No. 5-77 to answer the 2000 Census. Your answers will be kept confidential by the same law. Only sworn Census employees may see your answers. Your information will only be used for statistical purposes.

1a. Please give me the name of each person living here (whose usual residence is this household) on April 1, including all persons staying here who have no other home. Begin with the household member in whose name the home is owned, being bought, or rented. If there is no such person, start with any adult household member *(If EVERYONE is staying here temporarily and usually lives somewhere else, get the name of each person and complete 1d).*

Each booklet contains one up to ten persons. If more than 10 persons live in this household, you must use more than one booklet.

Sex
(1=M, 2=F)
Last, First, M.I.

	Last	First	M.I.	Sex
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

1b. When you told me the names of the persons living here on April 1, did you leave anyone out because you were not sure if the persons should be listed – for example, someone temporarily away on a business trip or vacation, a newborn baby still in the hospital, or a person who stays here once in a while and has no other home?

1 Yes – Determine if you should include the person(s) based on the instructions for question 1a, if so, include the person and circle the person's name.

2 No

1c. When you told me the names of the persons living here on April 1, did you include anyone even though you were not sure if the persons should be listed – for example, a visitor who is staying here temporarily or a person who usually live somewhere else?

1 Yes – Determine if you should include the person(s) based on the instructions for questions 1a, if so, circle the person's name, if not, draw a line through any entry.

2 No

If EVERYONE listed is staying here only temporarily and usually lives somewhere else, mark (X) in this box and ask –

1d. Where do these people usually live?

If the usual residence is within the FSM, enter the State, Municipality, and Village.

State: _____

Municipality: _____

Village: _____

If the usual residence is not within the FSM, enter the country.

Country: _____

NOTES:

HOUSING QUESTIONS

H1. Which best describes this building? Include all apartments even if vacant.

1. A one-family house detached from any other house
2. A one-family house attached to one or more houses
3. A building with 2 apartments
4. A building with 3 or 4 apartments
5. A building with 5 to 9 apartments
6. A building with 10 to 19 apartments
7. A building with 20 or more apartments
8. Other
9. Don't know

H2. When did (person 1 listed in question 1a on page 1) move to this house/apartment?

- | | | |
|----------------|----------------|--------------------|
| 1. 1999 - 2000 | 4. 1985 - 1989 | 7. 1960 - 1969 |
| 2. 1995 - 1998 | 5. 1980 - 1984 | 8. 1959 or earlier |
| 3. 1990 - 1994 | 6. 1970 - 1979 | 9. Don't know |

H3. What is the MAIN type of material used for the outside walls of this building? (Read each category and circle ONE item.)

- | | |
|--------------------|-------------------------|
| 1. Poured concrete | 5. Thatch |
| 2. Concrete blocks | 6. Local wood or bamboo |
| 3. Metal/tin | 7. Other |
| 4. Plywood | 8. No walls |

H4. What is the MAIN type of material used for the roof of this building? (Read each category and circle ONE item.)

- | | | |
|--------------------|-----------|-----------|
| 1. Poured concrete | 3. Wood | 5. Bamboo |
| 2. Metal/tin | 4. Thatch | 6. Other |

H5. What is the MAIN type of material used for the foundation of this building? (Read each category and circle ONE item.)

- | | | |
|------------------------|----------|----------|
| 1. Concrete | 3. Coral | 5. Other |
| 2. Wood pier or piling | 4. Stone | |

H6. About when was this building first built?

- | | | |
|----------------|----------------|--------------------|
| 1. 1999 - 2000 | 4. 1985 - 1989 | 7. 1960 - 1969 |
| 2. 1995 - 1998 | 5. 1980 - 1984 | 8. 1959 or earlier |
| 3. 1990 - 1994 | 6. 1970 - 1979 | 9. Don't know |

H7. How many rooms do you have in this house/apartment? (Count living rooms, dining rooms, kitchens, and bedrooms; but do NOT count bathrooms, balconies, foyers, or halls).

Room(s). If 9 or more rooms, enter 9.

H8. How many rooms are designed primarily for sleeping?

Room(s). If 9 or more rooms, enter 9.

H9a. Do you have piped water?

- | | |
|-------------------------------------|---------------|
| 1. Yes, hot and cold in this unit | } SKIP TO H9c |
| 2. Yes, cold only in this unit | |
| 3. Yes, cold only outside this unit | |
| 4. No piped water | |

H9b. What type of energy does your water heater use most?

- | | | | |
|----------------|--------|----------------|---------------|
| 1. Electricity | 2. Gas | 3. Solar power | 4. Other fuel |
|----------------|--------|----------------|---------------|

H9c. Do you have a bathtub or shower?

- | | |
|--|-------------------------------|
| 1. Yes, in this unit | 3. Yes, outside this building |
| 2. Yes, in this building but not in unit | 4. No |

H9d. Do you have a flush toilet?

- | | |
|--|-------------------------------|
| 1. Yes, in this unit | 3. Yes, outside this building |
| 2. Yes, in this building but not in unit | 4. No |

H10. Does this unit have electric power?

- | | |
|------------------------|---------------------|
| 1. Yes, public utility | 3. Yes, solar power |
| 2. Yes, generator | 4. No |

H11. Do you have a telephone or CB radio in this unit?

- | | |
|------------------------|-----------------------|
| 1. Yes, both | 3. Yes, CB radio only |
| 2. Yes, telephone only | 4. No |

H12. Do you have a battery-operated radio? Count car radios, transistors radios, and other battery operated sets in working order or needing only new batteries to operate.

- | | |
|---------------------|-------|
| 1. Yes, one or more | 2. No |
|---------------------|-------|

H13. Do you have a television set or Video Cassette Recorder (VCR)?

- | | |
|-------------------------|------------------|
| 1. Yes, both TV and VCR | 3. Yes, VCR only |
| 2. Yes, TV only | 4. No |

H14. Do you have air conditioning?

1. Yes, central air conditioning system
2. Yes, 1 individual room unit
3. Yes, 2 or more individual room units
4. No

H15. Where do you get most of your drinking water from? Read list and circle ONE item.

1. A public system only
2. A community system only
3. A public system and catchment
4. A community systems and catchment
5. An individual well
6. A catchment, tanks, or drums only
7. A public standpipe or steel hydrant
8. Purchased bottled water
9. Some other source such as spring, river, creek, etc.

H16. Is this building connected to a public sewer?

1. Yes, connected to a public sewer
2. Yes, connected to a septic tank or cesspool
3. No, use other means

H17a. Are your MAIN cooking facilities inside or outside this unit?

1. Yes, inside this unit
2. Yes, outside this unit
3. No cooking facilities - SKIP TO H18

H17b. What are your MAIN cooking facilities?

- | | |
|-------------------|----------------------------|
| 1. Electric range | 5. Portable electric stove |
| 2. Kerosene stove | 6. Wood stove |
| 3. Gas stove | 7. Open fire |
| 4. Microwave oven | 8. Other |

H17c. Do you have a refrigerator in this unit? If yes, ask what type?

- | | |
|------------------|--------------------|
| 1. Yes, electric | 3. Yes, kerosene |
| 2. Yes, gas | 4. No refrigerator |

H17d. Do you have a separate freezer in this unit?

- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|

H17e. Do you have a sink in this unit?

- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|

H18. How many automobiles, vans, and pick-up trucks are kept at home for use by members of this household?

If 9 or more, enter 9

H19. How many boats/canoes are kept at home for use by members of this household?

If 9 or more, enter 9

HOUSING QUESTIONS

H20a. What is the average monthly cost for electricity for this unit?

\$.00 OR 1. Included in rent

2. No charge, or electricity not used

H20b. What is the average monthly cost for kerosene for this unit?

\$.00 OR 1. Kerosene not used

H20c. What is the average monthly cost for water for this unit?

\$.00 OR 1. Included in rent

2. No charge

H20d. What is the average monthly cost for other fuels (such as oil, gas, wood, etc.) for this unit?

\$.00 OR 1. Included in rent

2. No charge, or these fuels not used.

H21. Is this unit— Read list and circle ONE item.

1. Owned by you or someone in this household with a mortgage or loan?
2. Owned by you or someone else in this household free and clear (without a mortgage)?
3. Rented for cash?
4. Occupied without payment of cash rent?
5. Other; Specify: _____

Ask only if RENT IS PAID for this unit —

H22. What is the monthly rent for this house/unit?

If rent is NOT PAID BY THE MONTH, see the ORB on how to figure the monthly rent.

\$.00

INTERVIEWER INSTRUCTIONS: Ask questions H23 to H24c if this is a one-family house that someone in this household OWNS OR IS BUYING; otherwise go to page 4 and ask population questions for each member of the household starting with the householder

H23. What is the value of this house? If respondent does not know the value of the house, ask —

How much it would cost to build a house like this?

\$.00

H24a. Is there a mortgage, deed of trust, contract to purchase, or similar debt on this unit?

1. Yes, mortgage, deed of trust, or similar debt
2. Yes, contract to purchase
3. No — SKIP TO FIRST PERSON

H24b. How much is the regular monthly mortgage payment on THIS UNIT? Include payments only on the first mortgage or contract to purchase.

\$.00 OR

1. No regular payment required — SKIP TO FIRST PERSON

H24c. Does the regular payment include payments for fire, hazard, or flood insurance on this unit?

1. Yes, insurance included in payment
2. No, insurance paid separately or no insurance
3. No — SKIP TO FIRST PERSON

INTERVIEWER INSTRUCTIONS: Go to page 4 and ask the population questions for each member of the household starting with the person in whose name the house is owned or rented..

FOR VACANT UNITS

C1. Vacancy Status

1. For rent
2. For sale only
3. Rented or sold, not occupied
4. For seasonal/recreational/occasional
5. For migrant worker
6. Other vacant

C2. Is this unit boarded up?

1. Yes
2. No

C3. Months vacant

1. Less than 1
2. 1 or 2
3. 3 to 6
4. 7 to 12
5. 13 to 23
6. 24 or more

NOTES:

POPULATION QUESTIONS

INTERVIEWER INSTRUCTION: Questions 1 – 11b should be asked of all household members. For all questions, CIRCLE only ONE entry.

1. PERSON NUMBER [] [] (from question 1a on page 1)

Last name: _____
First name: _____

2. How is ... related to the Householder? (Circle one entry. If "Other relative" circle 7 below, and print exact relationship, such as wife's mother, sister's son, etc.)

- | | |
|------------------------------|-----------------------------------|
| 1. Householder | 7. Other relative, specify: _____ |
| 2. Husband/wife | |
| 3. Natural born son/daughter | |
| 4. Adopted son/daughter | |
| 5. Brother/sister | 8. Non-relative |
| 6. Father/ mother | |

3. Is ... 1. Male 2. Female

4a. What is ... 's date of birth? If unknown, please give your best estimate. (Print the date in the boxes).

MM / DD / YYYY

4b. How old is ...? (Age should be in complete years as of April 1, 2000. Print age in the boxes).

Age in years

5. Is ... now married, widowed, divorced, separated, or has never been married? Circle ONE item.

- | | |
|----------------|------------------|
| 1. Now married | 4. Separated |
| 2. Widowed | 5. Never married |
| 3. Divorced | |

6. What is ... 's ethnic origin? For example, Yapese, Pohnpeian, Mortlockese, Satawalese, Filipino, etc. Print no more than two groups.

1. _____
2. _____

7. What is ... 's religion?

- | | |
|-------------------------------|-------------------|
| 1. Roman Catholic | 5. Baptist |
| 2. Congregation | 6. Other religion |
| 3. Latter Day Saints (Mormon) | 7. Refused |
| 4. Seventh Day Adventist | 8. No religion |

8. Where was ... born? Print the name of the village/ island, municipality, FSM state, or other country in the space below. If ... was born in a hospital, record the place of the usual residence of the mother just before she went to the hospital.

Village/island: _____
Municipality: _____
FSM state: _____
Other country: _____

9. If ... is a FSM citizen, what is ... 's legal residence? Print the name of the municipality and the FSM state in the space below. If not, record the country of citizenship.

Municipality: _____
FSM state: _____
Country of citizenship: _____

10. Is ... a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time Military Reserves or National Guard? "Active duty" does NOT include training for the military Reserves or National Guard.

- Yes, dependent of active-duty member of the Armed Forces.
- Yes, dependent of retired member of the Armed Forces, or dependent of an active duty or retired member of the National Guard or Armed Forces Reserves
- No

11a. Since when has ... live continuously in this municipality?

- Since birth - SKIP TO INTERVIEWER CHECK ITEM (ICI) AFTER 11b.
- Since MM / YYYY

11b. Where was the previous place of residence?

Municipality: _____
FSM state: _____
Other country: _____

INTERVIEWER CHECK ITEM (ICI). CIRCLE ONE BASED QUESTION 4.

- Born before April 1, 1997 - Ask Q12
- Born after April 1, 1997 or later - GO TO NEXT PERSON

12. Since February 1, 2000, has ... attended regular school or college? Include only pre-kindergarten, pre-school, kindergarten, elementary school, and school which leads to a high school diploma or a college.

- No, never attended school - SKIP TO 14.
- No, attended in the past, but not since February 1, 2000.
- Yes, public school, public college
- Yes, private school

13. How much school has ... COMPLETED? Read categories if person is unsure. Circle entry for the highest grade COMPLETED or degree received. If currently enrolled, circle the previous grade attended or highest grade completed.

- No school completed
- Pre-school, head-start, or kindergarten
- 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th
- 12th grade, NO DIPLOMA
- HIGH SCHOOL GRADUATE—High school equivalent (example: GED program)
- Some college but no degree
- Associate degree in college-Occup. program
- Associate degree in college-Acad. program
- Bachelor's degree (example: BA, AB, BS)
- Master's degree (example: MA, MS, Meng, Med, MSW, MBA)
- Professional school degree (example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (example: PhD, EdD)

14. Does ... know how to read and write in any language?

- Yes
- No

15a. What languages does ... speak? List in order of usage with the most used language first and the least used last.

1. _____
2. _____
3. _____

15b. What is the language that ... usually speaks at home?

ICI: CIRCLE BASED ON QUESTION 4.

- Born before April 1, 1995 - Ask Q16a
- Born after April 1, 1995 or later - GO TO NEXT PERSON

16a. Did ... live in this municipality 5 years ago? (April 1, 1995)

- Yes - SKIP TO NEXT ICI
- No - Ask 16b

16b. What is the name of the municipality, FSM state, or other country where ... lived 5 years ago?

Municipality: _____
FSM state: _____
Other country: _____

ICI: CIRCLE ITEM BASED ON QUESTION 3.

- Females born before April 1, 1987 - Ask Q17
- All others - SKIP TO NEXT (ICI)

17a. What is the number of children ever born alive? Include all natural children even if the have been adopted by somebody or are living away from home. Do not count stepchild or children ... adopted. Enter the information in the categories below.

	Males	Females
Living at home	[] []	[] []
Living elsewhere	[] []	[] []
Died	[] []	[] []
Total number of children	[] []	[] []

IF NONE, ENTER ZERO (0) AND SKIP TO NEXT ICI.

17b. What is the date of birth of the last child born alive?

MM / DD / YYYY

17c. Was the last child born alive male or female?

- Male
- Female

17d. Is that child still alive?

- Yes
- No

ICI: CIRCLE based on question 4.

- Born before April 1, 1985 - Ask Q18
- Born April 1, 1985 or later - GO TO NEXT PERSON

18. Has ... completed the requirements for a vocational training program in a trade school business school, hospital, some other kind of business school for occupational training, or "at place or work"? Do not include academi college courses. If "Yes" - Was training received in the FSM?

- No
- Yes, in FSM
- Yes, outside FSM
- Both in and outside FSM

POPULATION QUESTIONS

19. Has ... ever been on active duty military service in the Armed Forces of the United States? "Active duty" does NOT include training for the military Reserves or National Guard.

1. Yes, now on active duty
 2. Yes, on active duty in the past, but not now
 3. No

20a. Did work at any time LAST WEEK, either full-time or part-time? Work includes part-time or full-time work such as helping without pay in a family business or farm; it also includes active duty in the Armed Forces. Work does NOT include unpaid volunteer work. Subsistence activities include fishing, growing crops, etc., NOT primarily for commercial purposes. Read each category and circle in the entry that applies.

1. Yes, worked full-time or part-time at a job or business and did NO subsistence activity. SKIP TO 21
 2. Yes, worked full-time or part-time at a job or business and did subsistence activity. ASK 20b
 3. Yes, did subsistence activity only
 4. No - SKIP TO 25

20b. What kind of subsistence activity did ... do last week? Ask the categories and mark (X) all that apply.

	Home use	Sold any	Gave away any
1. Gardening →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fishing →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Animal raising →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Other: crafts, etc. →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERVIEWER INSTRUCTION - If this person did subsistence activity only (20a = 3), SKIP TO 25.

21. How many hours did ... work LAST WEEK at all jobs, excluding subsistence activity? Subtract any time off and add any overtime or extra hours worked.

Number of hours →

22. Where did ... usually work LAST WEEK? If worked at more than one location, ask - Where did ... work most last week? Print the village/island, municipality, FSM state or other country where ... worked

Village/island:

Municipality:

FSM State:

Other country:

23a. What type of transportation did ... usually used to get to work LAST WEEK?

1. Private car, truck, or van
 2. Boat
 3. Taxi or public transport bus
 4. Worked at home - SKIP TO 28a
 5. Other means - SKIP TO 24

23b. How many people including ... usually rode together to work LAST WEEK?

24a. What time did ... leave home most days to go to work LAST WEEK?

: a.m. p.m.

24b. How many minutes did it usually take ... to get from home to work LAST WEEK?

Number of minutes →

INTERVIEWER INSTRUCTIONS - If this person was working for income LAST WEEK, SKIP TO 28a.

25. Was ... on vacation, sick, or temporarily absent from a job LAST WEEK for any other reason?

1. Yes, on layoff
 2. Yes, on vacation, temporary illness, labor dispute, etc.
 3. No

26a. Has ... been looking for work to earn money during the last 4 weeks?

1. Yes 2. No

26b. Could ... have taken a job LAST WEEK if one had been offered? If NO, Ask - For what reason?

1. Yes, could have taken a job 4. No, other reasons (in school, etc.)
 2. No, already has a job
 3. No, temporarily ill

27. In what year did ... last work at a job, business, or farm, even for a few days?

1. 2000 4. 1990 to 1994 - Go to 32a
 2. 1999 5. Never worked or did subsistence only - Go to 32a
 3. 1995-1998

INTERVIEWER INSTRUCTIONS FOR QUESTIONS 28 TO 30: Questions 28-30 ask about the job worked last week. If ... had more than one job, describe the one ... worked the most hours. If ... did not work, the questions refer to the most recent job or business since 1995.

28a. For whom did ... usually work? Print the name of the business or employer.

28b. What kind of business or industry was this? For example: hospital, garment factory, retail store, bakery, etc.

29a. What was ... job title? For example: registered nurse, industrial machinery mechanic, cake baker, etc.

29b. What was ...'s main task? For example: patient care, repair machines, baking cakes, etc.

30. Was ... -Read list. Circle ONE entry

1. Employee of PRIVATE FOR PROFIT company business or individual, for wages, salaries, or commissions.
 2. Employee of PRIVATE NOT FOR PROFIT, tax exempt, or charitable organization
 3. Municipal GOVERNMENT employee
 4. State GOVERNMENT employee
 5. National GOVERNMENT employee
 6. FOREIGN/FEDERAL employee
 7. SELF EMPLOYED
 8. Working WITHOUT PAY in a family business/farm

31a. Last year (1999), did ... work, even for a few days, at a paid job or in a business or a farm, excluding subsistence activity?

1. Yes 2. No - SKIP TO 32a

31b. How many weeks did ... work in 1999, excluding subsistence activity? Count paid vacation, paid sick leave, and military service.

Number of weeks →

31c. During the weeks worked in 1999, how many hours did ... usually work each week?

Number of Hours →

The following questions are about income received in 1999.

If an exact amount is not known, accept a best estimate. If net income in 32b, 32c or question 33 was a loss, write "loss" above the dollar amount.

32a. How much did ... earn from wages, salary, commissions, bonuses, or tips? Report amount before deductions for taxes.

\$, , .00
 Enter ANNUAL amount in dollars

32b. How much did ... earn from (his/her) own farm or non-farm business, proprietorship, or partnership? Report amount before deductions for taxes.

\$, , .00
 Enter ANNUAL amount in dollars

32c. How much did ... receive in interest, dividends, net rental or royalty income, or income from estates or trusts? Include even small amounts credited to an account.

\$, , .00
 Enter ANNUAL amount in dollars

32d. How much did ... receive in social security payments or any pension payments from retirement, survivor, or disability?

\$, , .00
 Enter ANNUAL amount in dollars

32e. How much did ... receive as remittances from relatives within FSM outside this household?

\$, , .00
 Enter ANNUAL amount in dollars

32f. How much did ... receive in remittances from relatives outside FSM, including the military?

\$, , .00
 Enter ANNUAL amount in dollars

32g. How much did ... receive in income from Veterans' (VA) payments, unemployment compensation, child support, alimony, or any other regular sources of income?

\$, , .00
 Enter ANNUAL amount in dollars

Do not ask question 33 if questions 32a through 32g are complete. Instead, sum these entries and enter the amount below.

33. What was the ...'s total income in 1999?

\$, , .00
 Enter ANNUAL amount in dollars

