CPH FORM 2 JUNE 1, 1999	Republic of the Marshall Islands OFFICE OF PLANNING AND STATISTICS	CONFIDENTIALITY:
	1999 CENSUS OF POPULATION AND HOUSING HOUSEHOLD QUESTIONNAIRE	This census is authorized by Census Act No. 1985 All information is held strictly CONFIDENTIAL.

GEOGRAPHIC IDENTIFICATION

Booklet _____ of _____ booklets

Atoll/Island _____

Enumeration Area No. _____

Islet _____

Building Serial No. _____

Housing Unit Serial No. _____

Household Serial No. _____

Line Number of Respondent _____

Name of Household Head _____

Address _____
(Post Office Box No. and/or Name of Village)

INTERVIEW RECORD

Visit Number	1	2	3	Summary
Date of Visit				Total No. of Visits ____
Time Began				Final Result of Visit ____
Time Ended				Total Hh Members ____
Result of Visit				Total Males ____
Next Visit				Total Females ____
Date				
Time				

Result of Visit

1 Completed
2 Partly Completed
3 Refused
4 Postponed
5 Household Not Around/ No Respondent Around
6 Other, specify

CERTIFICATION

I hereby certify that the data set forth were obtained/reviewed by me personally and in accordance with the instruction.

_____   _____
Signature Over Printed   Date Accomplished
Name of Enumerator

_____   _____
Signature Over Printed   Date Reviewed
Name of Census Supervisor

RT01

POPULATION

ALL

NAME	Relationship to HH Head	Present on June 1, 1999	Age		Sex	Marital Status	Religious Affiliation
Who is the head of this household? Who are the persons usually residing here as of June 1, 1999? Please include babies and elderly persons and members of households temporarily away on vacation, on business, in the hospital, etc. LIST IN THIS ORDER (FAMILY NAME FIRST) Head Spouse of the head Never-married children of head/spouse (oldest to youngest) Ever-married children of head/spouse and their families (oldest to youngest) Other relatives of head Non-relative of head ENCIRCLE LINE NO. OF RESPONDENT	What is ____'s relationship to the household head? ENTER APPRO-PRIATE CODE LISTED BELOW.	Where did ____ sleep on the night of June 1, 1999? ENTER APPRO-PRIATE CODE LISTED BELOW.	What was ____'s date of birth? ENTER MONTH AND YEAR.	What is ____'s age as of his/her last birthday? IF AGE IS LESS THAN ONE YEAR ENTER "00".	Is ____ male or female? ENTER CODE. 1 Male 2 Female	What is ____'s marital status ENTER CODE. 1 Never Married 2 Legally Married 3 Widowed 4 Divorced/ Separated 5 Common-law/live-in 6 Unknown FOR PERSONS BELOW 10 YEARS OLD ENTER "1".	What is ____'s religious affiliation? ENTER APPRO-PRIATE CODE LISTED BELOW. IF OTHERS, SPECIFY.
(P1)	(P2)	(P3)	(P4)	(P5)	(P6)	(P7)	(P8)
01	01		Mo. Yr.				
02			Mo. Yr.				
03			Mo. Yr.				
04			Mo. Yr.				
05			Mo. Yr.				
06			Mo. Yr.				
07			Mo. Yr.				
08			Mo. Yr.				
09			Mo. Yr.				
10			Mo. Yr.				

ARE THERE MORE THAN 10 MEMBERS IN THIS HOUSEHOLD? IF YES, USE ANOTHER BOOKLET.

Codes for P2, Relationship to Household Head

01	Head	12	Mother
02	Spouse	13	Brother
03	Son	14	Sister
04	Daughter	15	Uncle
05	Stepson	16	Aunt
06	Stepdaughter	17	Nephew
07	Son-in-law	18	Niece
08	Daughter-in-law	19	Other Relative
09	Grandson	20	Non-relative
10	Granddaughter		
11	Father		

Codes for P3, Place on June 1, 1999

1 The same household

2 Other household within the same Atoll/Island

3 Foreign Country

IF ANOTHER ATOLL/ISLAND, SPECIFY ATOLL/ISLAND.

Code for P8, Religious Affiliation

00 None
01 Roman Catholic
02 Protestant
03 Assembly of God
Others, specify

2

APPENDIX A

CENSUS QUESTIONS

PERSONS

Citizenship	Mother's Usual Residence	Language	Disability		LINE NUMBER
What country is _____ a citizen of?	*Where was _____'s mother's usual residence at the time of his/her birth?*	*What language(s) does _____ speak?*	*Does _____ have any physical or mental disability?*	*What type of disability does _____ have?*	
ENTER APPROPRIATE CODE LISTED BELOW. IF OTHERS, SPECIFY.	IF IN MARSHALL ISLANDS, SPECIFY ATOLL/ISLAND. OTHERWISE, ENTER APPROPRIATE CODE LISTED BELOW.	ENTER APPROPRIATE CODE(S) LISTED BELOW. (Multiple answers)	ENCIRCLE CODE. 1 Yes 2 No, GO TO NEXT HH MEMBER.	ENTER APPROPRIATE CODE LISTED BELOW. IF OTHERS, SPECIFY.	
(P9)	(P10)	(P11)	(P12)	(P13)	
			1 Y / 2 N		01
			1 Y / 2 N		02
			1 Y / 2 N		03
			1 Y / 2 N		04
			1 Y / 2 N		05
			1 Y / 2 N		06
			1 Y / 2 N		07
			1 Y / 2 N		08
			1 Y / 2 N		09
			1 Y / 2 N		10

Code for P9, Country of Citizenship

- 27 Marshall Islands
- 30 Micronesia
- 41 Australia
- 42 New Zealand
- 51 China
- 52 Japan
- 54 Philippines
- 65 U.S.A
- Others, specify

Code for P10, Mother's Usual Residence

- 30 Micronesia
- 41 Australia
- 42 New Zealand
- 51 China
- 52 Japan
- 54 Philippines
- 65 U.S.A
- Others, specify
- 98 Unknown

Codes for P11, Language

- 01 Marshallese
- 02 English
- 03 Micronesian
- 04 Kiribati
- 05 Tuvaluan
- 06 Fijian
- 07 Chinese
- 08 Japanese
- 09 Filipino
- 10 Others

Codes for P13, Types of Disability

- 01 Blindness
- 02 Deafness
- 03 Muteness
- 04 Deafness & Muteness
- 05 Speech Impairment
- 06 Mental Illness
- 07 Mental Retardation
- 08 Orthopedic Handicap
- 09 Cancer-related disability
- 10 Multiple disability
- 00 Others, specify

RT02

POPULATION

5 YEARS OLD AND OVER

L I N E N U M B E R	Previous Residence		Literacy	School Attendance	Place of School	Highest Educational Attainment
	In what Atoll/Island did ___ live before moving to this place? ENTER CODE. 7 Foreign country 8 Same Atoll/Island 9 Unknown IF ANOTHER ATOLL/ISLAND, SPECIFY ATOLL/ISLAND.	*When did ___ move to this atoll/ island?* ENTER "0" IF SINCE BIRTH. OTHERWISE, ENTER MONTH AND YEAR.	*Can ___ read & write a simple message in any language or dialect?* ENCIRCLE CODE. 1 Yes 2 No	*Did ___ attend school at anytime from June 1, 1998 to May 31, 1999?* ENCIRCLE CODE. 1 Yes 2 No, SKIP TO P19.	*In what atoll/island did ___ attend school?* ENTER CODE. 7 Foreign Country 8 Same Atoll/Island 9 Unknown IF ANOTHER ATOLL/ISLAND, SPECIFY ATOLL/ISLAND.	*What is the highest grade/year completed by ___?* ENTER APPROPRIATE CODE LISTED BELOW.
	(P14)	(P15)	(P16)	(P17)	(P18)	(P19)
01		Mo.____ Yr.____	1 Y 2 N	1 Y 2 N		
02		Mo.____ Yr.____	1 Y 2 N	1 Y 2 N		
03		Mo.____ Yr.____	1 Y 2 N	1 Y 2 N		
04		Mo.____ Yr.____	1 Y 2 N	1 Y 2 N		
05		Mo.____ Yr.____	1 Y 2 N	1 Y 2 N		
06		Mo.____ Yr.____	1 Y 2 N	1 Y 2 N		
07		Mo.____ Yr.____	1 Y 2 N	1 Y 2 N		
08		Mo.____ Yr.____	1 Y 2 N	1 Y 2 N		
09		Mo.____ Yr.____	1 Y 2 N	1 Y 2 N		
10		Mo.____ Yr.____	1 Y 2 N	1 Y 2 N		

Codes for P19, Highest Educational Attainment

00 No Grade Completed
01 Pre-school/Nursery
02 Kindergarten

Elementary

11 1st Grade
12 2nd Grade
13 3rd Grade
14 4th Grade
15 5th Grade
16 6th Grade
17 7th Grade
18 8th Grade

High School

21 9th Grade
22 10th Grade
23 11th Grade
24 High School Graduate
25 GED

College

41 Some College
42 Associate college- Occupational program
43 Associate college-Academic program
44 Bachelor's degree (BA, AB, BS)
45 Master's degree (MA, MS. Med, MSW, MBA)
46 Professional school degree (MD, DDS, LLB, JD)
47 Doctorate degree (PhD, EdD)

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RT03

CENSUS QUESTIONS

10 YEARS OLD AND OVER

Employment Status	Occupation in Past Week	Industry in Past Week	Class of Worker	Place of Work	Availability for Work	Looking for Work	Reason for Not Looking For Work	
Did ___ have a job or business during the past seven days?	What was ___'s activity/occupation during the past seven days?	In what kind of business/ industry did ___ work during the past seven days?	For whom/ where did ___ work during the past seven days?	In what place did ___ work during the past seven days?	Was ___ available for work during the past seven days?	Did ___ look for work during the past seven days?	Why did ___ not look for work?	L I N E
ENCIRCLE CODE 1 Yes 2 No, skip to P25.	DESCRIBE OCCUPATION AS FULLY AS POSSIBLE. Examples: Coconut Farmer Filing Clerk Fruit Vendor Student, etc.	DESCRIBE INDUSTRY AS FULLY AS POSSIBLE. Examples: Coconut Farming Textile Manufacturing Fruit Retailing	ENTER APPROPRIATE CODE LISTED BELOW.	IF WITHIN MARSHALL ISLANDS, SPECIFY ATOLL/ISLAND OTHERWISE, ENTER APPROPRIATE CODE LISTED BELOW. GO TO NEXT HH MEMBER.	ENCIRCLE CODE. 1 Yes 2 No, GO TO NEXT HH MEMBER	ENCIRCLE CODE. 1 Yes, GO TO NEXT HH MEMBER 2 NO	ENTER APPRO-PRIATE CODE LISTED BELOW. IF OTHERS, SPECIFY.	N U M B E R
(P20)	(P21)	(P22)	(P23)	(P24)	(P25)	(P26)	(P27)	
1 Y 2 N					1 Y 2 N	1 Y 2 N		01
1 Y 2 N					1 Y 2 N	1 Y 2 N		02
1 Y 2 N					1 Y 2 N	1 Y 2 N		03
1 Y 2 N					1 Y 2 N	1 Y 2 N		04
1 Y 2 N					1 Y 2 N	1 Y 2 N		05
1 Y 2 N					1 Y 2 N	1 Y 2 N		06
1 Y 2 N					1 Y 2 N	1 Y 2 N		07
1 Y 2 N					1 Y 2 N	1 Y 2 N		08
1 Y 2 N					1 Y 2 N	1 Y 2 N		09
1 Y 2 N					1 Y 2 N	1 Y 2 N		10

Codes for P23, Class of Worker

1 Worked for private employer
2 Worked for government/ Government corporation
3 Self-employed without any employee as defined in "4"
4 Employer in any own family-operated farm/business (with one or more regular paid employees)
5 Worked with pay on own family-operated farm or business
6 Worked without pay on own family-operated farm or business

Codes for P24, Place of Work

30 Micronesia
41 Australia
42 New Zealand
51 China
52 Japan
71 U.S.A. (mainland)
72 Guam
73 Hawaii
74 Saipan
90 Others

Codes for P27, Reasons for Not Looking for Work

1 Believe no job available
2 Awaiting results of previous job application
3 Temporary illness
4 Bad weather
5 Waiting for rehire/job recall
6 Too young, too old or retired, permanent disability
7 Housekeeping
8 Schooling
9 Others, specify

5

RT04

POPULATION CENSUS
QUESTIONS

FOR FEMALES 15-49 YEARS

Fertility

L I N E N U M B E R	How many children have ever been born alive to _____? IF NONE ENTER "00" AND GO TO NEXT HH MEMBER	How many are still living? IF NONE ENTER "00"	How many children were born alive to _____ from June 1, 1998 to May 31, 1999? ENTER ACTUAL NUMBER	What was _____'s age at first marriage? ENTER AGE
	(P28)	(P29)	(P30)	(P31)
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				

REMARKS

6

APPENDIX A

HOUSING CENSUS QUESTION

B1 TYPE OF BUILDING/HOUSE

1 Single house
2 Multi-unit residential (two units or more)
3 Commercial/Industrial/Agricultural (office, factory, ricemill, etc.)
4 Institutional living quarters (hotel, hospital, etc.)
5 Other housing unit (boat, trailer, etc)

ENTER CODE [   ]

B2 CONSTRUCTION MATERIAL OF THE ROOF

1 Galvanized Iron/Aluminum
2 Tile Concrete/Clay tile
3 Half galvanized iron and half concrete
4 Wood
5 Fiber glass
6 Thatch
7 Makeshift/Salvaged/Improvised materials
8 Others, Specify _____

ENTER CODE [   ]

B3 CONSTRUCTION MATERIALS OF THE OUTER/OUTSIDE WALLS

1 Concrete/Brick/Stone
2 Wood
3 Half concrete/brick/stone/and half wood
4 Galvanized Iron/Aluminum
5 Fiber glass/glass
6 Thatch
7 Makeshift/Salvaged/Improvised materials
8 Others, Specify _____
9 No walls

ENTER CODE [   ]

B4 STATE OF REPAIR
Determine the current condition of the building/house.

1 Needs no repair/needs minor repair
2 Needs Major repair
3 Dilapidated/Condemned
4 Under renovation/being repaired
5 Under construction
6 Unfinished construction

ENTER CODE [   ]

B5 YEAR BUILDING/HOUSE WAS BUILT
When was this building/house built?

01	1999	07	1971-1980
02	1998	08	1961-1970
03	1997	09	1960 or earlier
04	1996	98	not applicable
05	1991-1995	99	Don't know
06	1981-1990		

ENTER CODE [   ]

D1 FLOOR AREA OF THE HOUSING UNIT.
What is the estimated floor area of this housing unit?

SQUARE FEET
01 Less than 108
02 108 - 209
03 210 - 317
04 318 - 532
05 533 - 748
06 749 - 963
07 964 - 1286
08 1287 - 1609
09 1610 - 2147
10 2148 and over

ENTER CODE [   ]

H1 FUEL FOR LIGHTING
What kind of fuel does this household use for lighting

1 Electricity
2 Kerosene
3 Solar energy
4 Others, Specify _____

ENTER CODE [   ]

H2 FUEL FOR COOKING
What fuel does this household use most of the time for cooking?

1 Electricity
2 Kerosene
3 Propane gas
4 Charcoal
5 Wood
6 Solar energy
7 Others, Specify _____
8 None

ENTER CODE [   ]

H3 MAIN SOURCE OF DRINKING WATER
What is this household's main source of drinking water?

1 Public piped water inside the dwelling
2 Public piped water outside the dwelling
3 Rain catchment, tanks, drums
4 Well
5 Bottled water
6 Others, Specify _____

ENTER CODE [   ]

H4 TENURE STATUS OF THE HOUSING UNIT
Do you own or amortize this housing unit occupied by your household or do you rent, rent-free with consent of owner or rent-free without consent of owner?

1 Owned/being amortized/mortgaged
2 Rented/Leased ————————→GO TO H7 ↘
3 Rent-free with consent of owner ————→GO TO H7 ↘
4 Rent-free without consent of owner ——→GO TO H7 ↘

ENTER CODE [   ]

RT05

HOUSING CENSUS QUESTION

H5 TO H11 ARE TO BE ANSWERED BY ALL HOUSEHOLDS

H5 ACQUISITION OF HOUSING UNIT
How did you acquire this housing unit?

1 Purchased
2 Constructed by the owner/occupants with help of friend/relatives
3 Constructed by the owner/occupants without help of friends/relatives
4 Constructed by hired/skilled worker
5 Constructed by an organized contractor
6 Inherited ————→ GO TO H7 ↘
7 Others (lottery, Gift) ————→ GO TO H7 ↘

ENTER CODE [ ]

H6 SOURCE OF FINANCING
Do you avail of the following sources of financing in the construction/purchase of this housing unit?

A. Own resources	1 Yes 2 No	[ ]
B. MIDB	1 Yes 2 No	[ ]
C. USDA Rural Economic	1 Yes 2 No	[ ]
D. Bank of Marshall Islands	1 Yes 2 No	[ ]
E. Bank of Hawaii	1 Yes 2 No	[ ]
F. Bank of Guam	1 Yes 2 No	[ ]
G. Others, specify _____	1 Yes 2 No	[ ]

H7 TENURE STATUS OF THE LAND

Do you own or amortize this land occupied by your household or do you rent, rent-free with consent of owner, or rent-free without consent of owner?

1 Owned/Being amortized/mortgaged
2 Rented/Leased
3 Rent-free with consent of owner
4 Rent-free without consent of owner

ENTER CODE [ ]

H8 KIND OF TOILET FACILITY
What type of facility does this household use?

1 Flush toilet , inside the dwelling
2 Flush toilet , outside the dwelling
3 Water-sealed (without flush), inside the dwelling
4 Water-sealed (without flush), outside the dwelling
5 Pit latrine *(without a water-sealed bowl and depository is constructed usually of large circular tubes made of concrete or clay covered on top and has a small opening)*
6 Others
7 None

ENTER CODE [ ]

H9 USUAL MANNER OF GARBAGE DISPOSAL

How does your household usually dispose of your kitchen garbage such as left-over food, peeling of fruits an vegetables, fish and chicken entrails, etc.?

1 Picked up by garbage truck
2 Picked up by own truck
3 Dumping in individual pit (not burned)
4 Burning
5 Composting (later used as fertilizer)
6 Burying
7 Others, Specify _____

ENTER CODE [ ]

H10 PRESENCE OF HOUSEHOLD CONVENIENCES
Does this household have the following household conveniences in working condition?

A. Radio/Radio cassette	1 Yes 2 No	[ ]
B. Television/VCR	1 Yes 2 No	[ ]
C. Refrigerator/Freezer	1 Yes 2 No	[ ]
D. Telephone/Cell Phone	1 Yes 2 No	[ ]
E. Air Conditioning Unit	1 Yes 2 No	[ ]
F. Microwave Oven	1 Yes 2 No	[ ]
G. Motorcycle	1 Yes 2 No	[ ]
H. Car/Van	1 Yes 2 No	[ ]
I. Motorized Boat/Canoe	1 Yes 2 No	[ ]
J. Two-way radio	1 Yes 2 No	[ ]

H11 SOURCES OF INCOME

What are the sources of income of this household?

A. Wages & salaries	1 Yes 2 No	[ ]
B. Net receipts from businesses/ profession	1 Yes 2 No	[ ]
C. Commissions, tips bonuses, allowances	1 Yes 2 No	[ ]
D. Interests, dividends, net rental, royalty, income from estates/trusts	Yes 2 No	[ ]
E. Social security, retirement, survivor and disability pensions	1 Yes 2 No	[ ]
F. Remittances from abroad/domestic	1 Yes 2 No	[ ]
G. Others, _____ Specify	1 Yes 2 No	[ ]

H12 HOUSEHOLD INCOME

How much is the total income of this household for the past 12 months?

Specify _____

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	1999 CENSUS OF POPULATION AND HOUSING INSTITUTIONAL POPULATION	This census is authorized by Census Act No. 1985. All information is held strictly CONFIDENTIAL.

GEOGRAPHIC IDENTIFICATION

Booklet _____ of _____ booklets

Atoll/Island _____

Enumeration Area No. ....

Islet _____

Building Serial No. ....
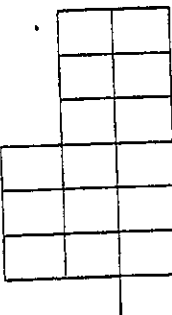
Housing Unit Serial No. ....

Institutional Living Quarter Serial No. ....

Type of Institutional Living Quarter ....
    (SEE CODES INSIDE)

Name of Institutional Living
    Quarter   _____

Address _____
    (Post Office No. or Name of Village)

INTERVIEW RECORD

Visit Number	1	2	3	Summary	
Date of Visit				Total No. of Visits	____
Time Began				Final Result of Visit	____
Time Ended				Total ILQ Members	____
Result of Visit				Total Males	____
Next Visit				Total Females	____
Date					
Time					

Result of Visit
1 Completed
2 Partly Completed
3 Refused
4 Postponed
5 SAQ
6 No Respondent Around
7 Other, specify

CERTIFICATION

I hereby certify that the data set forth were obtained/reviewed by me personally and in accordance with the Instruction.

Signature Over Printed   Date Accomplished
    Name of Enumerator

Signature Over Printed   Date Reviewed
    Name of Census Supervisor

RT01

	NAME	POPULATION					
		ALL					
		Residence Status	Present on June 1, 1999	Age		Sex	Marital Status
L I N E N U M B E R	Who are the persons residing in this institutional living quarter as of June 1, 1999? LIST IN THE NAMES (FAMILY NAME FIRST) OF ALL MEMBERS OF INSTITUTIONAL LIVING QUARTER IN THE ORDER LISTED IN THE CODES FOR P2. ENCIRCLE LINE NO. OF RESPONDENT	What is ____'s position or status? ENTER APPRO- PRIATE CODE LISTED BELOW.	Where did ____ sleep on the night of June 1, 1999? ENTER APPRO- PRIATE CODE LISTED BELOW. IF ANOTHER ATOLL/ISLAND, SPECIFY ATOLL/ISLAND	What was ____'s date of birth? ENTER MONTH AND YEAR.	What is ____'s age as of his/her last birthday? IF AGE IS LESS THAN ONE YEAR ENTER "00".	Is ____ male or female? ENTER CODE. 1 Male 2 Female	What is ____'s marital status? ENTER CODE. 1 Never Married 2 Legally Married 3 Widowed 4 Divorced/ Separated 5 Common- law/live-in 6 Unknown FOR PERSONS BELOW 10 YEARS OLD ENTER "1".
	(P1)	(P2)	(P3)	(P4)	(P5)	(P6)	(P7)
01				Mo: / Yr:			
02				Mo: / Yr:			
03				Mo: / Yr:			
04				Mo: / Yr:			
05				Mo: / Yr:			
06				Mo: / Yr:			
07				Mo: / Yr:			
08				Mo: / Yr:			
09				Mo: / Yr:			
10				Mo: / Yr:			

Codes for Type of Institutional Living Quarter
1 Hotel, Lodging Houses, Dormitories
2 Hospitals and Nurses' Home
3 Welfare Institution
4 Corrective and Penal Institutions
5 Convents, Nunneries, Seminaries and Boarding Schools
6 Military Camps and Stations
7 Logging, Mining and Construction/ Public Work Camps
8 Ocean-going and Inter-island/Coastal Vessels
9 Refugee Camps
0 Others

Codes for P2, Residence Status
01 Manager, director, in-charge
02 Staff member/employee including physician and nurses
03 Officer/enlisted man, trainee
04 Officer/crew member in merchant vessel
05 Priest, seminarian, nun
06 Lodger or boarder
07 Patient (hospital, sanitarium, etc.)
08 Inmate, ward (Home for the aged, orphanage, etc.)
09 Prisoner, detainee
10 Others

Codes for P3, Place on June 1, 1999
1 The same institutional living quarter
2 Other household within the same Atoll/Island
3 Foreign Country

Codes for P8, Religious Affiliation
00 None
01 Roman Catholic
02 Protestant
03 Assembly of God
Others, specify

2

CENSUS QUESTIONS

PERSONS | 5 YRS. OLD & OVER

Religious Affiliation	Citizenship	Language	Disability		Educational Attainment	
What is _____'s religious affiliation? ENTER APPROPRIATE CODE LISTED BELOW. IF OTHERS, SPECIFY.	What country is _____ a citizen of? ENTER APPROPRIATE CODE LISTED BELOW. IF OTHERS, SPECIFY.	What language(s) does _____ speak? ENTER APPROPRIATE CODE(S) LISTED BELOW. (Multiple answers	Does _____ have any physical or mental disability? ENCIRCLE CODE. 1 Yes 2 No, SKIP TO P13.	What type of disability does _____ have? ENTER APPROPRIATE CODE LISTED BELOW. IF OTHERS, SPECIFY.	What is the highest grade/year completed by _____? ENTER APPROPRIATE CODE LISTED BELOW.	L I N E N U M B E R
(P8)	(P9)	(P10)	(P11)	(P12)	(P13)	
			1 Y 2 N			01
			1 Y 2 N			02
			1 Y 2 N			03
			1 Y 2 N			04
			1 Y 2 N			05
			1 Y 2 N			06
			1 Y 2 N			07
			1 Y 2 N			08
			1 Y 2 N			09
			1 Y 2 N			10

Codes for P9, Country of Citizenship

27 Marshall Islands
30 Micronesia
41 Australia
42 New Zealand
51 China
52 Japan
54 Philippines
65 U.S.A.
Others, specify

Codes for P10, Language

01 Marshallese
02 English
03 Micronesian
04 Kiribati
05 Tuvaluan
06 Fijian
07 Chinese
08 Japanese
09 Filipino
10 Others

Codes for P12, Types of Disability

01 Blindness
02 Deafness
03 Muteness
04 Deafness & Muteness
05 Speech impairment
06 Mental Illness
07 Mental Retardation
08 Orthopedic Handicap
09 Cancer-related disability
10 Multiple disability
00 Others, specify

Codes P13, Highest Educational Attainment

00 No Grade Completed
01 Pre-school/ Nursery
02 Kindergarten

Elementary

11 1st Grade
12 2nd Grade
13 3rd Grade
14 4th Grade
15 5th Grade
16 6th Grade
17 7th Grade
18 8th Grade

High School

21 9th Grade
22 10th Grade
23 11th Grade
24 High School Graduate
25 GED

College

41 Some College
42 Associate college-Occupational program

43 Associate college-Academic program
44 Bachelor's degree (BA, AB, BS)
45 Master's degree (MA, MS, Med, MSW, MBA)
46 Professional school degree (MD, DDS, LLB,)
47 Doctorate degree (PHD, EdD.)

3

PLEASE READ THESE CAREFULLY BEFORE FILLING-UP THE CENSUS QUESTIONNAIRE

The following are to be included as members of institution for each type of institutional living quarter:

Hotels, Lodging Houses, Dormitories, etc.

1. Proprietor, manager and employees living in the establishment, except those living with their own families and those who usually go home to their respective families at least once a week.

2. Permanent lodgers/boarders (those who have stayed or expect to stay for one year or longer) and those temporary boarders/lodgers who have stayed for six months or longer as of June 01, 1999, or have been away from their own families for the same period. However, exclude those who usually go home at least once a week.

3. Lodgers/boarders who are not residents of the Marshall Islands and who have been in the Marshall Islands for one year or longer as of June 01, 1999 or expect to stay in the Marshall Islands for one year or longer. However, exclude those who have temporary place of residence elsewhere in the Marshall Islands to where they usually go home. Exclude also diplomatic representatives or UN, ILO, or USAID officials who, like diplomatic representatives, are subject to reassignment to other countries after their tour of duty in the Marshall Islands and members of their families.

Hospitals and Nurse's Home

1. All Patients, including those confined, in mental hospitals, leprosaria or leper colonies, pavilions of tuberculosis sanitaria where patients stay more or less permanently and rehabilitation centers for drug addicts.

2. Patients who have been confined for six months or longer as of June 01, 1999 in other kinds of hospitals and in wards for temporary confinement in tuberculosis sanitaria.

3. Nurses in nurses' homes who do not usually go home at least once a week.

4. Staff members and employees living in hospitals/nurses' homes, except those living there in with their families and those who usually go home at least once a week.

Welfare Institutions (Home for the Aged and Infirm, Orphanage, Boy's Town, etc.)

1. All inmates or wards, including those who have just been confined.

2. Staff members and employees living in the institutions, except those living therein with their families and those who usually go home at least once a week.

Corrective and Penal Institutions

1. All prisoners in national prisons and reformatories (Welfareville).

2. Prisoners and detainees in jails who have been continuously confined for six months or longer (including confinement in another jail elsewhere) as of June 01, 1999, or those whose sentence is for six months or longer even if the sentence is on appeal.

3. Staff members and employees living in the institutions except those living therein with their own families and those who usually go home at least once a week.

Convents, Nunneries, Seminaries and Boarding Schools

1. Monks, priests, ministers, nuns, seminarians, etc. However, priests or ministers of sects other than the Roman Catholic Church who live with their own families are to be considered as members of households and are therefore excluded.

2. Students in boarding schools (schools where students are required to stay in the school campus).

3. Staff members, employees and helpers living the premises, except those living therein with their own families and those who usually go home at least once a week.

Military Camps Stations (Army, Air Force and Navy)

1. Officers and enlisted men, drafters, except those who live in the premises with their own families and those who usually sleep most nights with households or in hotels, lodging places or dormitories. Include those belonging to the unit in the camp or station but who are away on military operation or mission or aboard naval vessels, except those whose families are living in camp or station (their own families will report them).

2. Detainees who have been continuously confined for six months or longer, including confinement in another camp or station elsewhere as of June 01, 1999.

3. Civilian employees living in the camp or station, except those living therein with their own families and those who usually go home at least once a week.

Logging, Mining and Construction/Public Works Camps: Plantations and Agricultural, Fisheries Experimental or Breeding Stations, etc.

1. Proprietor, manager, contractor and employees who do not live with their families in the camp or station premises and supplied with lodging (beddings, etc.) and/or meals by the company, firm contractor or agency, except those who usually go home at least once a week.

Ocean-going and Interisland/Coastal Vessels or Deep-Sea Fishing Vessels

1. Marshallese crew members of ocean-going vessels (whose own families live in the Marshall Islands) at port as of 12:01 A.M. June 01, 1999, except those who usually go home to their own families in the Marshall Islands at least once for every six months.

2. Any crew members of the interisland/coastal vessel or deep-sea fishing vessel at port on any day during the enumeration, if the crew member has no home other than the vessel.

Refugee Camps

1. Marshallese citizens working and living inside the camps, except those living therein with their own families and those who usually go home to their respective families at least once a week.

Where to get help

♦ If you have any questions or if you need additional questionnaires, please ask the enumerator or the interviewer assigned in your area.

♦ Or call the Office of Planning and Statistics in Majuro at

Telephone Nos.: .625-3802

APPENDIX B

LIST OF FORMS USED IN THE 1999 CPH

Census Form No.	**Title**
1	Listing Sheet
2	Household Questionnaire (see Appendix A)
3	Institutional Population Questionnaire
4	Appointment Slip
5	Notice of Listing/Enumeration
6	Enumerator's Summary Report (by EA)
7	Census Area Supervisor Consolidated Report (By Atoll/EA)
8	OPS Consolidated Report by Atoll/Island by EA
9	Transmittal/Receipt Form
10	Certificate of Work Completed (for Census Area Supervisors)
11	List of Appointed Census Area Supervisors and Enumerators
12	Record of Services Rendered by Teachers
13	Certification of Atoll/Island/Enumeration Area Population by Enumerator
14	Mayor's Certification that Enumeration Area in his atoll has been enumerated
15	Master List of Atoll/Island/Islets and Enumeration Areas
16	Certification of Services Rendered
17	Census Area Supervisor Booklet
18	Record of Missing Questionnaires
19	Enumerator's Questionnaire Transmittal Record
20	Folio Cover for CPH Forms 2 and 3
21	Folio Cover for CPH Form 1
22	Folio Cover for CPH Form 6
23	Inventory Record of Census Materials

Mapping Form No.	**Title**
1	Listing Sheet for Mapping and Listing Operations
2	Mapper's Summary Report
3	Enumeration Area Delineation Report