

## BLOCK 2 – HOUSING PARTICULARS

### 2.1 Type of Living Quarters

Does this household live in

an independent dwelling

	1
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a building housing two or more households

	2
--	---

a hotel or lodging house

	3
--	---

other specify

	4
--	---

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### 2.2 Construction of Outer Walls

Is the building constructed with

walls of concrete, brick or cement

	1
--	---

wooden walls

	2
--	---

permanent walls of tin or corrugated iron

	3
--	---

walls of traditional bure materials

	4
--	---

walls of makeshift or improvised materials

	5
--	---

walls of other materials, specify \_\_\_\_\_

	6
--	---

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### 2.3 Number of Rooms

How many rooms are there for this household

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### 2.4 Water Supply

Is the household's water

metered

	1
--	---

from a communal standpipe

	2
--	---

roof tank

	3
--	---

borehole

	4
--	---

well

	5
--	---

river or creek

	6
--	---

other, specify \_\_\_\_\_

	7
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## 2.5 Electricity

Does the household have electricity

Yes  1

No  2

If yes, by which supply

FEA  1

FSC  2

Vatukoula  3

village power plant  4

PWD  5

own plant  6

other specify \_\_\_\_\_  7

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## 2.6 Lighting

What does the household mainly use for lighting

electricity  1

kerosene lamp  2

benzene lamp  3

solar power unit  4

other, specify \_\_\_\_\_  5

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## 2.7 Cooking Fuel

What does the household mainly use for cooking

wood  1

kerosene  2

LPG  3

electricity  4

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**2.8 Toilet Facilities**

What kind of toilet facilities does your household have

- flush for exclusive  1
- water sealed for exclusive use  2
- shared with other  3
- pit latrine  4
- other, specify  5
- none  5

**2.9 Tenure**

Does this household

- Own these living quarters  1
- Rent them from a private landlord  2
- Rent them from the Housing Authority  3
- Occupy government or institutional housing  4
- Occupy housing by leave of employer  5
- Squatter  6
- Occupy living quarters in some other way, specify  7

**3.0 Household Durable**

Are any of the following items available for use by any members of this household?

**If yes write number**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> 0. Car</li> <li><input type="checkbox"/> 1. Carrier/Truck</li> <li><input type="checkbox"/> 2. Refrigerator</li> <li><input type="checkbox"/> 3. Computer</li> <li><input type="checkbox"/> 4. Video/TV</li> <li><input type="checkbox"/> 5. Radio</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 6. Washing machine</li> <li><input type="checkbox"/> 7. Gas/Electric stove</li> <li><input type="checkbox"/> 8. Telephone</li> <li><input type="checkbox"/> 9. Outboard motor</li> <li><input type="checkbox"/> 10. Water pump</li> <li><input type="checkbox"/> 11. Brush Cutter</li> </ul> |
|---|--|

***END OF SCHEDULE 1***