



# RMI HOUSEHOLD INCOME & EXPENDITURE SURVEY

# HIES 2002

A. Atoll:

B. Island:

C. Village:

D. Household No:

E. Enumerator Name:

F. Address - Location description:

G. Name of Head of Household:

H. Name of Respondent:

I. Phone number:

## Details of Visit

	1st Visit	2nd Visit	3rd Visit	4th Visit	5th Visit
Day					
Date					
Time-Interview started					
Time-Interview ended					

## Appointments, notes, etc.


**AUTHORITY AND CONFIDENTIALITY:** This survey is being conducted by the RMI Office of Planning and Statistics, as authorized under the *Statistical Act of 1986*. All information will be held strictly confidential.

**CERTIFICATION:** *I hereby certify that the data set forth were obtained/reviewed by me personally and in accordance with the instruction.*

Signature of Enumerator

Date of completion

Signature of Supervisor

Date of Review

FORM# \_\_\_\_\_ of \_\_\_\_\_

The 2002 RMI HIES counts each person at his or her "usual residence."  
The usual residence is 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.
- ?? College students who stay here while attending college.
- ?? Persons in the Armed Forces who live here.
- ?? Newborn babies born during or before last week.
- ?? Children in boarding schools below the college level.
- ?? Persons who stay here most of the week while working even if they have a home somewhere else.
- ?? Persons with no other home who were staying here last week.

**Do not include**

- ?? Persons who usually live somewhere else.
- ?? Persons who are away in an institution such as a prison, mental hospital, or a nursing home.
- ?? College students who live somewhere else while attending college.
- ?? Persons in the Armed Forces who live somewhere else.
- ?? Persons who stay somewhere else most of the week while working.

- A. Please give me the name of each person living here LAST WEEK, including all persons staying here who have no other home. If EVERYONE is staying here temporarily and usually lives somewhere else, give me the name of each person. 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.

*Print last name, first name, and middle initial for each person.*

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

**Total persons in this household =**

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- Ai. When you told me the names of persons living here last week, 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 add the person(s) based on the instructions for Question A.
- 2. No

- Aii. When you told me the names of persons living here last week, did you include anyone even though you were not sure that the person should be listed - for example, a visitor who is staying here temporarily or a person who usually lives somewhere else?

- 1. Yes      Determine if you should delete the person(s) based on the instructions for Question A.
- 2. No

## HOUSING QUESTIONS

H1a. Which best describes this building?

(Include all apartments, flats, etc.)

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 or more apartments ☐
6. Other ☐

H1b. If this is a ONE-FAMILY HOUSE - Is there a business (such as a store or barber shop) or a medical office on this property? 1. Yes 2. No ☐

H2. Is this unit

1. Owned by you or someone in this household with a mortgage or loan?
2. Owned by you or someone in this household free and clear (without mortgage)?
3. Rented for cash rent? - Skip to H4 ☐
4. Occupied without payment of cash rent? ☐

H3a. What is the value of this property; that is, how much do you think this property would sell for if it were for sale? \$

H3b. What was the annual payment for fire, hazard and flood insurance on THIS property? \$

H3c. Is there a mortgage, deed of trust, contract to purchase, or similar debt on THIS property? 1. Yes 2. No, Skip to H5 ☐

H3d. How much is the regular monthly mortgage payment of THIS property? Include payments for all mortgages (including second or junior mortgages) or contract to purchase. \$

H3e. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property? 1. Yes 2. No ☐

H4. Ask only if this house is RENTED FOR CASH RENT What is the monthly rent? If rent is NOT PAID BY THE MONTH, see your QDRB on how to calculate monthly rent. \$

H5. How many rooms do you have in this unit? Count living rooms, dining rooms, kitchens and bedrooms but DO NOT count bathrooms, balconies, foyers or halls.

H6. How many bedrooms do you have in this unit? How many bedrooms would you list if this unit were on the market for sale or rent?

H7. Does this unit have a battery operated radio? Count car radios, transistors and other battery operated sets in working order or only needing new batteries for operation. 1. Yes 2. No ☐

H8. Are your MAIN cooking facilities inside or outside this unit?

1. Inside 2. Outside ☐

H9a. Does this unit have electric power? 1. Yes 2. No? ☐

H9b. If yes, what is the average monthly cost of electricity for this unit? \$

H10a. How many boats & other vehicles (automobiles, vans, and trucks of one-ton capacity or less) are kept at home for use by members of this household?

Number of boats:  Other vehicles:

H10b. (If applicable), what is the monthly loan repayment for all boats & other vehicles? \$

H11a. What is the annual registration and insurance cost for all vehicles? \$

H11b. How much did members of your household spend on driver's licenses in 2001? \$

H12a. Do you pay for piped water? 1. Yes 2. No ☐

H12b. If yes, what is the average monthly cost of water for this unit? \$

H13a. Do you have a television set? 1. Yes 2. No? ☐

H13b. If yes, what is your average monthly cable cost (if cable available)? \$

H14a. Do you have a telephone in this unit? 1. Yes 2. No ☐

H14b. If yes, what is the average monthly phone bill? \$

H15a. Do you or someone in this unit have a cellular telephone? 1. Yes 2. No ☐

H15b. If yes, what is the average monthly cell phone bill? \$

H16a. Do you use either kerosene or propane for cooking? 1. Yes 2. No ☐

H16b. If yes what is the average monthly cost for kerosene or propane for this unit? \$

H17a. Do you internet access in this unit? 1. Yes 2. No? ☐

H17b. If yes, what is the average monthly cost for internet? \$

# INDIVIDUAL QUESTIONS

**P1a. Name (from list, page**

**P1b. Person number**

**P2. How is ... related to (person 01)?**

- |                             |                                  |
|-----------------------------|----------------------------------|
| <b>Related</b>              | <b>Not Related</b>               |
| 1. Householder              | 9. Roomer, boarder, foster child |
| 2. Spouse                   | 10. Housemate, roommate          |
| 3. Natural/adopted child    | 11. Unmarried partner            |
| 4. Stepson/Stepdaughter     | 12. Other non-relative           |
| 5. Brother/Sister           |                                  |
| 6. Father/Mother            |                                  |
| 7. Grandchild               |                                  |
| 8. Other relative(specify): |                                  |

**P3. Sex** 1. Male 2. Female

**P4a. What is...s date of birth (Month/Day/Year)**

**P4b. AGE?**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**P5. What is...s ethnic origin?**

- Marshallese
- Marshallese and at least one other race (mixed)
- Other

**P6. What is ...s citizenship?**

- RMI
- US
- FSM
- Palau
- Other (specify):

**P7. At any time during the last 6 months, has .... attended regular school or college? Include only kindergarten, special ed, elementary school, and schooling which leads to a high school diploma or a college degree.**

- Yes, public school, public college
- Yes, private school, private college
- No, has not attended since August

**P8. How much school has ... COMPLETED?**

- No school completed
- Kindergarten/Headstart
- Elementary, DID NOT finish 8<sup>th</sup> grade
- Elementary, finished 8<sup>th</sup> grade
- High school, DID NOT receive diploma
- High school, received diploma
- Some college, DID NOT receive degree
- College ASSOCIATE level degree
- College BACHELOR level degree
- College MASTER level degree or higher
- License/certificate
- Other (specify):

If ...is less than 15 years old, **SKIP TO NEXT PERSON**

**P9a. Did...work at any time LAST WEEK, either full time or part time? Work includes helping without pay in a family business/farm; it also includes active duty in Armed Forces. Work DOES NOT include own housework, schoolwork or volunteer work. Subsistence activity includes fishing, growing crops, etc., NOT primarily for commercial purposes.**

- Yes, worked full time or part time at a job or business AND did NO subsistence activity - Skip to P9c
- Yes, worked full time or part time at a job or business AND did subsistence activity.
- Yes, did subsistence activity only.
- No - Skip to P9d

**P9b. For people who did subsistence last week, ask What kind of subsistence activity did...do last week? Check (?) all that apply.**

	Home Use	Sold Any	Gave away any
Gardening ==>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal raising =>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fishing ==>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others ==>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**P9c. If ... did PAID WORK - How many hours did....work LAST WEEK at all jobs? Subtract any time off and add any overtime or extra hours worked.**

Hours

If did PAID WORK skip to P10a

**P9d. Was ... temporarily absent or on vacation from a job or business LAST WEEK?**

- Yes, on layoff
- Yes, on vacation, temporary illness, labor dispute, etc.
- No.

**P9e. Has...been looking for work during the last 4 weeks**

1. Yes 2. No

**P9f. Could...have taken a job LAST WEEK if one had been offered?**

If "No," ask - For what reason?

- Yes could have taken a job
- No, already has a job
- No, temporarily ill
- No, other reasons (school, etc.)

**P9g. In what year did...last work, even for a few days?**

1. \_\_\_\_\_ 2. Never worked - Skip to P13a

Questions 10-11 ask about the job worked last week. If...had more than one job, describe the one worked the most hours. If...didn't work, the questions refer to the most recent job since 1997, i.e. 5 years ago.

**P10a. For whom did...work?**

Name of the business of other employer.

**P10b. What kind of business or industry was this.**

**P10c. What was ... job title?**

**P10d. What was... main task?**

Ind.code

Occ.code

**P11. Was... an employee of:**

- Private business/company
- National or local government
- Self employed
- Working without pay in family business or farm

**P12a. Last year (2001) did ... work even for a few days, at a paid job or in a business or farm? 1. Yes 2.**

**P12b. How many weeks did .. work last year? Count paid vacation, sick leave and military service**

**P12c. During the weeks WORKED last year, how many hours did... usually work each week?**

THESE QUESTIONS ARE ABOUT INCOME LAST YEAR. IF AN EXACT AMOUNT IS NOT KNOWN, ACCEPT A BEST ESTIMATE.

**P13a. How much did... earn in gross income last year?**

From salaries, commissions, tips, bonuses, before taxes

\$

**P13b. How much did... earn from his/her own farm**

Nonfarm business/proprietorship/partnership

Net income after expenses

\$

**P13c. How much did... receive in interest, dividends, net rental or royalty income, or estates/trusts income**

\$

**P13d. How much did...receive from Social Security?**

Income payments to retired, widowers, etc.

\$

**P13e. How did... receive from retirement, survivor, Disability pensions? Do not include Social Security**

\$

**P13f. How much did... receive from remittances from outside the RMI?**

\$

**P13g. How much did... receive from child support or Alimony, or any other REGULAR source of income?**

Don't include lump-sum such as money from inheritance or sale of a home.

\$

**P14. What was ...s total income in 2001?**

Do not ask if all items in #13 are filled

\$

## MAJOR ANNUAL EXPENDITURES

*This section is to record annual expenditures on a variety of goods and services.*

**X01. How much did all members of the household spend on membership fees in 2001 for:**

a. Social Clubs	\$
b. Sporting Clubs	\$
c. Credit Cards	\$
d. Other, specify: _____	\$

**X02. How much did ALL members of this household spend on church and related activities in 2001?**

\$

**X03. How much did this household spend on weddings in 2001?**

\$

**X04. How much did this household spend on funerals in 2001?**

\$

**X05. How much did this household spend on expenses related to traditional titles or other traditional activities in 2001?**

\$

**X06. In 2001, how much did this household send to family/relatives/friends overseas (remittance)?**

\$

**X07. In 2001, how much did this household spend on education:**

1. Overseas:

\$

2. Within RMI:

\$

**X08. Consumer durables, Furniture, and Floor coverings.**

**Last year (2001) did you purchase any consumer durables and furniture?**

*Include anything bought with a credit card or cash.*

Household equipment	Office Use Only	Total spent	Monthly payment amount (if item financed)	Furniture and others	Office Use Only	Total spent	Monthly payment amount (if item financed)
Stove/Range		\$	\$	Kitchen table		\$	\$
Microwave oven		\$	\$	Kitchen stools		\$	\$
Refrigerator		\$	\$	Pantry cupboard		\$	\$
Freezer		\$	\$	Bed		\$	\$
Dishwasher		\$	\$	Wardrobe		\$	\$
Other appliances		\$	\$	Drawers		\$	\$
Washing machine		\$	\$	Lounge suite		\$	\$
Clothes dryer		\$	\$	Chairs		\$	\$
Air conditioner		\$	\$	Outdoor furniture		\$	\$
Home computer		\$	\$	Garden furniture		\$	\$
Television		\$	\$	Bookcase		\$	\$
Video player		\$	\$	Hall table		\$	\$
Radio		\$	\$	Carpets		\$	\$
Cassette player		\$	\$	Rugs		\$	\$
CD player		\$	\$	Linoleum		\$	\$
Sewing machine		\$	\$	Floor tiles		\$	\$
Generator		\$	\$	Other (specify):		\$	\$
Outboard motor		\$	\$	Other (specify):		\$	\$
Lawn mower/trimmer		\$	\$	Other (specify):		\$	\$
Other (specify):		\$	\$	Other (specify):		\$	\$
Other (specify):		\$	\$	Other (specify):		\$	\$

## MAJOR ANNUAL EXPENDITURES

**X09. Health and Insurance:**  
**In the last year (2001), how much has your household spent on the following?**

<b>Out-patient hospital visits?</b> <i>Include doctor's fee &amp; medicines if part of fee.</i>	\$	<b>Health insurance?</b>	\$
<b>Medicines of all kinds purchased from pharmacists?</b>	\$	<b>Life insurance?</b>	\$

**X10. Construction and Repairs:**  
*These questions are on Construction, Maintenance, alterations, or repairs done on this unit, including those you did yourself and those you paid someone to do.*  
**In the last year (2001), how much money did you spend on the following:**

Item	Total Spent	Monthly payment amount (if item financed)	Item	Total Spent	Monthly payment amount (if item financed)
Dwelling under construction	\$	\$	Outside improvements like fence, driveway	\$	\$
Building addition like extra room, porch	\$	\$	Plumbing or water heater installation/ repair	\$	\$
Remodeling one or more rooms	\$	\$	Termite or pest control	\$	\$
Repairing roof or gutters	\$	\$	Install, repair, replace window panes, screens	\$	\$
Inside painting or papering	\$	\$	Other improvement (specify):	\$	\$
Outside painting	\$	\$	Other improvement (specify):	\$	\$

**X11. Vehicles:**  
**Last year (2001), did you buy or start paying for a car, truck, motorbike, boat, or any other motor vehicle?**

1. Yes ☐

Type and model of vehicle	Type Codes: 1 Car 2 Pickup 3 Van 4 Motor bike 5 Boat, 6 Other	Was the vehicle: 1 New or 2 Used	What was the FULL purchase price for the vehicle (including the value of trade in)?	Monthly payment amount (if item financed)
1.			\$	
2.			\$	
3.			\$	
4.			\$	

## MAJOR ANNUAL EXPENDITURES

**X12. Off-Island Travel:**
**Last year (2001), did you make any off-island trips, EXCLUSIVE of business trips?**

 1. Yes 2. No ☐

 If YES, how many? ☐

Destination	Fares	Accommodation	Other expenses	Office Use
1.	1. Air 2. Other: _____ \$	1. Hotel/motel 2. Other: _____ \$	1. _____ 2. _____ \$	\$
2.	1. Air 2. Other: _____ \$	1. Hotel/motel 2. Other: _____ \$	1. _____ 2. _____ \$	\$
3.	1. Air 2. Other: _____ \$	1. Hotel/motel 2. Other: _____ \$	1. _____ 2. _____ \$	\$

**X13. Loans:**
**Are you currently making regular payments for anything on Rent-To-Own purchase, Personal or some type of loans? EXCLUDE CREDIT CARDS and other Revolving credit, or other loan USED for this dwelling or other property.**

 1. Yes 2. No ☐

 If YES, how many? ☐

Lender: 1. Bank 2. Insurance Co 3. Finance Co 4. Credit Union 5. Other: (specify): _____	Main purpose: 1. Vehicle 2. Other (specify): _____	Type: 1. Rent-To-Own 2. Personal loan 3. Other	Monthly/Year repayments started	Amount borrowed	Each repayments	Period covered  Check if, - .....		
						Bi-weekly	Monthly	Other
1.				\$	\$			
2.				\$	\$			
3.				\$	\$			

**X14. Do any members of your household currently have any Credit Cards or Charge Accounts such as VISA or any Off-Island Accounts?**

 1. Yes 2. No ☐

 If YES, how many? ☐

(a) Number of purchases on last bill (record NONE if none)	(b) Did you have a credit or service charge for items listed on your last bill?	(c) Did you have a service or credit for cash advances on your last bill?	(d) Combined service or credit charge for cash advances and purchases if (b) and (c) are not separated on bill.	(e) Period covered
1.	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> If yes, amount? \$	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> If yes, amount? \$	\$	1. One month 2. Other: _____
2.	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> If yes, amount? \$	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> If yes, amount? \$	\$	1. One month 2. Other: _____
3.	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> If yes, amount? \$	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> If yes, amount? \$	\$	1. One month 2. Other: _____

**X15. Did any members of your household have any other expenses last year (2001)?**

Legal & accounting fees	\$	Computer games	\$	Alimony	\$
Gardening or lawn services	\$	Toys and games	\$	Child support	\$
Housekeeping service	\$	Moving, storage, freight expenses	\$	Other:	\$
Babysitting/care of aged	\$	Purchase and care of pets	\$	Other:	\$

### PEOPLE WHO HAVE LEFT HOME

In order to get a better idea of the amount of migration out of the RMI, we need to know about people in your housing unit who have left the RMI. Please fill in the information below for each person in your household who is currently away.

E1 Name	E2 Sex	E3 Age	E4 Current Activity	E5 Educational Attainment	E6 Occupation	E7 Left RMI for the first time		E8 Last time went away	
						When? (year)	Reason?	When left? (year)	Time away?
1.	M  F		School [ ] Military [ ] Work [ ] Other [ ]						
2.	M  F		School [ ] Military [ ] Work [ ] Other [ ]						
3.	M  F		School [ ] Military [ ] Work [ ] Other [ ]						
4.	M  F		School [ ] Military [ ] Work [ ] Other [ ]						
5.	M  F		School [ ] Military [ ] Work [ ] Other [ ]						

### INTERVIEWER REMINDERS:

Be sure you have recorded:

1. Information for island, village and housing number and address or location description on the front page.
2. The respondent's name and respondent's telephone number (if any) on the front page.
3. Your signature and date on the front cover.

Also, be sure you have:

4. Completed as many of the questions as possible, including the last resort questions.
5. Entered the required information on the address listing page in the address register.
6. Written all entries legibly.