



CONFIDENTIAL

REPUBLIC OF NAURU

CENSUS OF POPULATION - 1992

HOUSEHOLD FORM

DISTRICT

DISTRICT NO ENUMERATOR

ENUMERATOR AREA NO SUPERVISOR

HOUSE NO NO. OF FAMILY UNITS

1. Name of head of house:

2. Do the occupants of this house live in:

- | | |
|---|----|
| 01 A single dwelling? | 01 |
| 02 A building housing 2 or more dwellings | 02 |
| 03 Other living quarters | 03 |
-

3. How many rooms does this house have? (DO NOT INCLUDE TOILETS, BATHROOMS, STORE ROOMS, GARAGE, HALLS, LAUNDRIES).

Type	Number
BEDROOMS	<input type="text"/>
DINING ROOM	<input type="text"/>
KITCHEN	<input type="text"/>
OTHER ROOMS	<input type="text"/>
<input type="text"/>	<input type="text"/>

4. Does this house have a shared bathroom\shower unit?

- | | |
|---|----|
| 01 YES, bathroom shower unit shared by two or more family units | 01 |
| 02 NO, one unit per family unit | 02 |
| 03 NO, only one family unit residing | 03 |

5. Does this house have a shared kitchen unit?

- | | |
|---|----|
| 01 YES, kitchen is shared by two or more family unit. | 01 |
| 02 NO, each family unit has its own kitchen unit. | 02 |
| 03 NO, only one family unit residing. | 03 |

6. What is the main building material used in constructing the walls of this building?

- | | |
|-------------------------------------|----|
| 01 CONCRETE | 01 |
| 02 WOOD | 02 |
| 03 TIN | 03 |
| 04 OTHER MATERIALS (Please specify) | 04 |
-

7. Does this house have electricity?

- | | |
|--------|----|
| 01 YES | 01 |
| 02 NO | 02 |

8. What does this house mainly use for lighting?

- | | |
|---|----|
| 01 ELECTRICITY (Government supplied, Own Generator, Solar powered) Please specify | 01 |
|---|----|
-

02 KEROSENE LAMP	02	12. Does this house share use of running water with other houses?	
03 OTHER (Please specify)	03		
		01 YES	01
9. What fuel does this house mainly use for cooking?		02 NO	02
		03 NO WATER	03
01 ELECTRICITY	01	13. Does the house's water supply dry up?	
02 GAS	02		
03 KEROSENE	03	01 NEVER	01
04 WOOD\OPEN FIRE	04	02 SOMETIMES	02
05 OTHER (Please specify)	05	03 FREQUENTLY	03
		14. Does this house have the following toilets?	
10. Do the occupants of this house			
01 OWN THESE LIVING QUARTERS	01	01 FLUSH TOILET FOR OWN USE	01
02 RENT THEM FROM A PRIVATE LANDLORD	02	02 FLUSH TOILET SHARED WITH OTHERS	02
03 RENT THEM FROM A HOUSING AUTHORITY\CORPORATION	03	03 OTHER TYPE	03
04 OCCUPY HOUSING BELONGING TO EMPLOYER	04	15. Is the toilet flushed with?	
05 OCCUPY GOVERNMENT HOUSING	05	01 FRESH WATER ONLY	01
06 SQUATTER	06	02 BRACKISH WATER ONLY	02
07 OCCUPY LIVING QUARTERS IN SOME OTHER WAY	07	03 FRESH AND BRACKISH WATER	03
08 OTHER (Please specify)	08	04 NO FLUSH TOILET	04
		16. Is the toilet flushed into:	
11. Is this house's water supply from: (More than one answer is acceptable)		01 SEWERAGE	01
01 PRIVATE CISTERN LESS THAN THAN 3,000 GALLONS	01	02 SEPTIC TANK	02
02 SMALL TANK - 3,000 TO 5,000 GALLONS	02	03 OTHER	03
03 5,000-10,000 GALLON TANK	03	17. Does this house have any of the following: (State number of each where applicable)	
04 10,000 plus GALLON TANK	04		
05 WELL	05	Amenities\Services	No.
06 OTHER SOURCE	06	01 MOTOR CAR	01
		02 LAND ROVER	02
		03 TRUCK\VAN\MINIBUS	03
		04 MOTOR BIKE	04
		05 BICYCLE	05
		06 MOTOR BOAT	06

Amenities\Services **No.**

07	SAIL BOAT	<input type="checkbox"/>	07
08	CANOE	<input type="checkbox"/>	08
09	REFRIGERATOR	<input type="checkbox"/>	09
10	DEEP FREEZER	<input type="checkbox"/>	10
11	MICROWAVE OVEN	<input type="checkbox"/>	11
12	TELEVISION	<input type="checkbox"/>	12
13	VIDEO TAPE RECORDER	<input type="checkbox"/>	13
14	RADIO	<input type="checkbox"/>	14
15	TELEPHONE	<input type="checkbox"/>	15
16	AIR-CONDITIONING UNIT	<input type="checkbox"/>	16
17	CEILING\GROUND FANS	<input type="checkbox"/>	17
18	SOLAR HOT WATER SYSTEM	<input type="checkbox"/>	18
19	OTHER HOT WATER SYSTEM	<input type="checkbox"/>	19
20	GARBAGE COLLECTION	<input type="checkbox"/>	20
21	TV DECODER	<input type="checkbox"/>	21
22	GARAGE	<input type="checkbox"/>	22

18. Does this house have a kitchen garden?

01	YES	01
02	NO	02

19. Does this house grow crops for sale?

01	YES	01
02	NO	02

If yes, what crops do you grow for sale?

(Please specify)

20. Do the occupants of this house catch fish?

01	FOR OWN USE	01
02	FOR SALE	02
03	DO NOT CATCH FISH	03

21. Which of these livestock does this house have?

Type	Number		
	Penned	Other	
01 PIGS	<input type="checkbox"/>	<input type="checkbox"/>	01
02 CHICKEN	<input type="checkbox"/>	<input type="checkbox"/>	02
03 DUCKS	<input type="checkbox"/>	<input type="checkbox"/>	03
04 OTHER	<input type="checkbox"/>	<input type="checkbox"/>	04
Please specify			
05 NONE			05

22. Does this house have any animal pets?

Type	No.	
01 DOGS	<input type="checkbox"/>	01
Please specify:		
[a] Type of Dog		
(eg. Alsatian, Doberman, etc.)		
[b] Place of Breed		
(Whether local\overseas)		
02 CATS	<input type="checkbox"/>	02
03 OTHER	<input type="checkbox"/>	03
(Please specify)		

DATE OF INTERVIEW:

DAY

MONTH

19

YEAR

THANK YOU FOR THIS INTERVIEW.

SUMMARY SHEET TO BE FILLED IN BY ENUMERATOR

Person Number	Family and First Name	Relationship to Head of House (Write wife, child, etc.)	Sex Write M or F	Age	Nauruan or Non-Nauruan Write M or NM	Residential Status on Census Night *				
						(Pick one appropriate column for each person)				
						Resident of House		Visitor to House		
						Present in H	Absent, else-where in Nauru	Absent Abroad	Resident else-where in Nauru (local visitor)	Visitor from Abroad
[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]	[11]
01			M		N					
02			F		NM					
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
TOTAL										

TICK ONE BOX

☐ House enumerated

☐ House not enumerated

* To be filled on Census night day.