

# HOUSEHOLD LISTING: ALL INDIVIDUALS

## MODULE 1 - DEMOGRAPHIC INFORMATION

Please list every person who usually stays in this household, starting with the head of the household. (See next page for details.)

Household Member [HM]

**Head of the household is the person who is in charge of the household finances.**

[HM]	<b>PERSON NAME</b> (01 = Household Head)  <i>Only include persons who are:</i> - currently living in this household (even if temporarily away, and they intend to return) - absent for more than 1 month but dependent on household (students overseas and in dorm only, persons in hospital, etc) - absent for more than 1 month, but part of (and supporting) the household (seamen, seasonal workers, etc) - visitors currently living in this household for more than 6 months	<b>SEX</b> 1 = Male 2 = Female  Write the appropriate code in the box	<b>AGE IN COMPLETED YEARS</b>  Enter 000 for child under 1 year
10101	10102	10103	10104
01	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
02	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
03	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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06	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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09	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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11	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
12	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>



# 2015–16 HOUSEHOLD INCOME AND EXPENDITURE SURVEY



## MODULE 1 - DEMOGRAPHIC INFORMATION STATISTICS COOK ISLANDS

IN ACCORDANCE WITH THE COOK ISLANDS STATISTICS ACT (1966), ALL PRIVATE INFORMATION IN THIS ENVELOPE WILL BE KEPT STRICTLY CONFIDENTIAL

### QUESTIONNAIRE ID AND LABEL

S1.1	DEMOGRAPHIC PROFILE	S1.4	HEALTH STATUS
S1.2	ACTIVITIES LAST WEEK (Labour force status)	S1.5	COMMUNICATION STATUS
S1.3	EDUCATIONAL STATUS	S1.6	HOUSEHOLD MEMBERS WHO LEFT THE HOUSEHOLD

HOUSEHOLD DETAILS			
HIES HOUSEHOLD ID <input type="text"/>		Set A, B, C <input type="text"/>	ROUND <input type="text"/>
FORM # <input type="text"/> of <input type="text"/>			
HOUSEHOLD HEAD (HH)	First name <input type="text"/>	HOUSEHOLD SIZE	
	Surname <input type="text"/>	Males	<input type="text"/>
		Females	<input type="text"/>
		TOTAL	<input type="text"/>
ISLAND NAME <input type="text"/>	NAME CENSUS DISTRICT <input type="text"/>		
Code <input type="text"/>	Code <input type="text"/>		
ENUMERATION AREA CODE <input type="text"/>	Phone Number (optional) <input type="text"/>		
FIELD STAFF	Name	Code	Signature
ENUMERATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>
SUPERVISOR	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATA ENTRY OPERATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE INTERVIEW COMPLETED (dd/mm/yy) <input type="text"/>		DATE DATA ENTRY COMPLETED (dd/mm/yy) <input type="text"/>	

NOTES

## SECTION S1.1: DEMOGRAPHIC PROFILE (ALL PERSONS)

	DATE OF BIRTH	RELATIONSHIP TO HOUSEHOLD HEAD	BIRTH-PLACE	ETHNICITY	MARITAL STATUS	WHERE DO THESE PEOPLE USUALLY LIVE?	
[HM]	dd/mm/yy	01. Head 02. Spouse /Partner 03. Biological child 04. Adopted child 05. Son/Daughter in law 06. Child of spouse (step child) 07. Grandchild 08. Parent of head/spouse 09. Grand Parent of head/spouse 10. Brother/Sister 11. Brother/Sister in law 12. Uncle/Aunt 13. Guest 14. Housemate or boarder 15. Other relative 16. No relation <i>Write the appropriate code in the box</i>	1. Cook Is. 2. New Zealand 3. Australia 4. Elsewhere  <i>Write the appropriate code in the box</i>	What is ...'s ethnicity? 01. Cook Is. Maori 02. Part Cook Is. Maori 03. New Zealand Maori 04. New Zealand European 05. Australia 06. French Polynesia 07. Fiji 08. Other Pacific Isl. 09. Philippines' 10. Other Asian 11. Other European <i>Write the appropriate code in the box</i>	What is ...'s present marital status? 1. Never married 2. Legally married 3. Widow or widower 4. Separated 5. Divorced 6. De facto 7. Not Stated  <i>Write the appropriate code in the box</i>	1. Usual resident currently here 2. Absent less than 1 month for work, holidays 3. Absent for more than 1 month but regularly dependent on this HH (eg, students in dorm only, persons in hospital for long-term medical care) 4. Absent for more than 1 month but supporting this HH and expected to return (seamen, seasonal workers) 5. Visitor currently living with HH (more than 6 months)	NOTE ID
<b>10101</b>	<b>10105</b>	<b>10106</b>	<b>10107</b>	<b>10108</b>	<b>10109</b>	<b>10110</b>	<b>10199</b>
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ID	NOTES

# SECTION S1.2: ACTIVITIES LAST WEEK (15+ YEARS)

10200: Please provide the main activity details for every member of this household, aged 15 years and older.

Reference period  
last 7 days

[HM]	MAIN ACTIVITY	MAIN ACTIVITY SECTION				NOTE ID
		TYPE OF ACTIVITY (occupation)	WORKING INDUSTRY	WORKING HOURS	WILLING TO WORK MORE	
	<p>What was this ...'s <b>main activity</b> during <b>last week</b>? (If away, due to holidays or illness, state what this person would normally be doing).</p> <p>Codes are listed in the box below. Write the appropriate code in the box*</p> <p><b>If 01 to 08, go to 10202</b> <b>If 09 to 13, go to 10206</b></p>	<p><i>Examples:</i> nurse, teacher, security, cook, shop-keeper, farmer, fisherman</p>	<p>What <b>industry</b> did ... work in?</p> <p><i>Examples:</i> health, education, security, restaurant, retail sales, agriculture, fisheries</p>	<p>How many hours did ... work in this <b>main activity last week</b>? (Include sick, annual and statutory leave)</p> <p><b>If 30+ hrs, go to 10206</b> <b>If &lt;30 hrs, go to 10205</b></p>	<p>Would ... be willing and able to work more hours in this <b>main activity</b>?</p> <p><b>1. Yes</b> <b>2. No</b></p> <p>Write the appropriate code in the box</p>	
10101	10201	10202	10203	10204	10205	10299
01	<input type="text"/>			<input type="text"/> hrs	<input type="text"/>	<input type="text"/>
02	<input type="text"/>			<input type="text"/> hrs	<input type="text"/>	<input type="text"/>
03	<input type="text"/>			<input type="text"/> hrs	<input type="text"/>	<input type="text"/>
04	<input type="text"/>			<input type="text"/> hrs	<input type="text"/>	<input type="text"/>
05	<input type="text"/>			<input type="text"/> hrs	<input type="text"/>	<input type="text"/>
06	<input type="text"/>			<input type="text"/> hrs	<input type="text"/>	<input type="text"/>
07	<input type="text"/>			<input type="text"/> hrs	<input type="text"/>	<input type="text"/>
08	<input type="text"/>			<input type="text"/> hrs	<input type="text"/>	<input type="text"/>
09	<input type="text"/>			<input type="text"/> hrs	<input type="text"/>	<input type="text"/>
10	<input type="text"/>			<input type="text"/> hrs	<input type="text"/>	<input type="text"/>
11	<input type="text"/>			<input type="text"/> hrs	<input type="text"/>	<input type="text"/>
12	<input type="text"/>			<input type="text"/> hrs	<input type="text"/>	<input type="text"/>

### \*ACTIVITY CODES FOR 10201

#### Paid employment

- 01. Employer (producing goods or services for sale, running a business with paid employees)
- 02. Self-employed (producing goods or services for sale, running a business without paid employees)
- 03. Employee, working for wages/salary in public sector (incl. NGO, UN agencies)
- 04. Employee, working for wages/salary in private sector

#### Unpaid employment

- 05. Producing goods for own and/or family consumption (self-employed)
- 06. Unpaid family worker (family business/ plantation)
- 07. Unpaid family worker, help with basic household duties inside (washing, cooking, cleaning, etc) and outside (gardening, maintaining lawn, etc)
- 08. Volunteer work (community, church, etc.)

#### Not in the labour force

- 09. Student
- 10. Home maker
- 11. Retired/Too old
- 12. None - Did not pursue any activity (no work)
- 13. Physically/Mentally disabled

# SECTION S1.2: ACTIVITIES LAST WEEK (15+ YEARS) (Cont'd)

10200: In addition to this main activity, did [HM] do any other activity last week: paid or unpaid (even just for 1 hour)?

Reference period  
last 7 days

ANY OTHER ACTIVITY LAST WEEK						
	OTHER ACTIVITY	TYPE OF ACTIVITY (occupation)	WORKING INDUSTRY	WORKING HOURS	WILLING TO WORK MORE	NOTE ID
[HM]	Paid or unpaid (even just for 1 hour)?  Codes are listed in the box on the right. Write the appropriate code in the box.  If 01 to 08, go to 10207 If 09 to 13, go to 10211	Examples: nurse, teacher, security, cook, shop-keeper, farmer, fisherman	What industry did ... work in? Examples: health, education, security, restaurant, retail sales, agriculture, fisheries	How many hours did ... work in this <b>secondary activity last week</b> ?  If 30+ hrs, go to 10211 If <30 hrs, go to 10210	Would ... be willing and available to work more hours in this <b>secondary activity last week</b> ?  1. Yes 2. No  Write the appropriate code in the box	
10101	10206	10207	10208	10209	10210	10299
01	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>

## ACTIVITY CODES FOR 10206

### Paid employment

01. Employer (producing goods or services for sale, running a business with paid employees)
02. Self-employed (producing goods or services for sale, running a business without paid employees)
03. Employee, working for wages/salary in public sector (incl. NGO, UN agencies)
04. Employee, working for wages/salary in private sector

### Unpaid employment

05. Producing goods for own and/or family consumption (self-employed)
06. Unpaid family worker (family business/plantation)
07. Unpaid family worker, help with basic household duties inside (washing, cooking, cleaning, etc) and outside (gardening, maintaining lawn, etc)
08. Volunteer work (community, church, etc.)

### Not in the labour force

09. Student
10. Home maker
11. Retired/Too old
12. None - Did not pursue any activity (no work)
13. Physically/Mentally disabled

ID	NOTES

# SECTION S1.2: ACTIVITIES LAST WEEK (15+ YEARS) (Cont'd)

Reference period  
last 7 days

	ACTIVELY LOOK FOR A JOB	WHY NOT?	ABLE TO WORK MORE	
[HM]	<p>Did ... actively look for work or for a job last week?</p> <p><b>1. Yes, go to 10213</b> <b>2. No, go to 10212</b></p> <p><i>Write the appropriate code in the box</i></p>	<p><b>Reason for not searching a job:</b></p> <p>01. Student 02. Already have a full-time job 03. Don't want to work more 04. Physically/Psychologically disabled 05. Believe no paid work available 06. Discouraged (stopped looking, cannot find anything) 07. Waiting for family/friends to find work for me or tell me about other jobs 08. Weather/No transport 09. Home duties (babysitting, chores, etc.) 10. Other (<i>note</i>)</p> <p><i>Write the appropriate code in the box</i></p>	<p>Was ... available to work, or take on another job <b>last week?</b></p> <p><b>1. Yes</b> <b>2. No</b></p> <p><i>Write the appropriate code in the box</i></p>	NOTE ID
<b>10101</b>	<b>10211</b>	<b>10212</b>	<b>10213</b>	<b>10299</b>
01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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08	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID	NOTES

# SECTION S1.3.1: EDUCATIONAL STATUS (3+ YEARS)

10310: Please provide the educational status of every member of this household aged 3 years and over.

SCHOOL ATTENDANCE <i>(Write the appropriate code in the box)</i>						
[HM]	Has ... ever attended a formal education institution?  <b>1. Yes, go to 10303</b> <b>2. No, go to 10302</b>	NEVER ATTENDED?	Is ... attending school now?  <b>1. Yes, go to 10306</b> <b>2. No, go to 10304</b>	ALREADY LEFT SCHOOL		NOTE ID
		Why has ... never attended school (main reason)? 1. Too young 2. School fees 3. Distance to travel 4. Family problem 5. Physical/Mental disability 6. Parents did not want 7. Medical/Health issues 8. Other <i>(note)</i>  <b>Go to next [HM]</b>		What was the highest level/grade ... has completed? 30. Not completed any grade or level 31. Kindergarten, preschool, ECE 01. to 06. Class 1 to class 6 (primary school) 07. to 13. Form 1 to form 7 (secondary school) 14. Technical or vocational grade 15. University/High school grade 16. Other <i>(note)</i>	Why did ... leave school (main reason)? 01. Completed desired schooling 02. Poor academic progress 03. No further schooling 04. Too expensive 05. Too far away 06. Find a job 07. Had to help at home 08. Personal reasons 09. Medical/Health issues 10. Other reason <i>(note)</i>  <b>Go to 10308</b>	
10101	10301	10302	10303	10304	10305	10399
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ID	NOTES

## SECTION S1.3.1: EDUCATIONAL STATUS (3+ YEARS) (Cont'd)

SCHOOL ATTENDANCE <i>(Write the appropriate code in the box)</i>				
CURRENTLY ATTENDING SCHOOL				
[HM]	What level/grade is ... currently attending? 31. Kindergarten, preschool, ECE 01. to 06. Class 1 to class 6 (primary school) 07. to 13. Form 1 to form 7 (secondary school) 14. Technical or vocational grade 15. University/High school grade 16. Other <i>(note)</i>	Type of school: 1. Public 2. Private 3. Other <i>(note)</i>	What was the highest qualification achieved ? 01. Trade and business certificate 02. Professional and higher certificates 03. Teachers & members of professional societies 04. Fellow & members of professional societies 05. Other vocational qualification 06. No vocational 07. Certificates 08. Diplomas 09. Bachelor's Degrees 10. Post Graduate Diploma 11. Masters Degrees 12. Doctorate 13. Nurses & members of professional societies 14. Doctors 15. None 16. Not Stated	NOTE ID
10101	10306	10307	10308	10399
01	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
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11	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

ID	NOTES



## SECTION S1.4: HEALTH STATUS (ALL PERSONS)

10400: Please identify every member of this household, if they have any ongoing (chronic) health problems.

- a) Please use the ruler and the scale to measure height and weight of all members.
- b) Record up to 4 such health problems if more than one exist.
- c) Remind the interviewee that all information collected in this survey will be kept confidential.

ANTHROPOMETRICS		ALL MEMBERS								NOTE ID
[HM]	Use the tape measure and scale provided		Do you have any ongoing health problems?  <b>1. Yes</b> <b>2. No, go to S1.5</b>  <i>Write the appropriate code in the box</i>	ONGOING ILLNESSES <i>Write the appropriate code in the box</i>				Do you regularly consult a health professional?  <b>1. Yes</b> <b>2. No</b>	Do you take medication for any of these illnesses?  <b>1. Yes</b> <b>2. No</b>	
	Height in cm	Weight in kg		What ongoing illnesses do you suffer from? 01. Cancer 02. Diabetes 03. Heart disease 04. Asthma 05. Chronic bronchitis 06. Liver Disease 07. Kidney/Renal Disease 08. Hypertension 09. Gout 10. Obesity 11. Mental Disorder 12. Stroke 13. Refused to answer 14. Other (specify in note)						
	#1	#2		#3	#4					
10101	10401	10402	10403	10404	10405	10406	10407	10408	10409	10499
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# SECTION S1.5: COMMUNICATION STATUS (10+ YEARS)

10500: For each member of this household, 10 years and older, please record the 3 main sources each HH member uses to access the Internet:

Reference period  
last 1 month

DURING THE PAST MONTH: <i>(Write the appropriate code in the box)</i>							
[HM]	Did ... use internet?	Where did ... access the internet?			Did ... used a cell phone or other mobile device to give or receive calls?	Does ... own his own cell phone, mobile device ?	NOTE ID
	<b>1. Yes, go to 10502</b> <b>2. No, go to 10505</b>	1. Home 2. Work 3. Internet café 4. Place of education 5. Another household 6. Mobile device (cellphone, i-pad, smartphone) 7. Other ( <i>note</i> )			<b>1. Yes</b> <b>2. No</b>	<b>1. Yes</b> <b>2. No</b>  <i>Write the appropriate code in the box</i>	
10101	10501	10502	10503	10504	10505	10506	10599
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# SECTION S1.6 HOUSEHOLD MEMBERS WHO LEFT THE HOUSEHOLD

**10600: Did this household have any members in the last 12 months, who are no longer members of the household?**

Examples: Died in the last 12 months, or... Moved away with no intention of returning

1. Yes  Provide details below

2. No  **Go to Module 2**

**Reference period  
last 12 months**

				IN THE LAST 12 MONTHS, DID THIS PERSON: <i>Write the appropriate code in the box</i>					
[HM]	PERSON NAME <i>First name Surname</i>	SEX 1 = Male 2 = Female <i>Write the appropriate code in the box</i>	AGE IN COMPLETE YEARS <i>Enter 000 for child under 1 year</i>	Contribute any income during the stay within this HH?  <b>1. Yes 2. No</b>  <b>If No, go to 10607</b>	What main paid activity did ... do? 1. Wages job 2. Own business 3. Sale of agricultural products 4. Sale of fish, sea food 5. Sale of livestock 6. Sale of handicraft 7. None 8. Other type of income ( <i>note</i> )	Incur any major personal expenses while with HH?  <b>1. Yes 2. No</b>  <b>If No, go to 10609</b>	What was the main expense incurred by ... ([HM])? 1. Household assets 2. Travel 3. Education expenditure 4. Health expenditure 5. Customs 6. Other ( <i>note</i> )	How many months did this person stay in HH over last 12 months?	NOTE ID
10601	10602	10603	10604	10605	10606	10607	10608	10609	10699
61		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>
62		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>
63		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>
64		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>
65		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>
66		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>
67		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>
68		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>
69		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>

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