

Appendix B

1994

FSM - WIDE CENSUS

QUESTIONNAIRE



1994 CENSUS OF POPULATION AND HOUSING
FEDERATED STATES OF MICRONESIA (FSM)
OFFICE OF PLANNING AND STATISTICS



INTRODUCTION: Hello, my name is (Your name) and I'm working for the 1994 FSM Housing and Population Census. This is my identification (PAUSE). I have some questions I need to ask you. Ask the questions on page 1. Complete a form for each household.

**GEOGRAPHIC CODES
COMPLETE BEFORE THE INTERVIEW**

A. State: F. Municipality:

B. Enumeration District: G. Village:

C. Block: H. Time Interview Started:

D. Map Spot: AM PM

E. Household Number:

I. Description of the housing unit:

COMPLETE AFTER THE INTERVIEW

J. Respondent's Name: _____

K. Respondent's Telephone No.: _____

L. Population: Male Female Total

M. Type of unit:
 Occupied Regular Vacant URE

N. Completed after:
1st 2nd 3rd Last Round

O. Total number of households in the unit:

P. This interview completed: AM PM

Q. CERTIFICATION: I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge.

Enumerator's Name (Print): _____ Enumerator's Code:

Enumerator's Signature: _____ Date: / / 1994 (MM/DD/YY)

Chief Leader's Signature: _____ Date: / / 1994 (MM/DD/YY)

Chief Leader District (CLD) Number:

NOTICE: You are required by Public Law No. 9-77 to answer the 1994 Census. Your answers will be kept confidential by that same law. Only sworn Census employees may see your answers. Your information will only be used for statistical purposes.

The 1994 Census of Population and Housing must count every person at his or her "usual residence." This means the place where the person lives and sleeps most of the time. Instead:

- Everyone who usually lives here such as family members, housemates and roommates, foster children, roomers, boarders, and live-in employees.
- Persons who are temporarily away on a business trip, on vacation, or in a general hospital.
- Students who live here while attending school/college.
- Newborn babies born on or before September 16, 1994.
- Persons who stay here most of the week even if they also spend a considerable amount of time elsewhere.
- Persons who do not stay here but are staying here and spending 15 to 149 days NOT including the day of departure.
- Persons who are confined in an institution.
- Students who live somewhere else while attending school.
- Persons in the Armed Forces who live somewhere else.
- Persons who stay somewhere else most of the week.

OFFICE USE ONLY COVERAGE 1a 1b

1a. Please give me the names of each person living here whose usual residence is this household on September 16, including all persons staying here who have no other home. 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. If EVERYONE is staying here, temporarily and usually lives elsewhere, give me the name of each person and complete 1b.

Each booklet contains one (1) up to ten (10) persons. If more than 10 persons live in this household, you must use more than one booklet.

LAST	FIRST	M.I.
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

BOOKLET OF

1b. When you told me the names of the persons living here on September 16, 1994, 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?

1 Yes - Determine if you should include the person(s) based on the instructions for question 1a. If so, include the person and write the person's number.
2 No

If EVERYONE listed is staying here temporarily and usually lives elsewhere, give me the name of each person who is staying here temporarily and usually lives elsewhere.

1 Yes - Determine if you should include the person(s) based on the instructions for question 1a. If so, write the person's number. If not, draw a line through any entry.
2 No

If EVERYONE listed is staying here temporarily and usually lives elsewhere, give me the name of each person who is staying here temporarily and usually lives elsewhere.

1d. Where do these people usually live if their usual residence is not in the FSM after the State, Municipality, or Village?

Name: _____
Municipality: _____
Village: _____

If the usual residence is not within the FSM or the country:

Country: _____

NOTES:

HOUSING QUESTIONS

H1. Which best describes this building? Include all apartments even if vacant.

1. A one-family house detached from any other house
2. A one-family house attached to one or more houses
3. A building with 2 apartments
4. A building with 3 or 4 apartments
5. A building with 5 to 9 apartments
6. A building with 10 to 19 apartments
7. A building with 20 or more apartments
8. Other _____
9. Don't know

H2. When did (person 1 listed in line 1 of question 1 on page 1) move to this (house/apartment)?

1. <input type="checkbox"/> 1963 - 1964	6. <input type="checkbox"/> 1982 - 1983
2. <input type="checkbox"/> 1965 - 1966	7. <input type="checkbox"/> 1940 - 1959
3. <input type="checkbox"/> 1967 - 1969	8. <input type="checkbox"/> 1939 or earlier
4. <input type="checkbox"/> 1960 - 1964	9. <input type="checkbox"/> Don't know
5. <input type="checkbox"/> 1970 - 1979	

H3. What is the MAIN type of material used for the outside walls of this building?
Check ONE category and mark (X) ONE box.

1. <input type="checkbox"/> Foamed concrete	6. <input type="checkbox"/> Tagish
2. <input type="checkbox"/> Concrete blocks	7. <input type="checkbox"/> Local wood or bamboo
3. <input type="checkbox"/> Metal/Tile	8. <input type="checkbox"/> Other _____
4. <input type="checkbox"/> Plywood	9. <input type="checkbox"/> No walls

H4. What is the MAIN type of material used for the roof of this building?
Check ONE category and mark (X) ONE box.

1. <input type="checkbox"/> Foamed concrete	4. <input type="checkbox"/> Thatch
2. <input type="checkbox"/> Metal/Tile	5. <input type="checkbox"/> Bamboo
3. <input type="checkbox"/> Wood	6. <input type="checkbox"/> Other _____

H5. What is the MAIN type of material used for the foundation of this building?

1. <input type="checkbox"/> Concrete	4. <input type="checkbox"/> Stone
2. <input type="checkbox"/> Wood pier or piling	5. <input type="checkbox"/> Other _____
3. <input type="checkbox"/> Coral	

H6. What is the MAIN type of building first built?

1. <input type="checkbox"/> 1993 - 1994	6. <input type="checkbox"/> 1960 - 1969
2. <input type="checkbox"/> 1995 - 1997	7. <input type="checkbox"/> 1940 - 1959
3. <input type="checkbox"/> 1966 - 1989	8. <input type="checkbox"/> 1939 or earlier
4. <input type="checkbox"/> 1990 - 1994	9. <input type="checkbox"/> Don't know
5. <input type="checkbox"/> 1920 - 1939	

H7. How many bedrooms are there in this (house/apartment)? Count all bedrooms including bedrooms in basements, but do NOT include bedrooms in garages, porches, or carports.

Recoded, if 8 or more rooms enter 8

H8. How many rooms are designed primarily for sleeping?

Recoded, if 8 or more rooms enter 8

H9. Do you have piped water?

1. <input type="checkbox"/> Yes, hot and cold in this unit	EXP TO M06
2. <input type="checkbox"/> Yes, cold only in this unit	
3. <input type="checkbox"/> Yes, cold only outside this unit	
4. <input type="checkbox"/> No piped water	

H10. What type of energy does your water heater use most?

1. <input type="checkbox"/> Electricity	3. <input type="checkbox"/> Solar power
2. <input type="checkbox"/> Gas	4. <input type="checkbox"/> Other fuel

H11. Do you have a bathtub or shower?

1. <input type="checkbox"/> Yes, in this unit	3. <input type="checkbox"/> Yes, outside this building
2. <input type="checkbox"/> Yes, in this building but not in unit	4. <input type="checkbox"/> No

H12. Do you have a flush toilet?

1. <input type="checkbox"/> Yes, in this unit	4. <input type="checkbox"/> No, no toilet, privy, or latrine
2. <input type="checkbox"/> Yes, in this building but not in unit	5. <input type="checkbox"/> No, other or none
3. <input type="checkbox"/> Yes, outside this unit	

H13. Does this unit have electric power?

1. <input type="checkbox"/> Yes, public utility	3. <input type="checkbox"/> Yes, solar power
2. <input type="checkbox"/> Yes, generator	4. <input type="checkbox"/> No

H14. Do you have a telephone or CB radio in this unit?

1. <input type="checkbox"/> Yes, both	3. <input type="checkbox"/> Yes, CB radio only
2. <input type="checkbox"/> Yes, telephone only	4. <input type="checkbox"/> None

H15. Do you have a battery operated radio? Count car radios, transistor radios, and other battery operated sets in working order or needing only new batteries for operation.

1. <input type="checkbox"/> Yes, 1 or more	2. <input type="checkbox"/> No
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H16. Do you have a television set or Video Cassette Recorder (VCR)?

1. <input type="checkbox"/> Yes, Both TV and VCR	3. <input type="checkbox"/> Yes, VCR only
2. <input type="checkbox"/> Yes, TV only	4. <input type="checkbox"/> No

H17. Do you have air conditioning?

1. <input type="checkbox"/> Yes, central air conditioning system
2. <input type="checkbox"/> Yes, 1 individual room unit
3. <input type="checkbox"/> Yes, 2 or more individual room units
4. <input type="checkbox"/> No

H18. What is the MAIN type of water supply system?
Check ONE category and mark (X) ONE box.

1. <input type="checkbox"/> A public system only
2. <input type="checkbox"/> A sewerage system only
3. <input type="checkbox"/> A public system and catchment
4. <input type="checkbox"/> A community system and catchment
5. <input type="checkbox"/> An individual well
6. <input type="checkbox"/> A catchment, tank, or cistern only
7. <input type="checkbox"/> A public standpipe or steel system
8. <input type="checkbox"/> Purchased bottled water
9. <input type="checkbox"/> Some other source such as spring, stream, creek, etc.

H19. Is there a public sewer or a public waste disposal system?

1. <input type="checkbox"/> Yes, connected to a public sewer
2. <input type="checkbox"/> No, connected to a septic tank or cesspool
3. <input type="checkbox"/> No, use other means

H20. Are you using any of the following fuels for cooking?

1. <input type="checkbox"/> Inside this unit
2. <input type="checkbox"/> Outside this unit
3. <input type="checkbox"/> No cooking facilities - EXP TO M17a

H21. What is the MAIN source of fuel for cooking?
Check ONE category and mark (X) ONE box.

1. <input type="checkbox"/> Electric range	5. <input type="checkbox"/> Portable electric stove
2. <input type="checkbox"/> Kerosene stove	6. <input type="checkbox"/> Wood stove
3. <input type="checkbox"/> Gas stove	7. <input type="checkbox"/> Open fire
4. <input type="checkbox"/> Microwave oven	8. <input type="checkbox"/> Other _____

H22. Do you have a refrigerator or freezer in this unit?
Check ONE category and mark (X) ONE box.

1. <input type="checkbox"/> Yes, electric	3. <input type="checkbox"/> Yes, kerosene
2. <input type="checkbox"/> Yes, gas	4. <input type="checkbox"/> No refrigerator

H23. Do you have a television set in this unit?

1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
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H24. Do you have a sink in this unit?

1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
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H25. How many bedrooms are there in this building?
 Recoded, if 8 or more rooms enter 8

H26. How many rooms are designed primarily for sleeping?
 Recoded, if 8 or more rooms enter 8

H27. What is the average monthly bill for electricity for this unit?

1. <input type="checkbox"/> _____	2. <input type="checkbox"/> Included in rent
3. <input type="checkbox"/> _____	4. <input type="checkbox"/> No charge or electricity not used

POPULATION QUESTIONS

INTERVIEWER INSTRUCTIONS: Ask questions 1-15 for all household members.

1. PERSON NUMBER (FROM QUESTION 1a ON PAGE 1)

Last Name

First Name

How is this person related to the household? Mark with ONE box. Other relatives are listed on page 1 of the questionnaire.

- 1 Householder
- 2 Husband/Wife
- 3 Natural born son/daughter
- 4 Adopted son/daughter
- 5 Brother/sister
- 6 Father/mother
- 7 Other relative
- 14 Nonrelative

Sex

- 1 Male
- 2 Female

DATE OF BIRTH (Month/Day/Year)

MM / DD / YY

Age in years

Marital Status

- 1 Now married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never married

Religion

- 1 Roman Catholic
- 2 Congregational
- 3 Letter Day Saints (Mormon)
- 4 Seventh Day Adventist
- 5 Baptist
- 6 Other religion, specify: _____
- 7 Refused
- 8 No religion

Education

- 12 12th grade, NO DIPLOMA
- 13 HIGH SCHOOL GRADUATE-high school equivalent (for example: GED)
- 14 Some college but no degree
- 15 Associate degree in college - Occup. program
- 16 Associate degree in college - Acad. program
- 17 Bachelor's degree (for example: BA, AB, BS)
- 18 Master's degree (for example: MA, MS, MEng, MEd, MScW, MSA)
- 19 Professional school degree (for example: MD, DDS, DVM, LLB, JD)
- 20 Doctorate degree (for example: PhD, EdD)

Place of Birth

Municipality: _____

PSM State: _____

Other Country: _____

Municipality: _____

PSM State: _____

Country of Citizenship: _____

10. Is ... a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time Military Reserve or National Guard? "Active duty" does NOT include training for the military Reserve or National Guard.

- 1 Yes, dependent of active-duty member of the Armed Forces.
- 2 Yes, dependent of retired member of the Armed Forces, or dependent of an active duty or retired member of the National Guard or Armed Forces Reserve.
- 3 No

11. Since when has ... lived in this municipality?

1 Since birth - SKIP TO NEXT INTERVIEWER (CHECK ITEM 30)

2 Since _____ / 19____ - ASK 11b

11b. Where was ... born?

Municipality: _____

PSM State: _____

Other Country: _____

12. What is the highest grade completed?

1 No school completed

2 Pre-school, head start, or kindergarten

3 Yes, public school, public college

4 Yes, private school

13. What is the highest grade completed?

1 No school completed

2 Pre-school, head start, or kindergarten

3 Yes, public school, public college

4 Yes, private school

14. What is the highest grade completed?

1 Yes

2 No

15. What is the highest grade completed?

1 Yes, now on active duty

2 Yes, on active duty in past, but not now

3 No

INTERVIEWER CHECK ITEM (CI). Mark (X) based on question 4.

- 1 Born before September 19, 1922 - Ask Q76a
- 2 Born September 19, 1922 or later - GO TO NEXT PERSON

16a. Did ... live in this municipality 5 years ago? (September 19, 1989)

- 1 Yes - SKIP TO NEXT INTERVIEWER (CHECK ITEM 30)
- 2 No - ASK 16b

16b. What is the name of the municipality, PSM State, or other county where ... lived 5 years ago?

Municipality: _____

PSM State: _____

Other Country: _____

16c. What is the name of the municipality, PSM State, or other county where ... lived 10 years ago?

Municipality: _____

PSM State: _____

Other Country: _____

17. What is the highest grade completed?

1 No school completed

2 Pre-school, head start, or kindergarten

3 Yes, public school, public college

4 Yes, private school

18. What is the highest grade completed?

1 No school completed

2 Pre-school, head start, or kindergarten

3 Yes, public school, public college

4 Yes, private school

19. What is the highest grade completed?

1 No

2 Yes, outside PSM

3 Yes, in PSM

4 Both PSM and Outside PSM

20. What is the highest grade completed?

1 Yes, now on active duty

2 Yes, on active duty in past, but not now

3 No

Exchange

POPULATION QUESTIONS

20a. Did ... work at any time LAST WEEK, either full-time or part-time? Work includes part-time or full-time work such as helping without pay in a family business or farm; it also includes active duty in the Armed Forces. Work does NOT include unpaid volunteer work. Read each category and mark(X) in the ONE box that applies.

- 1 Yes, worked full-time or part-time at a job or business and did NOT farming or fishing SKIP TO 21
- 2 Yes, worked full-time or part-time at a job or business and did SOME farming and fishing ASK 25a
- 3 Yes, worked MAINLY in farming or fishing ASK 25a
- 4 Yes, did MAINLY housework and SOME farming, fishing, production of handicrafts, etc. ASK 25a
- 5 No, HOUSEWORK ONLY SKIP TO 25
- 6 No, school work/business SKIP TO 25
- 7 No, retired SKIP TO 25
- 8 No, Unpaid Volunteer work SKIP TO 25
- 9 No, other reason, specify: _____

20b. What did ... usually do?

- 1 Gardening 8 Gardening and
- 2 Fishing 9 Fishing and
- 3 Animal raising 10 Other pastimes
- 4 Gardening and fishing 7 Other

20c. The ... included, the ... eight, and ... listed above they do ... own ... family ... or did ...

- 1 Occasionally consumption - never sells SKIP TO 25
- 2 Occasionally consumption - never sells - sometimes give away SKIP TO 25
- 3 Occasionally sells SKIP TO 25
- 4 Regularly sells SKIP TO 25

21. How many hours did ... work LAST WEEK, including ... and ...

22. Where did ... usually work LAST WEEK? ...

Village/town:

Municipality:

1M State:

Other Country:

23a. What type of transportation did ... usually use to get to work LAST WEEK? ...

- 1 Car, truck or private vehicle 6 Bicycle
- 2 Bus 7 Walked
- 3 Public Van or Bus 8 Worked at home
- 4 Taxicab 9 Other methods
- 5 Motorcycle SKIP TO 23

ASK ONLY IF 1 OR 2 MARKED IN 23 a -

23b. How many ... usually rode to work LAST WEEK?

Persons

24a. What time did ... leave home most days to go to work LAST WEEK?

Hour: _____ Minute: _____

24b. How many minutes did it usually take ... to get from home to work LAST WEEK?

Number of minutes: _____

INTERVIEWER INSTRUCTIONS - If this person was working for income LAST WEEK, SKIP TO 25a.

25. Was ... on vacation, away sick, or temporarily absent from a job last week for any other reason?

- 1 Yes, Reason to temporary absence, exactly: _____ OFFICE USE
- 2 No OFFICE USE

26a. Has ... been looking for work to earn money during the last 4 weeks?

- 1 Yes 2 No

26b. Could ... have taken a job LAST WEEK if one had been offered?

- 1 No, steady job 3 No, other reasons (at school, etc.)
- 2 No, temporarily ill 4 Yes, would have taken a job

27. When did ... last work at a job, business, or farm, even for a few days?

- 1 1994 5 1988 to 1989
- 2 1993 6 1989 to 1994
- 3 1992 7 1979 or earlier
- 4 1980 to 1991 8 Never worked, or did subsistence only

INTERVIEWER INSTRUCTIONS FOR QUESTIONS 28 TO 30: Questions 28-30 ask about the job worked last week. If ... had more than one job, describe the one ... worked the most hours. If ... did not work, the questions refer to the recent job or business since 1990.

28a. For whom did ... usually work? ...

name of the company, business, or employer: _____

28b. What kind of business or industry ... employed. Describe the activity at location ...

_____ OFFICE USE

28c. What kind of work was ... doing? For example: registered nurse, industrial machinery mechanic, cake baker, etc.

_____ OFFICE USE

28d. What were ...'s most important activities or actual duties? For example: patient care, repair machines, using cables, etc.

_____ OFFICE USE

30. Was ... Read Ret. Mark (X) ONE box

- 1 Employee of PRIVATE FOR PROFIT company, business or individual, for wages, salaries, or commissions
- 2 Employee of PRIVATE NOT FOR PROFIT, tax exempt, or charitable organization
- 3 Municipal GOVERNMENT employee
- 4 State GOVERNMENT employee
- 5 National GOVERNMENT employee
- 6 FOREIGN-FEDERAL employee
- 7 SELF EMPLOYED
- 8 Working WITHOUT PAY in a family business or farm

31a. Last year (1993), did ... work, even for a few days, at a paid job or in a business or a farm, excluding subsistence activity?

- 1 Yes 2 No - SKIP TO 32a

31b. How many weeks did ... work in 1993, excluding subsistence activity? Count paid vacation, paid sick leave, and military service.

Number of weeks: _____

The following questions are about income received in 1993.

If an exact amount not known, except a best estimate. If not income in 32a, 32c, or question 33 was a loss, write "loss" above the dollar amount.

32a. Did ... earn income ... commissions, bonuses, or tips ... amount before deductions for taxes, bonds, dues, or other items?

1 Yes, ask - How much? _____
 \$ _____ ANNUAL amount in dollars

32b. Did ... own lots of ... farm ...

1 Yes, ask - How much? _____
 \$ _____ ANNUAL amount in dollars

32c. Did ... own ...

1 Yes, ask - How much? _____
 \$ _____ ANNUAL amount in dollars

32d. Did ... own ...

1 Yes, ask - How much? _____
 \$ _____ ANNUAL amount in dollars

32e. Did ... own ...

1 Yes, ask - How much? _____
 \$ _____ ANNUAL amount in dollars

32f. Did ... own ...

1 Yes, ask - How much? _____
 \$ _____ ANNUAL amount in dollars

32g. Did ... own ...

1 Yes, ask - How much? _____
 \$ _____ ANNUAL amount in dollars

32h. Did ... own ...

1 Yes, ask - How much? _____
 \$ _____ ANNUAL amount in dollars

32i. Did ... own ...

1 Yes, ask - How much? _____
 \$ _____ ANNUAL amount in dollars

INTERVIEWER: Reply only to the next page and ask the question of the next person listed in question 1a. If this is the last person listed in question 1a on page 1, go to the back of the form.

INTERVIEWER INSTRUCTIONS:

Before you leave this housing unit, be sure you have recorded--

- 1. Information in items A, B, C, D, E, F, G, H and I on the front cover of the questionnaire.*
- 2. The respondent's name in item J and the respondent's telephone number (if any) in item K on the front cover of the questionnaire.*
- 3. Information in items L, M, N, O and P are complete.*
- 4. Your signature (name) and the date under item Q on the front cover of the questionnaire.*

Also, be sure you have--

- 5. Completed as many of the census questions as possible, including the last resort questions.*
- 6. Completed the FOR VACANT UNITS section on page 3.*
- 7. Enter the required information on the Lists of Regular Households on the listing record and the ED map.*
- 8. Write all entries clearly.*

THANK THE RESPONDENT FOR HIS/HER COOPERATION.

NOTES:
