



# TUVALU

## HOUSEHOLD INCOME AND EXPENDITURE SURVEY 2010

### INDIVIDUAL SCHEDULE

Complete a separate schedule for each member aged 14 years old and less

#### IDENTIFICATION

Island \_\_\_\_\_

Village \_\_\_\_\_

Dwelling Number =====>

Household Number :=====;

Person Number :=====;

Person Name \_\_\_\_\_

|                      |   |  |                      |                      |                      |                      |   |   |   |   |
|----------------------|---|--|----------------------|----------------------|----------------------|----------------------|---|---|---|---|
| Interviewer's Name   | Code                                      | Date of Interview Completed  |                      |                      |                      |                      |   |   |   |   |
| -----                | <input type="text"/> <input type="text"/> | <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>d</td><td>d</td><td>m</td><td>m</td></tr></table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | d | d | m | m |
| <input type="text"/> | <input type="text"/>                      | <input type="text"/>   | <input type="text"/> |                      |                      |                      |   |   |   |   |
| d                    | d   | m  | m                    |                      |                      |                      |   |   |   |   |
| Supervisor's Name    | Code                                      | Date of Schedule Checked   |                      |                      |                      |                      |   |   |   |   |
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| <input type="text"/> | <input type="text"/>                      | <input type="text"/>   | <input type="text"/> |                      |                      |                      |   |   |   |   |
| d                    | d   | m  | m                    |                      |                      |                      |   |   |   |   |

|                      | Form coded  | First Entry          | Second Entry         | Entry OK             |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |
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|                      | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |
| Dates:               | <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>d</td><td>d</td></tr><tr><td>m</td><td>m</td></tr></table> | <input type="text"/> | <input type="text"/> | d                    | d | m | m | <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>d</td><td>d</td></tr><tr><td>m</td><td>m</td></tr></table> | <input type="text"/> | <input type="text"/> | d | d | m | m | <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>d</td><td>d</td></tr><tr><td>m</td><td>m</td></tr></table> | <input type="text"/> | <input type="text"/> | d | d | m | m | <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>d</td><td>d</td></tr><tr><td>m</td><td>m</td></tr></table> | <input type="text"/> | <input type="text"/> | d | d | m | m |
| <input type="text"/> | <input type="text"/>  |                      |                      |                      |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |
| d                    | d   |                      |                      |                      |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |
| m                    | m   |                      |                      |                      |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |
| <input type="text"/> | <input type="text"/>  |                      |                      |                      |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |
| d                    | d   |                      |                      |                      |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |
| m                    | m   |                      |                      |                      |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |
| <input type="text"/> | <input type="text"/>  |                      |                      |                      |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |
| d                    | d   |                      |                      |                      |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |
| m                    | m   |                      |                      |                      |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |
| <input type="text"/> | <input type="text"/>  |                      |                      |                      |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |
| d                    | d   |                      |                      |                      |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |
| m                    | m   |                      |                      |                      |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |   |                      |                      |   |   |   |   |

## Q01 - Health and Education Information

CIRCLE the appropriate code and ENTER in the box(es) provided

### HEALTH

**1.1 Did you have a health problem or sickness in the last 3 months?**  
*\*\* I te 3 masina ko teka, a koe ne masaki io me ne isi se pokotiaga ki tou ola-lei?*

- ☐ 1 Yes  
☐ 2 No (GO TO 1.9)

**1.2 Did you get help or care for the health problem or sickness?**  
*\*\* Ne maua se fesoasoani io me se togafiti ki te masaki o koe tena?*

- ☐ 1 Yes  
☐ 2 No (GO TO 1.6)

**1.3 Where did you go to get help for the health problem or sickness?**  
*\*\* Se koga fea ne fano koe ki ei ke maua se fesoasoani ki tou masaki tenaa?*

- |  |             |   |
|--|-------------|---|
| <input type="checkbox"/> 1 Hospital    | (GO TO 1.5) | <input type="checkbox"/> 4 Traditional healer |
| <input type="checkbox"/> 2 Health/Care |             | <input type="checkbox"/> 5 Village nurse      |
| <input type="checkbox"/> 3 Dispensary  |             | <input type="checkbox"/> 6 Others             |

**1.4 If you got help but did not use a health facility, what was the MAIN reason?**  
*\*\* Kafai ne maua ne koe te fesoasoani kae e se mai i te fakaimasaki, sea te pogai?*

- |   |  |
|---|--|
| <input type="checkbox"/> 01 Facility is too far         | <input type="checkbox"/> 08 No transport available     |
| <input type="checkbox"/> 02 Facility staff not friendly | <input type="checkbox"/> 09 Sick at night              |
| <input type="checkbox"/> 03 Facility is not nice        | <input type="checkbox"/> 10 Bad weather                |
| <input type="checkbox"/> 04 Health staff not available  | <input type="checkbox"/> 11 Too busy to go to Facility |
| <input type="checkbox"/> 05 Relative works at Facility  | <input type="checkbox"/> 12 Illness not serious        |
| <input type="checkbox"/> 06 No medication at Facility   | <input type="checkbox"/> 13 Use local healer first     |
| <input type="checkbox"/> 07 Can't pay for transport     | <input type="checkbox"/> 14 Other reasons              |

**1.5 What was the diagnosed health problem?**  
*\*\* Sea la te fakalavelave tena ki tou ola-lei mai i te otiga ne iloilo?*

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> 01 Skin sores   | <input type="checkbox"/> 05 Conjunctivitis      | <input type="checkbox"/> 09 Fever |
| <input type="checkbox"/> 02 Diarrhoea    | <input type="checkbox"/> 06 High blood pressure | <input type="checkbox"/> 10 Other |
| <input type="checkbox"/> 03 Stomach pain | <input type="checkbox"/> 07 Diabetes            |                                   |
| <input type="checkbox"/> 04 Cold/flu     | <input type="checkbox"/> 08 Asthma              | specify _____                     |

**1.6 If you did not seek care for the health problem what was the MAIN reason?**  
*\*\* Sea te pogai tonu se ki salasala ki se fesoasoani ei koe ki te fakalavelave o tou ola-lei?*

- |   |  |
|---|--|
| <input type="checkbox"/> 01 Facility is too far         | <input type="checkbox"/> 15 No transport available     |
| <input type="checkbox"/> 02 Facility staff not friendly | <input type="checkbox"/> 09 Sick at night              |
| <input type="checkbox"/> 03 Facility is not nice        | <input type="checkbox"/> 10 Bad weather                |
| <input type="checkbox"/> 04 Health staff not available  | <input type="checkbox"/> 11 Too busy to go to Facility |
| <input type="checkbox"/> 05 Relative works at Facility  | <input type="checkbox"/> 12 Illness not serious        |
| <input type="checkbox"/> 06 No medication at Facility   | <input type="checkbox"/> 13 Use local healer first     |
| <input type="checkbox"/> 07 Can't pay for transport     | <input type="checkbox"/> 14 Other reasons              |

**1.7 How long were you sick?** *\*E fia la te leva o tau masakiga?*

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> 1 1 day      | <input type="checkbox"/> 4 1 - 4 weeks |
| <input type="checkbox"/> 2 2 - 3 days | <input type="checkbox"/> 5 >4 weeks    |
| <input type="checkbox"/> 3 4-7 days   | <i>*silia atu mo te 4 vaiaso</i>       |

**1.8 Did this health condition prevent you from undertaking your usual activities?**  
*\*\* I tulaga o tou masaki tenei, e mata ne fai mo fakalavelave ki luga i au galuega tutuumau?*

- ☐ 1 Yes  
☐ 2 No

### EDUCATION

**1.9 Is this person now attending a formal education institution?**  
*\*\* A koe nei e akoga i te Maalo/Lotu/Fakapotopotoga?*

- ☐ 1 Yes, currently attending (GO TO 1.10)  
☐ 2 No, never attended (GO TO 1.17)  
☐ 3 No, have now left school (GO TO 1.18)

**1.10 What level and grade are you currently in?**  
*\*\* Sea te levolo mo te vasega e nofo nei ei koe?*

- |   |       |                            |                            |                            |                            |                            |                            |                            |                            |       |
|---|-------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------|
| <input type="checkbox"/> 1 Kindergarten         | level | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | grade |
| <input type="checkbox"/> 2 Primary              |       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |                            |                            |                            |                            |       |
| <input type="checkbox"/> 3 Secondary            |       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |                            |                            |                            |                            |                            |       |
| <input type="checkbox"/> 4 USP Extension        |       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |                            |                            |                            |                            |                            |       |
| <input type="checkbox"/> 5 University           |       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |                            |                            |       |
| <input type="checkbox"/> 6 Technical/Vocational |       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |                            |                            |       |

**1.11 What is your MAIN mode of travelling to school?**

- \*\* A koe e masani saale o fano pefea ki te akoga?*
- |   |   |
|---|---|
| <input type="checkbox"/> 1 walk             | <input type="checkbox"/> 4 boat / canoe |
| <input type="checkbox"/> 2 public transport | <input type="checkbox"/> 5 others       |
| <input type="checkbox"/> 3 private vehicle  |   |

**1.12 What is the estimated distance to get to school?**

- \*\* E mata e fia te 'mao ke oko ki te akoga?*
- |                                       |                                       |                                      |
|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 <100m      | <input type="checkbox"/> 3 500m - 1km | <input type="checkbox"/> 5 5 - 10 km |
| <input type="checkbox"/> 2 100 - 500m | <input type="checkbox"/> 4 1 - 5 km   | <input type="checkbox"/> 6 10 km +   |

**1.13 What is the estimated time it takes to get to school?**

- \*\* E mata e fia te leva o te taimi ke oko ki te akoga?*
- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> 1 < 5minutes    | <input type="checkbox"/> 4 1-2 hours |
| <input type="checkbox"/> 2 5-30 minutes  | <input type="checkbox"/> 5 > 2 hours |
| <input type="checkbox"/> 3 30-60 minutes |                                      |

**1.14 How many hours each week do you attend at school?**

- \*\* E fia a itulaa i te vaiaso e nofo ei koe ki te akoga?*
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 1 < 10 hours    | <input type="checkbox"/> 3 20 - 29 hours | <input type="checkbox"/> 5 40 or more hours |
| <input type="checkbox"/> 2 10 - 19 hours | <input type="checkbox"/> 4 30 - 39 hours |   |

**1.15 Do you sometimes miss school which you should be attending?**

- \*\* E mata e isi ne taimi ko se akoga a koe i taimi o akoga?*
- |  |   |
|--|---|
| <input type="checkbox"/> 1 No (GO TO 1.19) | <input type="checkbox"/> 3 Yes sometimes  |
| <input type="checkbox"/> 2 Yes but rarely  | <input type="checkbox"/> 4 Yes frequently |

**1.16 What is the MAIN reason for missing school?**

- \*\* Sea te pogai tonu ne se ki fano ei koe ki te akoga?*
- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> 01 School fees        | <input type="checkbox"/> 05 Suspended       | <input type="checkbox"/> 09 Disaster |
| <input type="checkbox"/> 02 Sick               | <input type="checkbox"/> 06 Family problems | <input type="checkbox"/> 10 Others   |
| <input type="checkbox"/> 03 Have to work       | <input type="checkbox"/> 07 Bad weather     |                                      |
| <input type="checkbox"/> 04 Distance to travel | <input type="checkbox"/> 08 Teacher absent  | (GO TO 1.19)                         |

**1.17 Why have you never attended school?**

- \*\* Nea pogai ne seki mafai ei koe mai tou olaga katoa o fano ki te akoga?*
- |   |   |
|---|---|
| <input type="checkbox"/> 1 Too young          | <input type="checkbox"/> 4 Family problems        |
| <input type="checkbox"/> 2 School fees        | <input type="checkbox"/> 5 Disability             |
| <input type="checkbox"/> 3 Distance to travel | <input type="checkbox"/> 6 Others (specify) _____ |

**1.18 What is the highest level and grade this person completed?**

- \*\* Sea loa te levolo maluga mo te vasega ne oti ei a koe?*
- |   |       |                            |                            |                            |                            |                            |                            |                            |                            |       |
|---|-------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------|
| <input type="checkbox"/> 1 Kindergarten         | level | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | grade |
| <input type="checkbox"/> 2 Primary              |       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |                            |       |
| <input type="checkbox"/> 3 Secondary            |       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |                            |                            |                            |                            |                            |       |
| <input type="checkbox"/> 4 AFP/USP Extension    |       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |                            |                            |                            |                            |                            |       |
| <input type="checkbox"/> 5 University           |       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |                            |                            |       |
| <input type="checkbox"/> 6 Technical/Vocational |       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |                            |                            |       |

### DISABILITY

**1.19 Please read the definition of disability in the manual.**  
**Do you consider yourself to be covered by the definition ?**

- \*\* E mata e too a koe mai i lalo o te fakamatalaga tenei?*
- ☐ 1 Yes  
☐ 2 No (No more questions)

**1.20 Please indicate the nature of your MAIN disability**

- \*\* Fakamolemole sea loa te pogai TONU o tou se katoatoa?*
- |  |
|--|
| <input type="checkbox"/> 1 Blind/ partially sighted /Albinos                       |
| <input type="checkbox"/> 2 Deaf/hearing loss                                       |
| <input type="checkbox"/> 3 Mobility  |
| <input type="checkbox"/> 4 Physical disability                                     |
| <input type="checkbox"/> 5 Mental health difficulty                                |
| <input type="checkbox"/> 6 Progressive disability/chronic illness (e.g MS, Cancer) |
| <input type="checkbox"/> 7 Other, specify _____                                    |

**1.21 Were you disabled due to birth, sickness or injury?**

- \*\* E mata koe se katoatoa mai tau fanauga, io me ko masaki io me a koe ne pakia?*
- |  |
|--|
| <input type="checkbox"/> 1 Was born disabled |
| <input type="checkbox"/> 2 Was sick          |
| <input type="checkbox"/> 3 Was injured       |

END OF QUESTIONNAIRE

## COMMENT AND QUERY SPACE

| Question Number | Interviewer comments / queries | Supervisor comments / queries |
|-----------------|--------------------------------|-------------------------------|
|                 |                                |                               |
|                 |                                |                               |
|                 |                                |                               |
|                 |                                |                               |
|                 |                                |                               |
|                 |                                |                               |
|                 |                                |                               |
|                 |                                |                               |

Checked by Interviewer: .....

Date .....

Checked by Supervisor: .....

Date .....