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HOUSING AND POPULATION CENSUS

Enumerator : _____

Island : _____

Enumeration Area : _____

Village/Town: _____

Place: _____

Household Number : _____

CONFIDENTIAL

2. ☐ No

H0. List the names of all the people that slept in this Household last night

Person Number	Full name of every Man, Woman and Child	Sex	Relationship CODE NUMBER
01			1
02			
03			
04			
05			
06			

*if more than 6, Person No. 7 upwards must fill up Part 2 EXTRA Form

07			
08			
09			
10			
11			
12			
13			
14			
15			
16			

Ol Kod Namba blong Rileisensip:

- | | |
|------------------------------|---|
| 1 Head of Household (H of H) | 7 Mother of H of H |
| 2 Wife/Husband of H of H | 8 Father of H of H |
| 3 Daughter of H of H | 9 Grandmother /Grandfather of H of H |
| 4 Son of H of H | 10 Granddaughter /Grandson of H of H |
| 5 Adopted Daughter | 11 Other relation on H of H side of family |
| 6 Adopted Son | 12 Other relation on Wife/Husband of H of H side of family |
| | 13 Any man, woman or child who are not relations/friends / visitors |

H1 How many houses does this household consist of ?

H2 Which category best describes your (main) house ?

1. ☐ Traditional house
2. ☐ Make-shift house
3. ☐ Traditional house with some permanent house materials
4. ☐ Permanent house
5. ☐ Flats
6. ☐ Other

H3 Do you share this house with another household ?

1. ☐ Yes
2. ☐ No

H4 Year of construction of the house?

H5 No. of rooms in house ?

H6 Main Kitchen Facility ?

1. ☐ Kitchen inside the house
2. ☐ Bush Kitchen (outside)
3. ☐ There is a place to cook outside
4. ☐ There is no place to cook

H7 Cooking fuel most used ?

1. ☐ Electricity
2. ☐ Gas
3. ☐ Wood/ Coconut shells
4. ☐ Charcoal
5. ☐ Kerosine
6. ☐ Other

H8 Main source of drinking water for the household ?

1. ☐ Piped water inside or outside, private
2. ☐ Piped water outside, shared with other household
3. ☐ Village Standpipe, shared with whole village
4. ☐ Household Tank
5. ☐ Community Tank
6. ☐ River
7. ☐ Well
8. ☐ Spring
9. ☐ Other

H9 Main toilet facility used by household?

1. ☐ Flush toilet, private
2. ☐ Flush toilet, shared
3. ☐ Water Sealed Toilet, private
4. ☐ Water Sealed Toilet, shared
5. ☐ Ventilated Improved Pit Latrine (VIP), private
6. ☐ Ventilated Improved Pit Latrine (VIP), shared
7. ☐ Pit Latrine, private
8. ☐ Pit Latrine, shared
9. ☐ No toilet facility

H10 What is the main source of lighting the household uses at night ?

1. ☐ Electricity
2. ☐ Gas
3. ☐ Kerosine
4. ☐ Wood/Coconut shells
5. ☐ Candles
6. ☐ Torch Light
7. ☐ Other
8. ☐ None

**H11 Which of these things does your household use ?
(THEY MUST BE IN WORKING ORDER)**

A Radio

1. ☐ Yes, Private
2. ☐ Yes, Shared/Community owned
3. ☐ Do not use

B Shower/Bath/Place to wash

1. ☐ Yes, Private
2. ☐ Yes, Shared/Community owned
3. ☐ Do not use

C Canoe or Boat (without engine)

1. ☐ Yes, Private
2. ☐ Yes, Shared/Community owned
3. ☐ Do not use

D Speedboat

1. ☐ Yes, Private
2. ☐ Yes, Shared/Community owned
3. ☐ Do not use

E Car/Truck/Motorbike

1. ☐ Yes, Private
2. ☐ Yes, Shared/Community owned
3. ☐ Do not use

F Telephone

1. ☐ Yes, Private
2. ☐ Yes, Shared/Community owned
3. ☐ Do not use

H12 Does anyone in the household own any cattle?

1. ☐ Yes
2. ☐ No

11. Other Pacific Country
12. Other European Country
13. Africa
14. Asia
15. Other

12
13
14
15

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15

12
13
14
15

H13 Does anyone in the household own any land?

1. ☐ Yes, on this island
2. ☐ Yes, on another island in Vanuatu
3. ☐ Yes, in another country
4. ☐ No

H14 Does this household have a food garden ?

1. ☐ Yes, food for the family only
2. ☐ Yes, food for the family and for sale
3. ☐ Yes, food for sale only
4. ☐ No

H15 Does anyone in the household have any of the following

Cash Crops ?

A Cocoa

1. ☐ Yes
2. ☐ No

B Kava

1. ☐ Yes
2. ☐ No

If yes, how many plants?

C Coffee

1. ☐ Yes
2. ☐ No

D Coconuts

1. ☐ Yes
2. ☐ No

H16 Does anyone living in this household go fishing?

1. ☐ Yes, fish for the family only
2. ☐ Yes, fish for the family and for sale
3. ☐ Yes, fish for sale only
4. ☐ No

H17 If you had the choice, which kind of school would you like your children to go to?

1. ☐ English
2. ☐ French
3. ☐ Both English and French
4. ☐ No Preference

H18 What is the main language you use at home?

1. ☐ Local Language
2. ☐ Bislama
3. ☐ English
4. ☐ French
5. ☐ Other Language

H19 Does your household have any mosquito bednets?

1. ☐ Yes
2. ☐ No

If yes, how many of you slept under a net last night?

APPENDIX A - MAIN CENSUS QUESTIONNAIRE

AI

		Persen 01 (BOS)	Persen 02	Persen 03	Persen 04	Persen 05	Persen 06
P1	Date of birth?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P2	Age ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P3	Marital Status ? 1. Never Married 2. Married 3. Separated 4. Defacto 5. Divorced 6. Widowed	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/>
P4	Where do you live ? 1. Same as front page of booklet 2. Another village/town in Vanuatu 3. Another Country	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>
P5	If you live in another village/town, which village/town ? Name of village/town → Name of Island → Island Code Number →	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
P6	Place of birth? 1. Vanuatu 2. Australia 3. New Zealand 4. UK 5. France 6. Fiji 7. New Caledonia 8. Solomons 9. PNG 10. America 11. Other Pacific Country 12. Other European Country 13. Africa 14. Asia 15. Other	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> 11 <input type="text"/> 12 <input type="text"/> 13 <input type="text"/> 14 <input type="text"/> 15 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> 11 <input type="text"/> 12 <input type="text"/> 13 <input type="text"/> 14 <input type="text"/> 15 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> 11 <input type="text"/> 12 <input type="text"/> 13 <input type="text"/> 14 <input type="text"/> 15 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> 11 <input type="text"/> 12 <input type="text"/> 13 <input type="text"/> 14 <input type="text"/> 15 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> 11 <input type="text"/> 12 <input type="text"/> 13 <input type="text"/> 14 <input type="text"/> 15 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> 11 <input type="text"/> 12 <input type="text"/> 13 <input type="text"/> 14 <input type="text"/> 15 <input type="text"/>

IRE
APPENDIX A - MAIN CENSUS QUESTIONNAIRE

		Person 01 (BOS)	Person 02	Person 03	Person 04	Person 05	Person 06
P7	What is your country of citizenship ?	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
	2. Vanuatu	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
	3. Australia	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
	4. New Zealand	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>
	5. UK	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>
	6. France	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>
	7. Fiji	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>
	8. New Caledonia	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>
	9. Solomons	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>
	10. PNG	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>
	11. Other Pacific Country	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>
	12. Other European Country	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>
	13. Africa	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>
	14. America	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>
	15. Asia	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>
	P8	What is your Ethnicity ?	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
2. Ni - Vanuatu		2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
3. Part Ni - Vanuatu		3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
4. Other Melanesian		4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>
5. Polynesian		5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>
6. Micronesian		6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>
7. European/Australia/America/NZ		7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>
8. Chinese		8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>
9. Vietnamese		9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>
10. Other		10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>
P9	What is your Religion ?	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
	2. Anglican	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
	3. Presbyterian	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
	4. Catholic	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>
	5. Seventh Day Adventists (SDA)	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>
	6. Church of Christ	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>
	7. Assemblies of God (AOG)	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>
	8. Neil Thomas Ministry (NTM)	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>
	9. Apostolic	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>
	10. Custom	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>
	11. Other	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>
	12. No Religion	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>

		Persen 01 [BOS]	Persen 02	Persen 03	Persen 04	Persen 05	Persen 06
P10	If from Vanuatu, what is your home island?						
	Name of Island → Island Code Number →	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
P11	Is your Father still alive?						
	1. Yes	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	2. No	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	3. Do not know	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
P12	Is your Mother still alive?						
	1. Yes	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	2. No	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	3. Do not know	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
ASK THE FOLLOWING QUESTIONS TO ALL PERSONS AGED 5 UPWARDS IF THEY HAVE NOT YET REACHED 5 YEARS OF AGE, FINISH THE INTERVIEW							
P13	Where were you living in November 1994?						
	1. Same as the front page	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	2. On another island in Vanuatu	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	3. In another country	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	If another island in Vanuatu, which island?						
	Island Code Number →	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
P14 IP's 60 TO 120	What is your Educational Status?						
	1. At kindergarten now	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	2. At school/college/uni now (full time)	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	3. At school/college/uni now (part time)	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	4. Used to go to school/college/uni	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	5. Never been to school	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
P15	What kind of school did you (do you) attend?						
	1. English	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	2. French	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	3. English and French	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	4. Other	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

	Persen 01 [BOS]	Persen 02	Persen 03	Persen 04	Persen 05	Persen 06

P16		number of years	number of years	number of years	number of years	number of years	number of years
THEY ARE ENDING KIND NOW ANSWER QUESTION FINISH VIEW NOW	How many years have you spent at each of these educational institutions						
	1. Kindergarten / Pre-school	1	1	1	1	1	1
	2. Primary <i>District</i>	2	2	2	2	2	2
	3. Junior Secondary <i>yr 7-10</i>	3	3	3	3	3	3
	4. Senior Secondary <i>yr 11-13/14</i>	4	4	4	4	4	4
	5. Post - Secondary <i>eg INTV, VTC</i>	5	5	5	5	5	5
	6. Vocational <i>eg rural training centres</i>	6	6	6	6	6	6
	7. Tertiary <i>uni / college of high. edu.</i>	7	7	7	7	7	7
8. Other	8	8	8	8	8	8	
P17	Which certificates have you attained from educational institutions?						
	1. None	1	1	1	1	1	1
	2. Primary leaving Certificate	2	2	2	2	2	2
	3. Form 3 Certificate <i>Yr 9</i>	3	3	3	3	3	3
	4. Yr 10 Leaving Certificate <i>Form 4</i>	4	4	4	4	4	4
	5. PSSC / GCE / IGCSE <i>Yr 12</i>	5	5	5	5	5	5
	6. Yr 13 (Francophone only)	6	6	6	6	6	6
	7. University Entrance	7	7	7	7	7	7
	8. University Certificate	8	8	8	8	8	8
	9. University Diploma	9	9	9	9	9	9
	10. University Degree	10	10	10	10	10	10
	11. Post-Graduate Certificate	11	11	11	11	11	11
	12. Post-Graduate Diploma	12	12	12	12	12	12
	13. Masters	13	13	13	13	13	13
	14. PhD (Doctorate)	14	14	14	14	14	14
	15. Post - Secondary Certificate	15	15	15	15	15	15
	16. Vocational Certificate	16	16	16	16	16	16
17. Other Certificate	17	17	17	17	17	17	
P18	What languages do you read and write?						
	1. Local Language	1	1	1	1	1	1
	2. Bislama	2	2	2	2	2	2
	3. English	3	3	3	3	3	3
	4. French	4	4	4	4	4	4
	5. Other	5	5	5	5	5	5
6. Cannot read or write	6	6	6	6	6	6	

	Persen 01 [BOS]	Persen 02	Persen 03	Persen 04	Persen 05	Persen 06
C	ASK THE FOLLOWING QUESTIONS TO ALL PERSONS AGED 15 UPWARDS (IF THEY ARE NOT YET 15 YEARS OF AGE FINISH THE INTERVIEW)					
P19 IF 1-4 GO TO P20 IF 5 GO TO P21A	What is your work status ? 1. Work for pay/salary/profit 2. Helping the family business (no pay) 3. Subsistence Farmer 4. Other work (no pay) 5. Do not work	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>
P20 IF 1 GO TO P22 IF 2 GO TO R21B	Did you do any work in the last 7 days ? 1. Yes 2. No	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>
P21A AFTER THIS QUESTION GO TO P26	What is the main reason that you do not work? 1. Student 2. Retired 3. Disabled 4. Do not want to work 5. Are looking for work 6. Housework full time 7. Other reason	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>
P21B	What is the main reason you did not work last week? 1. On holiday 2. Sick/ other family member was sick 3. Other reason	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>
P22	What is your Occupation? Write the answer in this space →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[illegible]

AIR APPENDIX A - MAIN CENSUS QUESTIONNAIRE

		Person 01 (E05)	Person 02 (E06)	Person 03 (E07)	Person 04 (E08)	Person 05 (E09)	Person 06 (E10)
1. Yes 2. No		1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
P23	What is your position at work?						
IFN-3	1. Businessman	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
EO10	2. Government Employee	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
P24	3. Other Employee *	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
IFN-3	4. Working in garden	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
EO10	5. Helping family business (no pay)	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
P25	6. Voluntary/Community Worker	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
	7. Pastor/Religious Leader	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
	8. Other position, no money	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
P24	What does the organization that you work for do? OR What kind of business do you have ? Write the answer in this space →						
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P25	How many days out of the last 7 did you spend doing this job? Write how many days in this box →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P26	Have you worked in the food garden or been fishing in the last 7 days ? 1. Yes 2. No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>

D

ASK THE FOLLOWING QUESTIONS TO ALL FEMALES AGED BETWEEN 15 AND 49
FINISH THE INTERVIEW FOR EVERYONE ELSE

		Pesen 01 (BOS)	Pesen 02	Pesen 03	Pesen 04	Pesen 05	Pesen 06
P27 IF 2 FINISH INTERVIEW NOW	Have you had any children born to you ? 1. Yes 2. No	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>
P28	How many of the children born to you live in this household ? 1. How many males? 2. How many females?	Raetem namba 1 <input type="text"/> 2 <input type="text"/>	Raetem namba 1 <input type="text"/> 2 <input type="text"/>	Raetem namba 1 <input type="text"/> 2 <input type="text"/>	Raetem namba 1 <input type="text"/> 2 <input type="text"/>	Raetem namba 1 <input type="text"/> 2 <input type="text"/>	Raetem namba 1 <input type="text"/> 2 <input type="text"/>
P29	How many of the children born to you live in another household ? 1. How many males? 2. How many females?	Raetem namba 1 <input type="text"/> 2 <input type="text"/>	Raetem namba 1 <input type="text"/> 2 <input type="text"/>	Raetem namba 1 <input type="text"/> 2 <input type="text"/>	Raetem namba 1 <input type="text"/> 2 <input type="text"/>	Raetem namba 1 <input type="text"/> 2 <input type="text"/>	Raetem namba 1 <input type="text"/> 2 <input type="text"/>
P30	How many of the children born to you have died ? 1. How many males? 2. How many females?	Raetem namba 1 <input type="text"/> 2 <input type="text"/>	Raetem namba 1 <input type="text"/> 2 <input type="text"/>	Raetem namba 1 <input type="text"/> 2 <input type="text"/>	Raetem namba 1 <input type="text"/> 2 <input type="text"/>	Raetem namba 1 <input type="text"/> 2 <input type="text"/>	Raetem namba 1 <input type="text"/> 2 <input type="text"/>
P31	How many children in total were born to you ? Write number of children in this box →	Raetem namba <input type="text"/>	Raetem namba <input type="text"/>	Raetem namba <input type="text"/>	Raetem namba <input type="text"/>	Raetem namba <input type="text"/>	Raetem namba <input type="text"/>
P32	When was your last child born? Write date of birth in this box →	Deit <input type="text"/> <input type="text"/> <input type="text"/>	Deit <input type="text"/> <input type="text"/> <input type="text"/>	Deit <input type="text"/> <input type="text"/> <input type="text"/>	Deit <input type="text"/> <input type="text"/> <input type="text"/>	Deit <input type="text"/> <input type="text"/> <input type="text"/>	Deit <input type="text"/> <input type="text"/> <input type="text"/>
P33 IF 1 FINISH INTERVIEW NOW	Is the last child born to you still alive ? 1. Yes 2. No	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>
P34	Was the last child born to you alive when they were born ? 1. Yes 2. No	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>