


D. Survey Questionnaire and Diary

2005 HOUSEHOLD INCOME AND EXPENDITURES SURVEY (HIES)  FEDERATED STATES OF MICRONESIA (FSM)	A. State: 1. Yap <input type="checkbox"/> 2. Chuuk <input type="checkbox"/> 3. Pohnpei <input type="checkbox"/> 4. Kosrae <input type="checkbox"/>		B. Municipality <input type="text"/> <input type="text"/>		C. ED <input type="text"/> <input type="text"/> <input type="text"/>		D. Village <input type="text"/> <input type="text"/>		
	E. Block <input type="text"/> <input type="text"/> <input type="text"/>		F1. Map Spot <input type="text"/> <input type="text"/> <input type="text"/>		F2. Household No. <input type="text"/> <input type="text"/>				
	G. Enumerator <input type="text"/>								
	H. Address — Location description: <input type="text"/>								
	I. Respondent's name: <input type="text"/>				J. Phone number: <input type="text"/>				
WHO TO INCLUDE AND WHO NOT TO INCLUDE									
The 2005 Household Income and Expenditures Survey of FSM 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 <input type="checkbox"/> Everyone who usually lives here such as family members, house mates and roommates, foster children, roomers, boarders, and live-in employees <input type="checkbox"/> Persons who are temporarily away on a business trip, on vacation, or in a general hospital <input type="checkbox"/> College students who stay here while attending college									
<input type="checkbox"/> Persons in the Armed Forces who live here, including local reservists temporarily deployed <input type="checkbox"/> Newborn babies still in the hospital <input type="checkbox"/> Children in boarding schools below the college level <input type="checkbox"/> Persons who stay here most of the week while working even if they have a home somewhere else <input type="checkbox"/> Persons with no other home who were staying here on June 1									
Do NOT include <input checked="" type="radio"/> Persons who usually live somewhere else <input checked="" type="radio"/> Persons who are away in an institution such as a prison, mental hospital, or a nursing home <input checked="" type="radio"/> College students who live somewhere else while attending college <input checked="" type="radio"/> Persons in the Armed Forces who live somewhere else <input checked="" type="radio"/> Persons who stay somewhere else most of the week while working									
1a. Please give me the name of each person living here on June 1, 2005, including all persons staying here who have no other home. If EVERYONE is staying here temporarily and usually lives somewhere else, still 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					
1b. If EVERYONE listed above is staying here only temporarily and usually lives somewhere else, ask Where do these people usually live? Write where they usually live here:									
K. Type of unit: 1. Occupied: Form _____ of _____ 2. Group quarters 3. Vacant: Year round use <input type="checkbox"/> 4. Vacant: Seasonal use <input type="checkbox"/> 5. Vacant: UHE		FOR VACANTS ONLY: L. Vacancy Status: 1. For rent <input type="checkbox"/> 2. For sale only 3. Rent/sold, not occup. 4. Held, occasional use		VACANTS ONLY: M. Months vacant: 1. Less than 1 <input type="checkbox"/> 2. 1 up to 2 3. 2 up to 6 4. 6 up to 12 5. More than 1 yr		N. Population: <input type="text"/> <input type="text"/> O. This house: 1. will be sub <input type="checkbox"/> 2. sub HH		P. Household form status: 1. Completed <input type="checkbox"/> 2. Last resort 3. On vacation/off-island 4. No longer exists 5. Converted business 6. Refusal	
CALLBACK DOCUMENTATION									
1 st visit									
2 nd visit									
3 rd visit									
Remarks									
This survey is conducted under the laws of the FSM. All responses are <i>strictly confidential</i> and will only be released in compiled form.		Hello, my name is (your name) and I am an enumerator for the 2005 Household Income and Expenditures Survey. This is my identification, and here is some information about the survey. The survey should take less than 2 hours. Who is the person who owns or rents this place?		Office Use: Reviewing Coding Keying Keying Verification		Initial <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

2005 FSM Household Income and Expenditures Survey

Section 1A - General Housing Characteristics

<p>H1a When you told me the names of persons living here on June 1, did you leave anyone out because you were not sure if the person 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?</p> <p>1. Yes Determine if you should add the person(s) based on the instructions for Question 1a. <input style="float: right;" type="checkbox"/></p> <p>2. No <input style="float: right;" type="checkbox"/></p>	<p>H1b When you told me the names of persons living here on June 1, did you include everyone 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?</p> <p>1. Yes Determine if you should delete the person(s) based on the instructions for Question 1a. <input style="float: right;" type="checkbox"/></p> <p>2. No <input style="float: right;" type="checkbox"/></p>
<p>H2a Which best describes this building? Include all apartments, flats, etc., even if vacant.</p> <p>1 A one-family house detached from any other house</p> <p>2 A one-family house attached to one or more houses</p> <p style="padding-left: 20px;">A building with:</p> <p>3 2 or more apartments 7 20 or more apartments</p> <p>4 2 to 4 apartments 8 A boat or houseboat</p> <p>5 5 to 9 apartments 9 Other</p> <p>6 10 to 19 apartments <input style="float: right;" type="checkbox"/></p>	<p>H11 Do you have hot AND cold piped water?</p> <p>1. Yes, in this unit</p> <p>2. Yes, in this building</p> <p>3. No, only cold piped water in this unit</p> <p>4. No, only cold piped water in this building</p> <p>5. No, only cold piped water outside this building</p> <p>6. No piped water</p> <p style="text-align: right;">Go to H13 <input style="float: right;" type="checkbox"/></p>
<p>H2b If this is a ONE-FAMILY HOUSE — Is there a business (such as a store) or a medical office on this property? 1 Yes <input style="float: right;" type="checkbox"/> 2 No <input style="float: right;" type="checkbox"/></p>	<p>H12 If Yes, What type of energy powers your water heater?</p> <p>1. Electricity 3. Solar</p> <p>2. Gas 4. Other fuels</p> <p><input style="float: right;" type="checkbox"/></p>
<p>H3 Is this (house/apartment/condominium) —</p> <p>1 Owned by someone in this household with a mortgage or loan?</p> <p>2 Owned by someone in this household free and clear (without a mortgage?)</p> <p>3 Rented for cash rent?</p> <p>4 Occupied without payment of cash rent?</p> <p style="padding-left: 20px;">If answer is either 1, 2 and 4, skip to H5.</p> <p><input style="float: right;" type="checkbox"/></p>	<p>H13 Do you have a bathtub or shower?</p> <p>1. Yes, in this unit 3. Yes, outside this building</p> <p>2. Yes, in this building 4. No</p> <p><input style="float: right;" type="checkbox"/></p>
<p>H4 If this house is RENTED —</p> <p>What is the total monthly rent? \$ <input style="width: 100px;" type="text"/></p> <p>H4a If the government is paying part of the rent, how much are they paying? \$ <input style="width: 100px;" type="text"/></p> <p>H4b If a non-government organization is paying part of the rent, how much are they paying each month? \$ <input style="width: 100px;" type="text"/></p> <p>H4c If you pay any insurance for your household goods, what is the annual amount? \$ <input style="width: 100px;" type="text"/></p>	<p>H14 Do you have a flush toilet?</p> <p>1. Yes, in this unit 3. Yes, outside this building</p> <p>2. Yes, in this building 4. No, ventilated outhouse/privy</p> <p>5. Other or none</p> <p><input style="float: right;" type="checkbox"/></p>
<p>H5 About what year was this building first built?</p> <p>1. 2004 or 2005 4. 1990 to 1994 7. 1940 to 1969</p> <p>2. 2000 to 2003 5. 1980 to 1989 8. 1939 or earlier</p> <p>3. 1995 to 1999 6. 1970 to 1979 9. Don't know</p> <p><input style="float: right;" type="checkbox"/></p>	<p>H15 Which FUEL is used MOST for cooking in this unit?</p> <p>1. Electricity 5. Electricity and kerosene</p> <p>2. Gas: bottled or tank (LPG) 6. Gas and kerosene</p> <p>3. Kerosene 7. Wood</p> <p>4. Electricity and gas 8. Other</p> <p>9. No fuel used</p> <p><input style="float: right;" type="checkbox"/></p>
<p>H6 When did (Person listed on line 1) move into this unit?</p> <p style="padding-left: 20px;">Please enter the year: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>	<p>H16 Do you have an electric or gas stove?</p> <p>1. Yes</p> <p>2. No</p> <p><input style="float: right;" type="checkbox"/></p>
<p>H7 What is the MAIN type of material used for the outside walls of this building?</p> <p>1. Poured concrete 4. Wood</p> <p>2. Concrete blocks 5. Pre-fabricated combination of above</p> <p>3. Metal 6. Other</p> <p><input style="float: right;" type="checkbox"/></p>	<p>H16A Do you have a microwave oven?</p> <p>1. Yes</p> <p>2. No</p> <p><input style="float: right;" type="checkbox"/></p>
<p>H8 What is the MAIN type of material used for the roof of this building?</p> <p>1. Poured concrete 4. Thatch</p> <p>2. Metal 5. Other</p> <p>3. Wood</p> <p><input style="float: right;" type="checkbox"/></p>	<p>H17 Do you have a refrigerator in this unit? If "Yes," ask — What type?</p> <p>1. Yes, electric</p> <p>2. Yes, gas</p> <p>3. No refrigerator</p> <p><input style="float: right;" type="checkbox"/></p>
<p>H9 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.</p> <p style="text-align: right;"><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>	<p>H17A Do you have a stand-alone freezer in this unit?</p> <p>1. Yes</p> <p>2. No</p> <p><input style="float: right;" type="checkbox"/></p>
<p>H10 How many bedrooms do you have; that is, how many bedrooms would you list if this (house/apartment) were on the market for sale or rent?</p> <p style="text-align: right;"><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>	<p>H18 Do you have a sink with piped water in this unit?</p> <p>1. Yes</p> <p>2. No</p> <p><input style="float: right;" type="checkbox"/></p>

2005 FSM Household Income and Expenditures Survey					
H19 Do you get water from 1. A public system only? <input type="checkbox"/> 2. A public system and cistern? <input type="checkbox"/> 3. A cistern, tanks, or drums only? 4. Village water system? 5. A public standpipe? 6. Individual well or spring or other?		Is public service 24 hours? 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>		H26 Does this house/apartment have electric power? 1. Yes - What was the last monthly bill for electricity for this unit? \$ _____ 2. Yes - Included in the rent. 3. No <input type="checkbox"/>	
H20 Do you purchase drinking water? 1. Yes 2. No <input type="checkbox"/>		H27 Do you have a television set? 1. Yes 2. No <input type="checkbox"/>		H27a Do you have Cable TV? 1. Yes 2. No <input type="checkbox"/>	
H21 Is this building connected to a public sewer? 1. Yes, connected to public sewer <input type="checkbox"/> 2. No, connected to septic tank or cesspool <input type="checkbox"/> 3. No, use other means		H28 Do you have a computer at home? 1. Yes 2. No <input type="checkbox"/> <i>If no, skip to H30</i>		H27b What was the last monthly bill? Code 998 if included in rent \$ _____	
H22 Do you have air conditioning? 1. Yes, a central air-conditioning system 3. Yes, 2 + room units <input type="checkbox"/> 2. Yes, 1 individual room unit 4. No <input type="checkbox"/>		H29 Do you have internet access in your unit? 1. Yes 2. No <input type="checkbox"/> <i>If no, skip to H30</i>		H28a If yes, do you connect over the telephone line or do you have a broadband connection, such as cable? 1. Phone line 2. Broadband <input type="checkbox"/>	
H23 Do you have a battery operated radio? Count car radios, transistors, and other battery operated sets 1. Yes in working order or needing only new battery for operation. 2. No <input type="checkbox"/>		H29a If yes, was the last monthly bill for your internet connection included in your telephone/cable bill? 1. Yes 2. No <input type="checkbox"/>		H29b If separate, how much was it? \$ _____	
H24 How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household? <input type="checkbox"/>		H30 What was the last monthly bill for gas for this unit? \$ _____ <i>Exclude transportation gas.</i>		H31 What was the last monthly bill for water for this unit? \$ _____ If no payment, ask was it included in the rent? 1. Yes 2. No <input type="checkbox"/>	
H24A How many boats with a motor are kept for use by member of this household? <input type="checkbox"/>		H31a Do you pay for water from a public utility? 1. Yes 2. No <input type="checkbox"/>		H32 What was the last monthly bill for any other utilities (kerosene, wood, etc)? \$ _____	
H25 Do you have a telephone/cell phone in this unit? 1. Yes - If Yes, What was the last monthly bill? \$ _____ <i>Include cellphone/calling card costs</i> <input type="checkbox"/> 2. No		H33 Ask only if someone in this household OWNS OR IS BUYING this house, apartment, or boat — What is the value of this dwelling; that is, how much do you think it would cost to build this dwelling now? \$ _____			
H34 For this property: What was the annual payment for home owner's insurance? \$ _____		H35 How much were 2004 property taxes? \$ _____			
H36 How many loans for this property are you currently making repayments on? <input type="checkbox"/>					
Housing loan information		1st loan	2nd loan	Housing loan information	
Type of lending institution: 1=Bank, 2=Finance Company, 3=Gov. agency, 4=Other				Amount of interest, principal paid & period covered: Interest	
Month and Year repayments started				Principal	
Purpose of loan: 1 Owner occupied, 2 Other, Specify ==>				Period (specify)	
Loan security: 1=1st mortgage, 2=2nd mortgage, 3=Other security, 4=Unsecured				Amount of principal outstanding What is the current interest rate on this loan? Is the loan fixed or adjustable? 1. Fixed 2. Adjustable	
H37 Is this unit part of a condominium? <input type="checkbox"/> 1. Yes 2. No		If Yes, what is the monthly condo common fee? \$ _____			
Section 2. Construction and Repairs (12-month recall period) 1. Yes 2. No ==> <input type="checkbox"/>					
These questions are on construction, maintenance, alterations or repairs done on your own or other units, including those you did yourself and those you paid someone to do. In the last 12 months how much money did you spend on the following? If any item was charged over time, provide the monthly repayment.					
Item	Total Spent	Monthly payment	Item	Total Spent	Monthly payment
201 Dwelling under construction or completed in the past 12 months	\$	\$	208 Outside improvements like fence, driveway	\$	\$
202 Building an addition like extra room, porch	\$	\$	209 Plumbing or water heater installation/repair	\$	\$
203 Remodeling or renovating one or more inside rooms	\$	\$	210 Electrical repairs or improvements	\$	\$
204 Remodeling or renovating one or more outside rooms	\$	\$	211 Install, repair, replace window pane, screen	\$	\$
205 Repairing roof or gutters	\$	\$	213 Hurricane shutters	\$	\$
206 Landscaping and yard maintenance	\$	\$	212 Other improvements or repairs	\$	\$
207 Air conditioning	\$	\$			

2005 FSM Household Income and Expenditures Survey																								
Section 11 - Individual Characteristics																								
1a. Name (from list, page 1)		12 Has ... ever been on active-duty military service in the Armed Forces of the United States or ever been in the United States military Reserves or the National Guard? "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 past, but not now 3. Yes, service in Reserves or National Guard only 4. No <input type="checkbox"/>																						
1b Person Number (from list, page 1) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">01</div>	2. Is...male or female? 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	13a If this person is female, ask — How many babies has ... ever had, not counting still births? Do not count stepchildren or children ... has adopted. - If none, skip to 14 <div style="text-align: right;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div>																						
3. How is ... related to (Person 1)? 1. Householder 2. Spouse 6. Father/mother 3. Natural or adopted son/daughter 7. Grandchild 4. Stepson/stepdaughter 8. Other relative: 5. Brother/sister If not related to Person 1: 9. Roomer, boarder, or foster child 11. Unmarried partner 10. Housemate, roommate 12. Other non-relative		13b Of these babies, how many are still alive? <div style="text-align: right;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div>																						
4. What is ...'s ethnic origin or race? <div style="text-align: right;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div>		13c What is the date of birth of the last child (Month/day/year)? <div style="text-align: right;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div>																						
5a. What is ...'s date of birth? (Month/Day/Year) <div style="text-align: right;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div>	5b. Age <div style="text-align: right;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div>	14 Did ... work at any time LAST WEEK, either full time or part time? Work includes part-time work such as delivering papers, or helping without pay in a family business or farm; it also includes active duty in the Armed Forces. Work does NOT include own housework, school work, or volunteer work. Subsistence activity includes fishing, growing crops, etc., NOT primarily for commercial purposes. 1. Yes, worked full time or part time at a job or business AND did NO subsistence 2. Yes, worked full time/part time at a job/business AND did subsistence activity 3. Yes, did subsistence activity only — Skip to 17 4. No — Skip to 18 <input type="checkbox"/>																						
6. What is ...'s marital status? 1. Now married 4. Divorced 2. Consensually married 5. Separated 3. Widowed 6. Never married <input type="checkbox"/>		15 How many hours did ... work LAST WEEK at all jobs? Subtract any time off and add any overtime or extra hours worked: <div style="text-align: right;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div>																						
7. Where was ...'s mother living when ... was born? Print the Island/ Municipal and State in FSM, U.S. State or territory, or foreign country in the space below <div style="text-align: right;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div>		16. Where did ... usually work LAST WEEK? If ... worked at more than one location, ask—Where did ... work most last week? Print the Island/municipal, FSM state or other country where ... worked <div style="text-align: right;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div>																						
8. Is ... a CITIZEN of FSM? 1. Born in the FSM 4. Other US citizen 2. FSM citizen by Naturalization 5. Not a citizen (permanent residence) 3. Born in US or US territory 6. Not a citizen (temporary residence) <input type="checkbox"/>		17. Which of the following subsistence activities did ... do last week? Mark all appropriate boxes. Ask Was any of the subsistence sold last week? 1. Yes 2. No ==> <input type="checkbox"/> If yes, ask What was the cash amount of the product sold? Subsistence type Check box Amount sold																						
9. At any time since April 1, 2005, has ... attended regular school or college. If "Yes," ask Public or private? 1. No 2. Yes, public school or college 3. Yes, private <input type="checkbox"/>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">a. fish and seafood</td> <td style="width: 50px; text-align: center;"> <input type="checkbox"/> </td> <td style="width: 100px; text-align: right;">\$</td> </tr> <tr> <td style="padding: 2px;">b. pigs</td> <td style="text-align: center;"> <input type="checkbox"/> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="padding: 2px;">c. sakau</td> <td style="text-align: center;"> <input type="checkbox"/> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="padding: 2px;">d. betelnut</td> <td style="text-align: center;"> <input type="checkbox"/> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="padding: 2px;">e. other agriculture/gardening products</td> <td style="text-align: center;"> <input type="checkbox"/> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="padding: 2px;">f. handicrafts</td> <td style="text-align: center;"> <input type="checkbox"/> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="padding: 2px;">g. other subsistence activities</td> <td style="text-align: center;"> <input type="checkbox"/> </td> <td style="text-align: right;">\$</td> </tr> </table>		a. fish and seafood	<input type="checkbox"/>	\$	b. pigs	<input type="checkbox"/>	\$	c. sakau	<input type="checkbox"/>	\$	d. betelnut	<input type="checkbox"/>	\$	e. other agriculture/gardening products	<input type="checkbox"/>	\$	f. handicrafts	<input type="checkbox"/>	\$	g. other subsistence activities	<input type="checkbox"/>	\$
a. fish and seafood	<input type="checkbox"/>	\$																						
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g. other subsistence activities	<input type="checkbox"/>	\$																						
10. How much school has ... COMPLETED? Read categories if person is unsure. Circle the number for the highest level COMPLETED or degree RECEIVED. If currently enrolled, mark the level of previous grade attended or highest degree received. 31. No school completed 32. Nursery school 33. Kindergarten 1. — 11. Grades 1 to 11 12. 12 th grade, no diploma 13. HIGH SCHOOL GRADUATE — DIPLOMA or equivalent (GED) 14. Some college but no degree 15. Associate degree in college — Occupational program 16. Associate degree in college — Academic program 17. Bachelor's degree (For example: BA, AB, BS) 18. Master's degree (For example: MA, MS, MEd, MSW, MBA) 19. Higher level degree (For example: MD, DDS, LLB, JD, PhD, EdD) <input type="checkbox"/>		If this person had paid employment last week, go to 21-23 on the next page.																						
11a. Did ... live in this house or apartment 5 years ago (on June 1, 2000)? 1. Born after June 1, 2000 — Go to questions for next person 2. Yes — skip to 11c 3. No <input type="checkbox"/>		18. Was ... on layoff from a job or business LAST WEEK? If "No," ask — Was ... temporarily absent or on vacation from a job or business last week? 1. Yes, on layoff 2. Yes, on vacation, temporary illness, labor dispute, etc. 3. No 4. Yes, temporarily ill <input type="checkbox"/>																						
11b Where did ... live 5 years ago? Print Island/Municipal and State in FSM, U.S. State or territory, or foreign country in the space below <div style="text-align: right;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div>		19a Has ... been looking for work during the last 4 weeks? 1. Yes 2. No — Skip to 20 <input type="checkbox"/>																						
11c. What language does ... usually speak at home? <div style="text-align: right;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div>		19b Could ... have taken a job LAST WEEK if one had been offered? If "No," ask — For what reason? 1. No, already has a job 3. No, other reasons (in school, etc.) 2. No, temporarily ill 4. Yes could have taken a job <input type="checkbox"/>																						
IF THIS PERSON IS LESS THAN 15 YEARS OLD, GO TO THE NEXT PERSON. OTHERWISE GO TO 12		20 In what year did ... last work, even for a few days? If Never worked, write "Never worked". [Code 9998 for never worked] <div style="text-align: right;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div>																						

2005 FSM Household Income and Expenditures Survey – Section 11 – Individual Characteristics

21-23 The following questions ask about the job worked for pay 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 or business since June, 2000.

21 For whom did ... work? If now on active duty, write "Armed Forces"; otherwise, print the name of the company, business or other employer. Provide actual agency, like Department of Education, NOT Yap State Government

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22 What kind of work was ... doing? This is the occupation, like primary school teacher, medical officer, cashier, etc.

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23 Who did ... work for?

1. Municipal government
2. State government
3. National government
4. Other government agency
5. Government owned enterprise
6. Private company or business or an individual for wages
7. Non-profit organization, school, church, COM, etc
8. Self employed
9. Working without pay

--

24a Last year (2004), did ... work, even for a few days, at a paid job or in a business or farm?
1. Yes 2. No — Skip to 25

--

24b How many weeks did ... work in 2004? Count paid vacation, paid sick leave, and military service? Weeks ==>

--	--

24c During the weeks WORKED in 2004, how many hours did ... usually work each week? Hours ==>

--	--

25. Last year (2004) did ... do any subsistence activities? 1. Yes 2. No

--

Mark all appropriate boxes. Ask Was any of the subsistence sold last year?

If yes, ask – What was the cash amount of the product sold?

Subsistence type	Check box	Amount sold
a. fish and seafood		\$
b. pigs		\$
c. sakau		\$
d. betelnut		\$
e. other agriculture/gardening products		\$
f. handicrafts		\$
g. other subsistence activities		\$

SUM the amounts shown and record in 26b ==>

26 The following questions are about income received during 2004. If an exact amount is not known, accept a best estimate. Report dollar amounts ONLY; do not report cents – if cents are reported, round to the nearest dollar amount.

26a How much ... earn in income from wages, salary, commissions, bonuses, or tips? Report amount before deductions for taxes, bonds, dues, etc.

\$

26b How much did ... earn from (his/her) own farm or nonfarm business, proprietorship, or partnership? Report net income after business or operating expenses. Farm business includes products grown as subsistence such as taro, betelnut, etc., but were actually sold last year; non-farm includes subsistence fishing but the fish were actually sold.

\$

26c How much did ... receive in housing/accommodation allowances and rent payment from an employer. Include annual equivalent value of housing utilities if provided free.

\$

26d How much did ... earn from renting or leasing land or houses?

\$

26e How much did ... receive in interest, dividends, royalty income, or income from estates and trusts?

\$

26f How much did ... receive from Pell Grants or other educational grants and scholarships?

\$

26g How much did ... receive in Social Security? Income payments to retired workers, dependents, and disabled workers.

\$

26h How much did ... receive from retirement, survivor, or disability pensions?

Include payments from companies, unions, Federal or U.S. military.

\$

26i How much did ... receive from government programs or other public assistance or welfare? \$

\$

26j How much did ... receive from remittances from inside FSM?

\$

26k How much did ... receive from remittances from outside FSM?

\$

26l How much did ... save from per diems or business trips paid for by others?

\$

26m How much did ... receive from unemployment compensation, child support or alimony, or any other REGULAR source of income? Do NOT include lump-sum payments such as money from an inheritance or the sale of a home.

\$

26n What was the total value of all gifts ... received from inside the FSM, including gifts from family members in other households, traditional gifts, and election gifts?

\$

26o What was the total value of all gifts ... received from outside the FSM, including gifts from family members in other households, traditional gifts, and election gifts?

\$

27 Do not ask this question if 26a through 26o are complete. Instead, sum these entries and enter the amount below. What was ...'s total income in 2004?

\$							
----	--	--	--	--	--	--	--

2005 FSM Household Income and Expenditures Survey

Section 3. Consumer Durables, Furniture, Electronic Items and Recreation Items (12-month recall period)

These questions are about household items you purchased in the last 12 months. Please include anything bought with a credit card or cash. If any item was charged over time, provide the monthly repayment. Include any item purchased by your household and given to someone else or to another household.

Item	1. New 2. Used	Total Spent	Monthly payment	Item	1. New 2. Used	Total Spent	Monthly payment
Major Appliances 1. Yes 2. No <input type="checkbox"/>				Electronic Goods 1. Yes 2. No <input type="checkbox"/>			
301 Stove/range/oven (electric)		\$	\$	341 Television		\$	\$
302 Stove/range/oven (gas)		\$	\$	343 Video cassettes recorder (VCR) or combination DVD/VCR		\$	\$
303 Range hood exhaust fan		\$	\$	344 DVD player		\$	\$
304 Refrigerator		\$	\$	345 Satellite dishes		\$	\$
305 Freezer		\$	\$	346 Camcorder/video recorder		\$	\$
306 Dishwasher		\$	\$	347 Video machine (e.g. X-box)		\$	\$
307 Garbage disposal		\$	\$	349 Home stereo and/or entertainment system		\$	\$
308 Radio (all types)		\$	\$	350 Cassette player/Tape recorders		\$	\$
309 Microwave oven		\$	\$	351 CD Player		\$	\$
310 Washing machine		\$	\$	352 Speakers or Surround-sound speakers		\$	\$
311 Clothes dryer		\$	\$	362 MP3/Ipod machine		\$	\$
312 Generator		\$	\$	353 Other audio and/or video equipment		\$	\$
313 Water heater		\$	\$	354 Portable video games (Gameboy)		\$	\$
314 Air conditioner		\$	\$	355 Car audio and/or video equipment & installation		\$	\$
315 Rice cooker		\$	\$	356 Telephones/answering machines		\$	\$
316 Sewing machine		\$	\$	357 Cell/cellular/text telephones		\$	\$
317 Other major appliances		\$	\$	358 Karaoke/karaoke microphone		\$	\$
Computers and related electronic devices 1. Yes 2. No <input type="checkbox"/>				359 Typewriters/calculator/other office machine			
321 Home computer and/or laptop		\$	\$	360 Pager		\$	\$
322 Combination printer/fax/copier/scanner		\$	\$	362 Personal Digital assistant (PDA), palm pilot/corder		\$	\$
323 Copier		\$	\$	361 Other electronic equipment		\$	\$
324 Fax		\$	\$	Household Furnishings and Operations 1. Yes 2. No <input type="checkbox"/>			
325 Printers/photo printer		\$	\$	371 Bedroom furniture		\$	\$
326 CD/DVD burners/drives		\$	\$	372 Living room		\$	\$
327 Floppy disks/CDs/DVDs/memory sticks/flash drive		\$	\$	373 Dining room furniture		\$	\$
328 External Memory/Hard Disks		\$	\$	374 Kitchen furniture		\$	\$
329 Scanners		\$	\$	375 Other furniture		\$	\$
330 Software & accessories		\$	\$	Floor Coverings 1. Yes 2. No <input type="checkbox"/>			
331 Other computer equipment		\$	\$	381 Rugs, carpets, etc.		\$	\$
332 Digital camera		\$	\$	382 Linoleum (hard surface)		\$	\$
333 Non-digital camera		\$	\$	383 Woven mats		\$	\$
334 Photo accessories		\$	\$	384 Other floor coverings		\$	\$

Section 3a. Consumer Durables - Sports, Recreation, and Exercise Equipment (12-Month Recall Period) 1. Yes 2. No ☐

These questions are about sports, recreation, and exercise equipment that you purchased in the last 12 months. Please include anything bought with a credit card or cash. If any item was charged over time, provide the monthly repayment. Include any item purchased by your household and given to someone else or to another household.

Item	1. Yes 2. No	1. New 2. Used	Total Spent	Monthly payment	Item	1. New 2. Used	Total Spent	Monthly payment
390 Health and exercise equipment			\$	\$	395 Bicycles/tricycles		\$	\$
391 Camping equipment			\$	\$	396 Golf and golfing equipment		\$	\$
392 Hunting/fishing equipment			\$	\$	397 Tennis rackets & equipment		\$	\$
393 Water sports equipment			\$	\$	398 Other sporting goods/equipment		\$	\$
394 Automobile custom accessories (e.g., custom wheels)			\$	\$	399 Acoustic/electric musical equip		\$	\$

Section 4. Consumer Durables - Small Household Appliances, Tools & Household Goods & Services (12-Month Recall Period)

Small Household Appliances 1. Yes 2. No <input type="checkbox"/>				Household Services 1. Yes 2. No <input type="checkbox"/>			
401 Small electric kitchen appliances (e.g., toaster, toaster oven)		\$	\$	425 Housekeeping services		\$	\$
402 Electric personal care appliances (electric razor, hair dryer)		\$	\$	426 Cooking services		\$	\$
403 Water dispenser		\$	\$	427 Driving services		\$	\$
404 Electric floor cleaning equipment		\$	\$	428 Moving, storage, freight services		\$	\$
405 Other small appliances		\$	\$	429 Repair of household items		\$	\$
Tools, Hardware and Supplies 1. Yes 2. No <input type="checkbox"/>				430 Other household services			
411 Lawn mower		\$	\$	Household Equipment Repairs, Service Contracts, Furniture Repair, etc. 1. Yes 2. No <input type="checkbox"/>			
412 Weed wacker/bush cutter		\$	\$	431 Kitchen appliances repair		\$	\$
413 Chain saw		\$	\$	432 Electronic items repair		\$	\$
415 Other hand tools (electric or battery power)		\$	\$	433 Computer or related items repair		\$	\$
416 Other hand tools (non-power)		\$	\$	434 Lawn equipment repair		\$	\$
420 Kitchen utensils		\$	\$	435 Hand or power tools repair		\$	\$
421 Firearms		\$	\$	436 Photographic items repair		\$	\$
418 Outdoor equip. and supplies		\$	\$	437 Sport/recreational equip repair		\$	\$
419 Other hardware/supplies		\$	\$	438 Termites or pest control services		\$	\$
Housekeeping Supplies 1. Yes 2. No <input type="checkbox"/>				439 Service contracts for appliances			
421 Household cleaning products		\$	\$	440 Service contracts, electronic goods		\$	\$
422 Household paper products		\$	\$	441 Service contracts for computers		\$	\$
423 Other housekeeping supplies		\$	\$	442 Furniture repair		\$	\$
424 Misc. Housekeeping supplies		\$	\$	443 Other household goods repairs		\$	\$

2005 FSM Household Income and Expenditures Survey							
Section 5. Consumer Non-Durables - Apparel (12-Month Recall Period)				1. Yes 2. No → <input type="checkbox"/>			
These questions are about apparel items you purchased in the last 3 months. Please include anything bought with a credit card or cash. If any item was charged over time, provide the monthly repayment. Include any item purchased by your household and given to someone else or to another household.							
Item	1. New 2. Used	Total Spent	Monthly payment	Item	1. New 2. Used	Total Spent	Monthly payment
Men's and Boys' Apparel 1. Yes 2. No <input type="checkbox"/>				Watches, Jewelry, Hairpieces, Clothing rental and storage 1. Yes 2. No <input type="checkbox"/>			
501 Men's suits		\$	\$	541 Watches		\$	\$
502 Men's dress shirts		\$	\$	542 Jewelry		\$	\$
503 Men's casual shirts/tee shirts		\$	\$	543 Hairpieces or wigs		\$	\$
504 Men's pants/shorts		\$	\$	544 Sewing materials to make clothes		\$	\$
505 Men's accessories (belts, suspenders, underwear, etc)		\$	\$	545 Other sewing materials		\$	\$
506 Other men's apparel		\$	\$	546 Clothing services		\$	\$
507 Boys' pants/shorts, including uniforms		\$	\$	547 Clothing repair, altering, tailoring		\$	\$
508 Other boys' apparel		\$	\$	548 Shoe repair		\$	\$
Women's apparel 1. Yes 2. No <input type="checkbox"/>				549 Watch or jewelry repair			
511 Women's outerwear		\$	\$	550 Clothing rental		\$	\$
512 Women's dresses		\$	\$	551 Clothing storage		\$	\$
513 Women's suits and separates		\$	\$	552 Other items		\$	\$
514 Women's underwear, nightwear,		\$	\$	Other items 1. Yes 2. No <input type="checkbox"/>			
515 Women's accessories (belts, scarfs, etc)		\$	\$	Item:		\$	\$
516 Other women's apparel		\$	\$	Item:		\$	\$
517 Girls' dresses and other apparel, including uniforms		\$	\$	Item:		\$	\$
518 Other girls' accessories		\$	\$	Item:		\$	\$
Footwear 1. Yes 2. No <input type="checkbox"/>				Item:			
521 Men's footwear		\$	\$	Item:		\$	\$
522 Boys' footwear		\$	\$	Item:		\$	\$
523 Girls' footwear		\$	\$	Medicines and Medical Supplies 1. Yes 2. No <input type="checkbox"/>			
524 Women's footwear		\$	\$	561 Prescription drugs		\$	\$
525 Infant's/toddler's footwear		\$	\$	562 Non-prescription drugs		\$	\$
Infants Clothing, Watches, Jewelry and Hairpieces 1. Yes 2. No <input type="checkbox"/>				563 Bandages/Band-Aids, etc.			
531 Infant's coats or jackets		\$	\$	564 Prescription eyeglasses/contact lens		\$	\$
532 Infant's dresses		\$	\$	565 Non-Prescription eyeglasses		\$	\$
534 Infant's diapers		\$	\$	566 Other medical supplies		\$	\$
533 Other infants clothing		\$	\$	568 Contact lenses		\$	\$
				569 Sunglasses		\$	\$

2005 FSM Household Income and Expenditures Survey

Section 6A. Transportation – Vehicle Registration/Insurance/Safety (12-Month Recall Period)

The questions below concern the number and type of vehicles that are rented, leased or owned by each household member and the expenditures for each. In the first column, please enter the type of vehicle, make and model. Include any vehicle in your household and that you pay fully for in another household. In this Section, vehicles include: cars, vans, trucks, motorbikes, boats or any other motor vehicles. In column 2, indicate vehicle category (rented, leased or purchased) by entering the number by a household member. Enter the appropriate expenditures for each vehicle in Columns 3, 4 and 5.

Vehicles: Registration/Insurance/Safety Inspection. The following questions are about registration, insurance, and safety inspection fees on ALL vehicles including cars, trucks, motorbikes, boats (including separate outboard motor), or any other motor vehicle. 1. Yes 2. No ☐

Type of Vehicle, Make and Model At least one vehicle:	Rented = 1 Leased = 2 Purchased = 3	Registration	Insurance Premium	Safety Inspection
1. <input type="text"/>		\$	\$	\$
2. <input type="text"/>		\$	\$	\$
3. <input type="text"/>		\$	\$	\$
4. <input type="text"/>		\$	\$	\$

Section 6B. Transportation – Vehicle Maintenance and Repairs (3-Month Recall Period) 1. Yes 2. No ☐

The questions below concern vehicle maintenance costs and refers to the vehicles entered above (including maintenance of outboard motors). Enter information for each vehicle. Enter the type of vehicle, make and model. In columns 2, 3, and 4, enter the average monthly costs for each of the categories over the past 3 months.

Type of Vehicle, Make and Model At least one vehicle:	Repair costs (Specify type of repair)	Average monthly gasoline	Average monthly cost of oil/other liquids
1. <input type="text"/>	\$	\$	\$
2. <input type="text"/>	\$	\$	\$
3. <input type="text"/>	\$	\$	\$
4. <input type="text"/>	\$	\$	\$

In the last 12 months have you received any money from an insurance policy for a vehicle which was "written off" or stolen? 1. Yes 2. No <input type="checkbox"/>	When did you receive the money? (Month & Year) ____/____	Type of vehicle	How much did you receive after paying off what was still owed? \$

Section 6C. Transportation – Vehicle Purchasing/Renting/Leasing (12-Month Recall Period) 1. Yes 2. No ☐

The questions below concern the expenditures that household members spent on renting, leasing or purchasing vehicles (including outboard motors). Entries should be made for each vehicle. DO not include vehicles or boats rented or leased by a business or employer. Enter the type of vehicle, make and model. In column 2, enter the appropriate category. In column 3, indicate whether the vehicle is new or used. Complete the total cost in column 4, the down payment if it occurred in the previous 12 months in column 5, and the monthly payment in column 6.

Type of Vehicle, Make and Model At least one vehicle:	Purchase=1 Rented=2 Leased=3	New=1 Used=2	Total Cost	Down Payment in the past 12 months	Monthly payment
1. <input type="text"/>			\$	\$	\$
2. <input type="text"/>			\$	\$	\$
3. <input type="text"/>			\$	\$	\$

Section 6D. Transportation – Vehicle Sales (12-Month Recall Period) 1. Yes 2. No ==>☐

The questions below concern the sale by any household member of any vehicle (including an outboard motor) owned by a household member. Enter information for each vehicle. Enter the type of vehicle, make and model. Enter appropriate expenditures for each vehicle in Columns 3, 4 and 5.

Type of Vehicle, Make and Model			Total Selling Price	Down Payment in the past 12 months	Monthly payment from buyer to seller
At least one vehicle:					
1.	SOLD	USED	\$	\$	\$
2.	SOLD	USED	\$	\$	\$
3.	SOLD	USED	\$	\$	\$
4.	SOLD	USED	\$	\$	\$
5.	SOLD	USED	\$	\$	\$

Section 6E. Transportation – Off-Island Travel (12-Month Recall Period)

Off-Island Travel: In the last 12 months, has any household member had any expenses related to any off-island trips, excluding business trips? If yes, enter the destination, round-trip fare, accommodation and other expenditures. Record the Island/Municipal in the FSM if travel was within the FSM, the US State, or foreign country if outside FSM.

1. Yes 2. No

☐

If YES, how many? ==>

☐

Destination	HH/ non-HH*	Fares	Accommodation	Other expenses (specify)
1.	HH	1. Air	1 Hotel/Motel	1
	NHH	2. Other	2 Other	2
2.	HH	1. Air	1 Hotel/Motel	1
	NHH	2. Other	2 Other	2
3.	HH	1. Air	1 Hotel/Motel	1
	NHH	2. Other	2 Other	2
4.	HH	1. Air	1 Hotel/Motel	1
	NHH	2. Other	2 Other	2
5.	HH	1. Air	1 Hotel/Motel	1
	NHH	2. Other	2 Other	2

*Note that HH stands for "household member" and Non-HH for "non-household member". So, if the travel was for a household member circle the HH entry; if the travel was for a non-household member – someone not living in the household – circle the NHH.

2005 FSM Household Income and Expenditures Survey					
Section 7. Medical Care (12-Month Recall Period)					
Section 7A. Health Insurance: Are any of the household members currently paying for regular or supplemental health insurance?					1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
Health Insurance Company/Plan Name	Number of persons in this household covered?	Last payment amount	Period covered: (1) weekly, (2) biweekly (3) monthly (4) other	How much is charged to a business/refunded?	
1.		\$		\$	
2.		\$		\$	
3.		\$		\$	
4.		\$		\$	
Section 7B. Doctor's Fees: In the last 12 months, have you made any payments to a General Practitioner or a family doctor? If yes, please enter type of service, gross payment or co-payment, any refund and net payment below.					1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
Name of doctor/provider	Type of treatment	Doctor's total charge	Patient payment/co-payment	Part paid by insurance or party	On island Off island
1.		\$	\$	\$	On Off
2.		\$	\$	\$	On Off
3.		\$	\$	\$	On Off
4.		\$	\$	\$	On Off
Section 7C. Other Health Specialists Fees: In the last 12 months, have you made any payments to a Health Specialist? If yes, please enter type of service, gross payment or co-payment, any refund and net payment.					1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
Name of health specialist	Type of specialist or treatment	Total charge	Patient payment/co-payment	Part paid by insurance or party	On island Off island
		\$	\$	\$	On Off
2.		\$	\$	\$	On Off
3.		\$	\$	\$	On Off
4.		\$	\$	\$	On Off
Section 7D. Hospital, Dispensary or Nursing Home. In the last 12 months, have you made any payments to a Hospital, Dispensary or a Nursing Home, including adult/elderly home care? If yes, please enter the name, type of service, total charge, patient reimbursement, refund or co-payment, the total paid and whether it was on islands or off-island.					1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
Name of hospital, dispensary or nursing home	Type of service	Total charge	Patient payment/co-payment	Part paid by insurance or party	On island Off island
1.		\$	\$	\$	On Off
2.		\$	\$	\$	On Off
3.		\$	\$	\$	On Off
Section 7E. Medical or Other Health Practitioner: In the last 12 months, have you made any payments to any other medical or health Practitioner? This includes opticians, optometrists, repair of glasses, contact lenses, dentists or dental specialists & traditional/local doctors. If yes, please enter type of service, gross payment or co-payment, any refund and net payment					1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
Name of health specialist	Type of specialist or treatment	Total charge	Patient payment/co-payment	Part paid by insurance or party	On island Off island
1.		\$	\$	\$	On Off
2.		\$	\$	\$	On Off
3.		\$	\$	\$	On Off
4.		\$	\$	\$	On Off
5.		\$	\$	\$	On Off
6.		\$	\$	\$	On Off

2005 FSM Household Income and Expenditures Survey							
Section 8. Loans (12-Month Recall Period)							
Section 8A. Loans – [DO NOT include Car loans]							
<p>The questions below concern any loans that any members of the household have and have not paid back. Are you currently making regular payments for anything on rent-to-own purchase, personal or some other type of loans? <i>Interviewer: Exclude credit cards and other revolving credit, or other loan used for this dwelling or other property. [Use the following codes for lenders below: 1 bank, 2 insurance company, 3 finance company, 4 credit union, 5 other (Specify), and, if other, specify the type of lender.]</i></p>						<p>1. Yes => 2. No</p> <input type="checkbox"/>	<p>If yes, how many loans do you have?</p> <input type="checkbox"/>
Lender: (Enter code from above)	Main purpose: (Specify) 1. Traditional Activ. 2. Medical 3. Religious Activ. 4. Personal 5. Others	Type: 1 Rent to own, 2 Personal loan, 3 other	Month/year repayments started	Amount borrowed	Each repayment & period covered		How much charged to business or refunded?
					Amount	Period	
1.				\$	\$		\$
2.				\$	\$		\$
3.				\$	\$		\$
4.				\$	\$		\$
Section 8B. Credit cards or charge accounts such as VISA? Include charge accounts at individual stores if the store charges interest when the full amount is not paid each month.						<p>1. Yes 2. No</p> <input type="checkbox"/>	<p>If Yes, how many?</p> <input type="checkbox"/>
(a) Number of purchases on last bill (enter NONE if none)	(b) Did you have a service or credit charge for previous purchases on your last bill? (Circle)		(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, \$\$ => 2 No	\$	1 Yes, \$\$ => 2 No	\$	\$		1. One month 2. Other_____
2.	1 Yes, \$\$ => 2 No	\$	1 Yes, \$\$ => 2 No	\$	\$		1. One month 2. Other_____
3.	1 Yes, \$\$ => 2 No	\$	1 Yes, \$\$ => 2 No	\$	\$		1. One month 2. Other_____
5.	1 Yes, \$\$ => 2 No	\$	1 Yes, \$\$ => 2 No	\$	\$		1. One month 2. Other_____
Section 9. Education. (12-Month Recall Period)							
<p>In the past 12 months, have you paid any education fees? <i>Education fees do not include payments made by outside agencies such as Pell grant, loans, etc. – report only your out-of-pocket expenses</i></p>					<p>1. Yes 2. No</p> <input type="checkbox"/>	<p>If yes, how much? \$ _____</p>	
Type of payment	College or University	Secondary School	Primary School	Nursery or Preschool AND Day care	Other School	If any, amount paid by someone outside this household	
Code 1=in FSM 2=not FSM							
Tuition/books	\$	\$	\$	\$	\$	\$	
Housing	\$	\$	\$	\$	\$	\$	
Food or board	\$	\$	\$	\$	\$	\$	
Others	\$	\$	\$	\$	\$	\$	

2005 FSM Household Income and Expenditures Survey			
Section 10. Miscellaneous Expenses (12-Month Recall Period)		1. Yes 2. No ==>	
In this section enter the amount spent by all household members for each of these categories in the past 12 months			
REMITTANCES: 950 How much did all members of your family give as cash or gifts to other individuals or families (1) in FSM or (2) outside FSM?	CASH	TYPE OF GIFT(S) (e.g., freezer, car, medical expenses)	Total value of gifts
Place and Code:	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
WATER PURCHASES:			
953 How much did you spend on water containers of 3 gallons or more?	\$	954 How much did you spend on water trucked to your residence?	\$
LICENSES: 955 How much did all members of your family spend on all licenses last year (including driver's licenses, boat driver's licenses, hunting, fishing)?			\$
HEALTH/BEAUTY SERVICES:			
961 Health spa establishments (excluding body and facial massage)	\$	965 Haircuts	\$
962 Body and facial massage	\$	966 Hair dying and coloring	\$
963 Salons (including permanents and other hair styling)	\$	967 Hair weaving, extensions, and others	\$
964 Manicures and pedicures	\$	968 Nutrition centers	\$
MAJOR LOCAL EXPENSES (including purchased food, grown food, and other donations)			
971 Weddings	\$	974 Other traditional feasts and events	\$
972 Christenings	\$	975 Other family events	\$
973 Funerals	\$	976 Church activities	\$
		977 School fund-raising, charitable organizations, and other donations	\$
OTHER EXPENSES:			
981 Legal and accounting fees	\$	990 Mutual funds, stocks, and bonds	\$
982 Computer and other games	\$	991 Alimony	\$
983 Life insurance premiums	\$	992 Veterinary services	\$
984 Dry cleaning services	\$	993 Child day care	\$
985 Fitness centers	\$	994 After school programs	\$
986 Annual fees for social or sports clubs and credit cards	\$	995 Home security alarm systems	\$
987 Child support	\$	988 Other	\$
989 Shuttle bus service (mass transit)	\$	988 Other	\$

INTERVIEWER REMINDERS:

Be sure you have recorded —

1. Geographic information on the front cover of the questionnaire
2. The respondent's name and the respondent's telephone number (if any) in the appropriate boxes on the front cover.
3. **Your** signature (name) and the date in the boxes below on this page.

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 **and** on the map.
6. Written all entries legibly.

CERTIFICATION — I certify the entries I have made on this questionnaire are true and correct to my knowledge.

Enumerator's signature:

Date

NOTES:

2005 HOUSEHOLD INCOME AND EXPENDITURE SURVEY

DAILY EXPENDITURES DIARY - WEEK 1

Fill in this diary each day, so that each item is recorded on the day it occurs.

CONFIDENTIAL

The information you provide in this book is confidential; it will not be revealed to anyone except the interviewer and the people who are working for the Division of Statistics. When the survey is completed, the results will be printed in the form of totals only and no information about individual households will be disclosed.

Help available

If you have any problems in completing this diary please contact:

Enumerator's Name Phone Number: _____

You may also contact the National Statistics Office at 320-2820

OR

The Statistics Branch Offices in the states at the numbers below

Yap → 320-5249 Chuuk → 330-5675
Pohnpei → 320-6590 Kosrae → 370-3797

A. State:	B. Municipality:	C. Village:	
D. ED:	E. Block:	F. Map Spot:	G. Household No.:

Name of Householder: _____

Name of Respondent: _____

Division of Statistics
Government of the Federated States of Micronesia

Thank you for your assistance in completing this diary. In this diary you should record your household's day-to-day purchases and payments.

The information from the diaries, combined with some other information we will be seeking from you, will provide valuable data to allow comparisons of spending patterns of different types of households in the Federated States of Micronesia.

Before you start to fill in this diary, please read the notes in the 'Definitions and Instructions' booklet and examine the examples given before each section of the diary.

SOME EASILY FORGOTTEN PAYMENTS

- . Laundry
- . Taxi and boat fares
- . Fees to Doctors, dentists, sitters
- . Repairs to motor vehicles, electrical appliances, video machines
- . Club fees and subscriptions
- . Children's allowance
- . Donations to charities, churches
- . Lay-away payments
- . Deductions from wages such as tax, health insurance, social security
- . Automatic payments made directly by banks

SOME EASILY FORGOTTEN PURCHASES

- . Takeout and restaurant meals
- . Beer consumed at a bar
- . Ice cream, candy for kids
- . Cigarettes
- . Gas for vehicle(s)
- . Newspapers and magazines
- . Subscriptions, e.g. to magazines
- . Raffle tickets
- . Postal charges

[illegible]

[illegible][illegible]

2005 SURVEY OF THE FEDERATED STATES OF MICRONESIA DAILY EXPENDITURES DIARY					
GIFTS GIVEN AWAY					
On any day that any member of your household GIVES Cash or Purchased goods to other households in the Federated States of Micronesia, record the information below, and the amount of the gift OR approximate value of the purchased item.					
Day Of Week	Office Use Only	Item Description (Brand or Type)	Quantity		Estimated Local Retail Value \$XX.XX
			Number	Unit	
2		CASH to cousin leaving for Guam	X		\$ 100.00
7		CASH to sister for nephew's birthday	X		\$ 10.00
		CASH			
		PURCHASED GOODS:			
2		3 cans corned beef for nephew's birthday party	3	pound	\$ 10.50
HOME PRODUCED ITEMS GIVEN AWAY TO OTHER HOUSEHOLD(S) (vegetables, bananas, breadfruit, eggs, fish, chicken, meat, etc.):					
2		Fresh Tuna fish	15	Pound	\$15.00
2		Breadfruit	4	Pound	\$4.00
7		Banana	10	pound	\$4.00
NOTE: For Days, use 1=Monday, 2=Tuesday, 3=Wednesday, 4=Thursday, 5=Friday, 6=Saturday, 7=Sunday.					

2005 SURVEY OF THE FEDERATED STATES OF MICRONESIA DAILY EXPENDITURES DIARY					
GIFTS GIVEN AWAY					
On any day that any member of your household GIVES Cash or Purchased goods to other households in the Federated States of Micronesia, record the information below, and the amount of the gift OR approximate value of the purchased item.					
Day Of Week	Office Use Only	Item Description (Brand or Type)	Quantity		Estimated Local Retail Value \$XX.XX
			Number	Unit	
		CASH	X	X	
		CASH	X	X	
		CASH	X	X	
		PURCHASED GOODS:			
HOME PRODUCED ITEMS GIVEN AWAY TO OTHER HOUSEHOLD(S) (vegetables, bananas, breadfruit, eggs, fish, chicken, meat, etc.):					
NOTE: For Days, use 1=Monday, 2=Tuesday, 3=Wednesday, 4=Thursday, 5=Friday, 6=Saturday, 7=Sunday.					

2005 SURVEY OF THE FEDERATED STATES OF MICRONESIA DAILY EXPENDITURES DIARY					
GIFTS RECEIVED					
On any day that any member of your household RECEIVES Cash or Purchased goods from other households in the Federated States of Micronesia, record the information below, and the amount of the gift OR approximate value of the purchased item.					
Day Of Week	Office Use Only	Item Description (Brand or Type)	Quantity		Estimated Local Retail Value \$XX.XX
			Number	Unit	
1		CASH received from cousin who lives in Guam	1		\$ 500.00
5		CASH from sister for son's birthday	1		\$ 25.00
		CASH			
		PURCHASED GOODS:			
1		3 cake mixes for son's birthday party	3	15 oz. boxes	\$ 6.30
HOME PRODUCED ITEMS GIVEN AWAY TO OTHER HOUSEHOLD(S) (vegetables, bananas, breadfruit, eggs, fish, chicken, meat, etc.):					
1		Bananas	30	Lbs	\$10.50
1		Kosraean Orange	10	Lbs	\$5.00
5		Drinking Coconut	10	Ea	\$5.00
NOTE: For Days, use 1=Monday, 2=Tuesday, 3=Wednesday, 4=Thursday, 5=Friday, 6=Saturday, 7=Sunday.					

2005 SURVEY OF THE FEDERATED STATES OF MICRONESIA DAILY EXPENDITURES DIARY					
GIFTS RECEIVED					
On any day that any member of your household RECEIVES Cash or Purchased goods from other households in the Federated States of Micronesia, record the information below, and the amount of the gift OR approximate value of the purchased item.					
Day Of Week	Office Use Only	Item Description (Brand or Type)	Quantity		Estimated Local Retail Value \$XX.XX
			Number	Unit	
		CASH:			
		PURCHASED GOODS:			
HOME PRODUCED ITEMS RECEIVED FROM OTHER HOUSEHOLDS (vegetables, bananas, breadfruit, eggs, fish, chicken, meat, etc.):					
NOTE: For Days, use 1=Monday, 2=Tuesday, 3=Wednesday, 4=Thursday, 5=Friday, 6=Saturday, 7=Sunday.					

Below there is a box to record any special events, such as weddings, funerals, etc., which made the expenses you recorded in your diaries exceptional. Normally, this will not happen in any particular week, but sometimes it does, and if we don't note this special event, there will be an impression that this event occurs every week. So, it is very important that if you have an event like this, that you record the information in the box below. See example below.

Date: Saturday
Event: Sister's wedding took place during the week, many guests were invited and present this week.

Example Only

Were there any special events, such as weddings, funerals, etc., which made the expenses you recorded in your diaries exceptional?

If yes, please describe briefly:

Date:
Event:

A FINAL REMINDER FOR RESPONDENT

Have you made sure you have included *all* the expenses incurred by *all* members of the household?

Have you remembered to include those *easy to forget* items? For example:

Beer consumed at a bar	Laundry
Meals away from home	Fees for Doctors, dentists, sitters.
Ice cream and candy for kids	Vehicle repairs, electrical appliances, video machines
Taxi and boat fares	Club fees and subscriptions
Newspapers and magazines	Children's allowance
Video rentals	Donations to charities, churches
Playing on poker machines and video arcade machines	Lay-away payments
(expense minus [-] winnings)	Deductions from wages such as tax, health insurance, social security
Raffle tickets	Automatic payments made directly by banks
Postage charges	Gas for vehicle
Cigarettes	Subscriptions, e.g. to magazine.

When you are satisfied that the diary is complete, please hold it until the interviewer calls. He/she expects to come by on _____.

The Government of the Federated States of Micronesia is very grateful for your help in this survey. The information you have provided is confidential, but will be of great value to us in our planning for the economic development of our country. Our warmest thanks to all members of your household.

ENUMERATORS REMINDERS:	
<p>Before turning your completed work to your Supervisor be sure to check the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. All information on the front cover of the diary is filled (i.e. State, Municipality, Village, etc.). <input type="checkbox"/> 2. Checked all daily entries. <input type="checkbox"/> 3. Checked all entries legibly. <input type="checkbox"/> 4. You have signed and dated the certification boxes below. 	
CERTIFICATION - I have reviewed and certified the entries made on this diary are true and correct.	
Enumerator's Signature: _____	Date: _____
Supervisor's Signature: _____	Date: _____