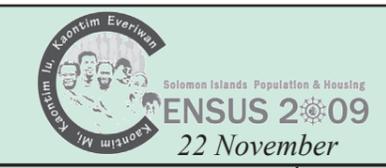


Province Ward EA HH



- 1 Private HH
2 Institution (Collective HH)

GPS Code / Sticker

Enumerator

Village Is there a church in this village? 1 Yes 2 No

Name of institution:

Questionnaire of

FOR ALL PERSONS Person 1 Person 2 Person 3 Person 4 Person 5 Person 6

P1. What is this person's name? First name Last name

P2. What is the person's relationship to head of household?

P3. What is the person's sex? 1 Male 2 Female

P4. What is the person's date of birth and age at last birthday? DD/MM/YYYY Age

P5. Is the person's biological mother still alive? If 'N' GO TO P7

P6. Is she living in this HH? (If 'Y' state mother's person number)

P7. Is the person's biological father still alive?

P8. What is the person's ethnic origin? 1 Melanesian, 2 Polynesian, 3 Micronesian, 4 Chinese, 5 European, 6 Other (specify)

P9. What is this person's citizenship? 1 Solomon Islands by birth, 2 Solomon Islands by naturalisation, 3 Other country (specify)

P10. What is the person's marital status? 1 Never married, 2 Married, 3 Custom, 4 Divorced, 5 Separated, 6 Widowed

P11. What is this person's religion? 1 Church of Melanesia, 2 Roman Catholic, 3 South Sea Evangelical Church, 4 Seventh Day Adventist, 5 United Church, 6 Christian Fellowship Church, 7 Jehova's Witness, 8 Christian Outreach Church, 9 Bahai, 10 Custom Beliefs, 11 No religion/Faith, 12 Refuse to answer, 13 Other (specify)

P12. What is this person's place of birth? 1 Same ward, 2 Other. If (2): Prov/Country: Ward:

P13. What is this person's usual place of residence? 1 Same ward, 2 Other. If (2): Prov/Country: Ward:

P14. This question asks about difficulties this person may have, doing certain activities because of a health problem. ND = No difficulty at all, SD = Some difficulties, CD = Cannot do at all

FOR ALL PERSONS 5+ (born in 2004 or before)

P15. Where was the person's residence 5 years ago? 1 Same ward, 2 Other. If (2): Prov/Country: Ward:

P16. Is the person now attending a formal educational institution? 1 Full time, 2 Part time, 3 Left School (GO TO P18), 4 Never been (GO TO P18)

P17. What is the level of education this person is attending? 88 Preschool, 89 Primary school - standard, 90 Secondary school - form, 91-95 Other (specify)

P18. Can this person read and write a simple sentence in one or more of the following: 1 English, 2 Pidgin, 3 Local Language, 4 Other language

FOR ALL PERSONS 12+ (born in 1997 or before)

P19. What is the highest level of education this person has completed? 1 No school completed, 2 Preschool/Nursery school, 3 Some primary, 4 Completed Primary, 5 Completed Form 3, 6 Completed Form 5, 7 Completed Form 6, 8 Completed Form 7, 9 Some college but no degree, 10 Bachelor's degree, 11 Master's Degree, 12 Doctoral degree, 13 Vocational certificate, 14 Other (specify)

FOR ALL PERSONS 12 + (born in 1997 or before)		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	
(Questions P20-P27 refer to last week)	P20. During the last week , did this person do any work ? If 'yes' GO TO P22	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
	P21. During the last week , did this person have a job at which he/she did not work ? If 'no' GO TO P25	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	P22. What type of work/activity does this person usually do? <i>Work for pay : 1. Employee (government), 2. Employee (private), 3. Employer, 4. Self-Employed</i> 5. Voluntary work 6. Unpaid family work 7. Producing goods for sale 8. Producing goods for own consumption	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.
	P23. What is this person's main occupation ?	<input type="text"/>						
	P24. What is the main industry this person works in? (if possible state the name of the employer) GO TO F1	<input type="text"/>						
	P25. Did this person actively look for work? If 'Y' GO TO P27 , 'N' GO TO P26	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	P26. Why didn't this person actively look for work? 1. Full time homemaker, 2. Student, 3. Retired/Old age, 4. Disabled, 5. Didn't want to work, 6. Believe no work available, 7. Bad weather/No transport, 8. Other	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
	P27. Was this person available to work?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

FOR ALL WOMEN 15 + (born in 1994 or before)		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
F1. Has this woman ever given birth , even if the child later died? If 'no' GO TO next P	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
F2. How many live born children of each sex, have in total been born to this woman?	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>
F3. How many children of each sex have been born alive to this woman and were staying on census night: a. In this household b. Elsewhere	M <input type="text"/> F <input type="text"/> T <input type="text"/> M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/> M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/> M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/> M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/> M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/> M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/> M <input type="text"/> F <input type="text"/> T <input type="text"/>
F4. How many children of each sex did this woman give birth to who have died ?	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>
F5. What is the date of birth and age of this woman's last child born alive ? (Including a child that may have died later) If baby less than 1 year old, code age as 000	DD/MM/YYYY Age <input type="text"/>						
F6. What is the sex of this last born child?	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female

HOUSEHOLD AND HOUSING (If there are more than 6 people in HH, complete this for 1st questionnaire ONLY)	
H1. Type of living quarters 1 <input type="checkbox"/> One family house detached from any other house 4 <input type="checkbox"/> Building with two or more HH which share a kitchen/toilet 7 <input type="checkbox"/> Other 2 <input type="checkbox"/> One family house attached to one or more houses 5 <input type="checkbox"/> Dwelling attached to a shop or other non-residential building 3 <input type="checkbox"/> Building with two or more apartments/flats 6 <input type="checkbox"/> Lodging house	
Main material used for: H2. Construction of walls H3. Construction of floor H4. Construction of roof	Wood Tin, corrugated iron Concrete, cement, brick Traditional materials Makeshift or improvised materials Other 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
H5. Number of rooms	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7+ <input type="checkbox"/>
H6. Main source of drinking water 1 <input type="checkbox"/> Metered-SIWA 2 <input type="checkbox"/> Communal standpipe 3 <input type="checkbox"/> HH Tank 4 <input type="checkbox"/> Comm. Tank 5 <input type="checkbox"/> Well - protected 6 <input type="checkbox"/> Well - unprotected 7 <input type="checkbox"/> River/Stream 8 <input type="checkbox"/> Bottled water 9 <input type="checkbox"/> Other	
H7. Main source of washing water 1 <input type="checkbox"/> Piped - priv. 2 <input type="checkbox"/> Piped - shared 3 <input type="checkbox"/> Comm. standpipe 4 <input type="checkbox"/> Well - protected 5 <input type="checkbox"/> Well - unprotected 6 <input type="checkbox"/> HH tank 7 <input type="checkbox"/> Comm. tank 8 <input type="checkbox"/> Sea 9 <input type="checkbox"/> River, lake, spring 10 <input type="checkbox"/> Other	
H8. Main toilet facility 1 <input type="checkbox"/> Flush - private 2 <input type="checkbox"/> Flush - shared 3 <input type="checkbox"/> Water sealed - private 4 <input type="checkbox"/> Water sealed - shared 5 <input type="checkbox"/> Pit latrine - private 6 <input type="checkbox"/> Pit latrine - shared 7 <input type="checkbox"/> Other 8 <input type="checkbox"/> None	
H9. Main form of Household rubbish disposal 1 <input type="checkbox"/> Govt waste collection 2 <input type="checkbox"/> Bury 3 <input type="checkbox"/> Burn 4 <input type="checkbox"/> River/Stream 5 <input type="checkbox"/> Sea 6 <input type="checkbox"/> Backyard 7 <input type="checkbox"/> Other	
H10. Main source of lighting 1 <input type="checkbox"/> Electricity - main grid 2 <input type="checkbox"/> Own generator 3 <input type="checkbox"/> Solar 4 <input type="checkbox"/> Gas 5 <input type="checkbox"/> Kerosene Lamp 6 <input type="checkbox"/> Coleman lamp 7 <input type="checkbox"/> Wood/Coconut 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> None	

H11. Main source of cooking energy 1 <input type="checkbox"/> Electricity - main grid 2 <input type="checkbox"/> Kerosene 3 <input type="checkbox"/> Wood/Coconut shells 4 <input type="checkbox"/> Charcoal 5 <input type="checkbox"/> Gas 6 <input type="checkbox"/> Other
H12. Housing tenure 1 <input type="checkbox"/> Own or have mortgage 2 <input type="checkbox"/> Rent from private landlord 3 <input type="checkbox"/> Subsidised rent 4 <input type="checkbox"/> Rent free 5 <input type="checkbox"/> Caretaker 6 <input type="checkbox"/> Other
H13. Land tenure 1 <input type="checkbox"/> Freehold 2 <input type="checkbox"/> Lease from government 3 <input type="checkbox"/> Lease from private/customary 4 <input type="checkbox"/> Other
H14. Land use (are there any other regular land uses for this site apart from residential?) 1 <input type="checkbox"/> Shop/canteen 2 <input type="checkbox"/> Farm - subsistence 3 <input type="checkbox"/> Farm - sale 4 <input type="checkbox"/> Workshop 5 <input type="checkbox"/> Offer flat/apartment for rent 6 <input type="checkbox"/> Offer services 7 <input type="checkbox"/> Other 8 <input type="checkbox"/> None
H15. Does this household have any bednets ? (state number of insecticide treated bednets in the HH) 1. No. of bednets <input type="text"/> 2. Number of HH members who slept under bednets last night a <input type="text"/> Children 5 yrs and under b <input type="text"/> Pregnant women c <input type="text"/> others
H16. Household durables (state number of items IN WORKING ORDER in appropriate box) 1 <input type="checkbox"/> Car/Bus 2 <input type="checkbox"/> Motorbike 3 <input type="checkbox"/> Truck 4 <input type="text"/> Canoe 5 <input type="checkbox"/> Boat/Ship 6 <input type="text"/> Outboard motor 7 <input type="checkbox"/> Fridge/Ice 8 <input type="checkbox"/> TV 9 <input type="text"/> Telephone 10 <input type="checkbox"/> Computer 11 <input type="checkbox"/> Internet connection 12 <input type="checkbox"/> Generator 13 <input type="checkbox"/> Radio 14 <input type="text"/> Mobile tel. 15 <input type="checkbox"/> HF Radio
H17. Is this household involved in growing food ? 1 <input type="checkbox"/> Subs. only 2 <input type="checkbox"/> Sale only 3 <input type="checkbox"/> Both 4 <input type="checkbox"/> None (Involvement in last 12 months)
H18. Which of the following cash crops are grown by the household? 1 <input type="checkbox"/> Veggies/Food crops 2 <input type="checkbox"/> Coco/Copra 3 <input type="checkbox"/> Betal Nut 4 <input type="checkbox"/> Cocoa 5 <input type="checkbox"/> Tobacco 6 <input type="checkbox"/> Timber 7 <input type="checkbox"/> Flowers 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> None
H19. Does this household have any livestock ? (state number in appropriate box) 1 <input type="text"/> Cows 2 <input type="text"/> Pigs 3 <input type="text"/> Goats 4 <input type="text"/> Horses 5 <input type="text"/> Poultry
H20. Is this household involved in fishing ? 1 <input type="checkbox"/> Subs. only 2 <input type="checkbox"/> Sale only 3 <input type="checkbox"/> Both 4 <input type="checkbox"/> None (Involvement in last 12 months)

H21. Fish and shellfish consumption. Does your household: a. Catch the fish or shellfish yourselves? b. Buy the fish or shellfish? If 'Never' for (a) AND (b) GO TO H22 Tuna Reef fish Shellfish Freshwater fish Other c. Which types of fish do you catch/buy? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
H22 a. How much money (in S\$) has this HH received from remittances in the last 12 months? 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Don't know 3 <input type="checkbox"/> 1 - 499 4 <input type="checkbox"/> 500 - 999 5 <input type="checkbox"/> 1000 - 1499 6 <input type="checkbox"/> 1500 + What is the province/country of the sender (if more than one, record the main sender, if unknown, check "don't know") : <input type="text"/> <input type="checkbox"/> Don't know
H23. What was the main source of income for this household during the past 12 months? 1 <input type="checkbox"/> No income 2 <input type="checkbox"/> Wages/salary 3 <input type="checkbox"/> Own business 4 <input type="checkbox"/> Sale of fish/crops/handicraft 5 <input type="checkbox"/> Land lease 6 <input type="checkbox"/> House rent 7 <input type="checkbox"/> Remittances 8 <input type="checkbox"/> Other source
H24. Have any residents of this household died during the last 12 months ? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> DK If 'Y' then provide details below: Sex Age Date of death If Female, was it pregnancy-related? 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> DK 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> DK 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> DK
Total persons enumerated in this HH MALES <input type="text"/> FEMALES <input type="text"/> TOTAL <input type="text"/> Interview Completed: (Enumerator) Form checked: (Supervisor) Form checked: (Area coordinator)
Name Signature Date