

Note; To be used for Questions 10 and 11, SECTION C. MIGRATION

List of Districts by Province and Region

SOUTHERN REGION

01. Western Province	02. Gulf Province	03. Central Province	04. National Capital District	05. Milne bay Province	06. Northern Province
1. North Fly District 2. Middle Fly District 3. South Fly District	1. Kerema District 2.Kikori District	1. Abau District 2. Goilala District 3. Kairuku-Hiri District 4. Rigo District	1. National Capital District	1. Alotau District 2. Esa'ala District 3. Kiriwina-Goodenough Dist 4. Samarai-Murua District	1. Ijivitari District 2. Sohe District

HIGHLANDS REGION

07. Southern Highlands Province	08. Enga Province	09. Western Highlands Province	10. Simbu Province	11. Eastern Highlands Province	21. Hela Province	22. Jiwaka Province
1. Ialibu-Pangia District 2. Imbonggu District 3. Kagua-Erave District 4. Mendi-Munihu District 5. Nipa-Kutubu District	1. Kandep District 2. Kompam District 3. Lagaip-Pogera District 4. Wapenamanda District 5. Wabag District	1. Dei District 2. Mount Hagen District 3. Mul-Baiya District 4. Tambul-Nebilya Dist.	1. Chuave District 2. Gumine District 3. Karimui-Nomane Dist. 4. Kerowagi District 5. Kundiawa-Gembogl 6. Sinasina-Yonggomugl	1. Daulo District 2. Goroka District 3. Henganofi District 4. Kainantu District 5. Lufa District 6. Obura-Wonenara Dist. 7. Okapa District 8. Unggai-Bena District	1. Komo-Magarima Dist. 2. Koroba-Kopiago Dist. 3. Tari-Pori District	1. Anglimp-South Wagi District 2. Jimi District 3. North Wagi District

MOMASE REGION


12. Morobe Province	13. Madang Province	14. East Sepik Province	15. West Sepik Province
1. Finchhafen District 2. Huon District 3. Kabwum District 4. Lae District 5. Markham District 6. Menyamy District 7. Nawae District 8. Tawae-Siassi District 9. Bulolo District	1. Bogia District 2. Madang District 3. Middle Ramu District 4. Rai Coast District 5. Sumkar District 6. Usino Bundi District	1. Ambunti-Dreikikier District 2. Angoram District 3. Maprik District 4. Wewak District 5. Wosera-Gawi District 6.. Yanoru-Saussia District	1. Aitape-Lumi District 2. Nuku District 3. Telefomin District 4. Vanimo-Green District

NEW GUINEA ISLANDS REGION

16. Manus Province	17. New Ireland Province	18. East New Britain Province	19. West New Britain Province	20. Autonomous Region of Bougainville (AROB)
1. Manus District	1. Kavieng District 2. Namatanai District	1. Gazelle District 2. Kokopo District 3. Pomio District 4. Rabaul District	1. Kandrian-Gloucester District 2. Talasea District	1. Central Bougainville District 2. North Bougainville District 3. South Bougainville District

Comments;


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NATIONAL STATISTICAL OFFICE

2022 SOCIO-DEMOGRAPHIC AND ECONOMIC SURVEY

SURVEY QUESTIONNAIRE



HOUSEHOLD INDICATIVE INFORMATION

Village Name: \_\_\_\_\_

Name of head of Household : \_\_\_\_\_

Cluster Number: \_\_\_\_\_

Dwelling Number: \_\_\_\_\_

Household Number: \_\_\_\_\_

Province: \_\_\_\_\_

District: \_\_\_\_\_

Local Level Government (LLG): \_\_\_\_\_

Urban Area OR Rural Ward: \_\_\_\_\_

Census Unit (CU): \_\_\_\_\_

Segment No. \_\_\_\_\_

House Type: \_\_\_\_\_

Introduction: "My name is (\_\_\_\_\_); I am a representative of the National Statistical Office. We are conducting the 2022 Socio-Demographic & Economic Survey. Your household have been selected for this survey. I am here to ask some questions about the people who are usual residence living in this house. The information collected will be used to develop plans and programmes with the aim to improve the situation in your community. The questions usually takes about (30) minutes. Your co-operation in completing this questionnaire is important to the success of the Survey.

Interviewer Visits

		1	2	3	Final Visit	
	Date				Day	
	Result				Month	
Result Codes					Year	
1	Completed/Enumerated	Time start				
2	No household members were home or no eligible respondent	Time End		TOTAL FOR THIS BOOKLET		
3	Entire household were absent for extended period of time	Name of Respondent		Male		
4	Postponed	Respondent Person Number		Female		
5	Refused	Respondent Contact Details		Total Persons		
6	Dwelling and/or Household not found					
7	Vacant					
8	Others (Specify)_____					

Collection Authority: The information asked for is collected under the authority of the Statistical Services Act 1980 (rev 1981)

Privacy: The law protects your privacy. No one outside of the office can link your answers with your name and address.

Coverage: All persons whose usual residence is this household should be included whether they are family members or not. Check whether persons who are usual residents of this household but have since gone away are included.

Completed by Interviewer: \_\_\_\_\_ Signature: \_\_\_\_\_ ID No. \_\_\_\_\_

Reviewed by Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_ ID No. \_\_\_\_\_

This is Booklet No. Of

Total No. of Booklets for this Household

FOR ALL PERSONS

A. DEMOGRAPHIC CHARACTERISTICS

	1	2	3	4	5	6
P E R S O N No.	Please give me the name of each person who usually live in your household starting with the head of the household?  <b><u>Order of listing:</u></b> <ul style="list-style-type: none"><li>Head of Household</li><li>Husband/wife</li><li>Unmarried children (oldest first)</li><li>Married sons/daughters and their families</li><li>Other relatives</li><li>Non relatives/visitors</li></ul>	What is (NAME's) relationship to the head of household?  01. Head of household 02. Husband/wife 03. Own Son 04. Own Daughter 05. Son/daughter in-law 06. Step/adopted child 07. Father/mother 08. Brother/sister 09. Grand/great-grand child 10. Father/mother in-law 11. Brother/Sister in-law 12. Other relative 13. Non-relative	Is (NAME) a male or female?  1. Male 2. Female	What is (NAME's) age at last birthday?  <i>If less than "1" year, record "00". If aged "95" or more, record "95".</i>	(If AGE 10 or OLDER)  What is (NAME's) present marital status?  1. Never married 2. Married/living together 3. Separated 4. Divorced 5. Widowed	What is (NAME)'s religion and denomination, if any?  <b><u>Christianity</u></b> <ul style="list-style-type: none"><li>01. Roman Catholic</li><li>02. Evangelical Lutheran</li><li>03. Seventh Day Adventist</li><li>04. Pentecostal</li><li>05. United Church</li><li>06. Evangelical Alliance</li><li>07. Anglican</li><li>08. Baptist</li><li>09. Salvation Army</li><li>10. Kwato Church</li><li>11. Other Christian Churches (Specify)</li></ul> <b><u>Non-Christianity</u></b> <ul style="list-style-type: none"><li>12. No Religion</li><li>13. Other (Specify)</li></ul>
1	<div></div> <div></div>	<div></div> <div></div>	<div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
2	<div></div> <div></div>	<div></div> <div></div>	<div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
3	<div></div> <div></div>	<div></div> <div></div>	<div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
4	<div></div> <div></div>	<div></div> <div></div>	<div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
5	<div></div> <div></div>	<div></div> <div></div>	<div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
6	<div></div> <div></div>	<div></div> <div></div>	<div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
7	<div></div> <div></div>	<div></div> <div></div>	<div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
8	<div></div> <div></div>	<div></div> <div></div>	<div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
9	<div></div> <div></div>	<div></div> <div></div>	<div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
10	<div></div> <div></div>	<div></div> <div></div>	<div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
11	<div></div> <div></div>	<div></div> <div></div>	<div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>

1A. Just to make sure that I have a complete listing, are there any other people such as small children or infants that we have not listed?

YesNoIf "Yes" add to the list.

1B. Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live in this household and have not been listed?

YesNo

FOR THE HOUSEHOLD ASK THE FOLLOWING QUESTIONS (Continue...)

43

How does your household usually dispose of garbage?  
  
(Circle appropriate code.)  
  
Collected by formal service provider ..... 11  
Collected by informal service provider ..... 12  
Disposed of in designated waste disposal area ..... 13  
Disposed of within household yard or plot ..... 14  
Buried or burned ..... 15  
Disposed of elsewhere ..... 16  
Other ..... 96  
(Specify)

K. TYPE OF FUEL FOR COOKING

44

What type of fuel does your household mainly use for cooking?  
  
(Circle appropriate code.)  
  
Electricity ..... 11  
Gas (LPG) ..... 12  
Kerosene ..... 13  
Charcoal ..... 14  
Wood ..... 15  
Coconut husks/Shells/Copra ..... 16  
  
Other (Specify) ..... 96

44A

Is the cooking usually done in the house, in a separate building, or outdoors?  
  
(Circle appropriate code.)  
  
In the house ..... 1  
In a separate building ..... 2  
Outdoors ..... 3  
Other (Specify) ..... 6  
→ Q45

44B

Do you have a separate room which is used as a kitchen?  
  
(Circle appropriate code.)  
  
Yes ..... 1  
No ..... 2

L. SOURCE OF LIGHTING

45

What is the main source of lighting for this household?  
  
(Circle appropriate code.)  
  
Electricity from a Grid ..... 11  
Kerosene lamp ..... 12  
Solar ..... 13  
Generator ..... 14  
Hydro power supply (small scale) ..... 15  
Battery powered lantern/torch ..... 16  
Candles ..... 17  
Wood (Open fire) ..... 18  
  
Other (Specify) ..... 96

M. HOUSEHOLD GOODS

46	Does your household have any of the following?  1. Yes      2. No	CODE
01.	Car/Truck/Van	
02.	Motor Bike	
03.	Bicycle	
04.	Scooter	
05.	Canoe - paddled/outrigger	
06.	Boat with outboard motor	
07.	An animal drawn - cart	
08.	Refrigerator	
09.	Stove - electric/gas	
10.	Washing machine	
11.	Sewing machine	
12.	Generator - diesel/petrol	
13.	Solar kit	
14.	Television	
15.	Mobile phone	
16.	Landline phone	
17.	Computer - laptop/desktop computer	
18.	Radio - battery/electricity/solar operated	
19.	Access to internet at home	

N. WATER AND SOAP OBSERVATION

47

Can you please show me where members of your household most often wash their hands?  
  
(Circle appropriate code.)  
  
**Fixed facility observed (sink/tap)**

- In dwelling ..... 1
- In yard/plot ..... 2

Mobile object observed (bucket/jug/kettle) ..... 3  
No handwashing place in dwelling/yard/plot ..... 4  
Not observed, no permission to see ..... 5  
Not observed, other reason ..... 6  
End of Interview

47A

OBSERVE AVAILABILITY OF WATER AT THE PLACE FOR HANDWASHING  
(Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water)  
  
(Circle appropriate code.)  
  
Water is available ..... 1  
Water is not available ..... 2

47B

OBSERVE AVAILABILITY OF SOAP OR DETERGENT AT THE PLACE FOR HANDWASHING  
  
(Circle appropriate code.)  
  
Soap or detergent available ..... 1  
Soap or detergent not available ..... 2

End of Interview

Comments

FOR THE HOUSEHOLD ASK THE FOLLOWING QUESTIONS (Continue...)

I. HOUSING (Continue...)

39B

Which type of building material was used for the external wall of the dwelling unit?  
  
(Circle appropriate code.)  
  

Natural Wall

No wall ..... 11

Cane/Palm/Trunks ..... 12

Rudimentary Wall

Wood/Planks ..... 21

Palm Bamboo ..... 22

Finished Wall

Fibro ..... 31

Cement ..... 32

Metal Sheet/Tin ..... 33

Brick/Concrete ..... 34

Wood/Planks/Shingles/Timber ..... 35

Other (Specify) ..... 96

J. WATER AND SANITATION

40

What is the main source of drinking water for members of your household?  
  
(Circle appropriate code.)  
  

Piped water

Piped into dwelling ..... 11

Piped into compound, yard or plot .. 12

Piped to neighbour ..... 13

Public tap/standpipe ..... 14

Borehole or tubewell ..... 21

Dug well

Protected well ..... 31

Unprotected well..... 32

Water from spring

Protected spring ..... 41

Unprotected spring ..... 42

Rainwater collection ..... 51

Delivered water

Tanker-truck ..... 61

Cart with small tank/drum ..... 62

Home water purifier/filter/Package water (Bottled water) ..... 71

Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81

Other (Specify) ..... 96

J. WATER AND SANITATION (Continue...)

40A

Where is the drinking water collected from?  
  
(Circle appropriate code.)  
  

In own dwelling ..... 1

In own yard / plot ..... 2

Elsewhere ..... 3

40B

How long does it take to go there, queue, get water and come back?  
  
Number of minutes .....  
  
If do not know minutes, Circle ..... "998"

40C

Who oftenly collects water? Is (NAME) a male or female?  
  
(Circle appropriate code.)  
  

Male ..... 1

Female ..... 2

Both male and female ..... 3

40D

In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?  
  
(Circle appropriate code.)  
  

Yes, at least once ..... 1

No, always sufficient ..... 2

Don't know ..... 8

41

What is the main source of water used by your household for other purposes, such as cooking and hand washing?  
  
(Circle appropriate code.)  
  

Piped water

Piped into dwelling ..... 11

Piped into compound, yard or plot ..... 12

Piped to neighbour ..... 13

Public tap / standpipe ..... 14

Borehole or tube well ..... 21

Dug well

Protected well ..... 31

Unprotected well..... 32

Water from spring

Protected spring ..... 41

Unprotected spring ..... 42

Rainwater collection ..... 51

Delivered water

Tanker-truck ..... 61

Cart with small tank/drum ..... 62

Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81

Other (Specify) ..... 96

42

What kind of toilet facility do members of your household usually use?  
  
(Circle appropriate code.)  
  

Flush or pour flush toilet

Flush to piped sewer system ..... 11

Flush to septic tank ..... 12

Flush to pit latrine ..... 13

Flush to open drain ..... 14

Flush to don't know where ..... 15

Dry pit latrine

Ventilated improved pit latrine ..... 21

Pit latrine with slab ..... 22

Pit latrine without slab/Open pit ..... 23

Container based sanitation ..... 31

Hanging toilet / hanging latrine ..... 41

No facility / Bush / Field ..... 51

Other (Specify) ..... 96

42A

Has your pit latrine or septic tank ever been emptied when the latrine pit / septic tank is full?  
  
(Circle appropriate code.)  
  

Yes, emptied ..... 1

Never emptied ..... 2

Don't Know ..... 8

42B

The last time it was emptied, where were the contents emptied to or what did you do? Was it removed by a service provider?  
  
(Circle appropriate code.)  
  

Removed by service provider

to a treatment plan ..... 11

buried in a covered pit ..... 12

to don't know where ..... 13

Emptied by the household

buried in a covered pit ..... 21

to uncovered pit, open ground, water body or elsewhere ..... 22

Other ..... 96

Don't know ..... 98

42C

Where is this toilet facility located?  
  
(Circle appropriate code.)  
  

In own dwelling ..... 1

In own yard / plot ..... 2

Elsewhere ..... 3

42D

Do you share this facility with others who are not members of your household?  
  
(Circle appropriate code.)  
  

Yes ..... 1

No ..... 2

FOR ALL PERSONS

B. SURVIVORSHIP

7

Is (NAME's) own father still alive?

1. Yes

2. No

3. Don't Know

8

Is (NAME's) own mother still alive?

1. Yes

2. No

3. Don't Know

C. MIGRATION

9

How many years has (NAME) been staying in this district?

Write number of years.

Write "00", if less than one year.

If lived in this district since birth, write "98" and Skip to Q.12.

10

Where was (NAME) born?

1. Same district on the cover of this booklet

2. Other district (Specify)

3. Other country (Specify)

11

What was (NAME's) place of usual residence one year ago?

1. Same district on the cover of this booklet

2. Other district (Specify)

3. Other country (Specify)

P	Is (NAME's) own father still alive?	Is (NAME's) own mother still alive?	How many years has (NAME) been staying in this district?	Where was (NAME) born?	What was (NAME's) place of usual residence one year ago?
E	1. Yes	1. Yes	Write number of years.	1. Same district on the cover of this booklet	1. Same district on the cover of this booklet
R	2. No	(If member of this household, write mother's person number in the two boxes. If not a member of this household, write "00" in the two boxes.)	Write "00", if less than one year.	(If "1", leave (a) and (b) blank)	(If "1", leave (a) and (b) blank)
S	3. Don't Know	2. No	If lived in this district since birth, write "98" and Skip to Q.12.	2. Other district (Specify)	2. Other district (Specify)
O		(Leave Person No. blank.)		(a) Province	(a) Province
N		3. Don't Know		(b) District	(b) District
No.		(Leave Person No. blank.)		3. Other country (Specify)	3. Other country (Specify)
				(a) Country	(a) Country
				Refer to back page of the booklet for the list of Provinces and Districts	Refer to back page of the booklet for the list of Provinces and Districts
1				(a)	(a)
		Person No.		(b)	(b)
2				(a)	(a)
		Person No.		(b)	(b)
3				(a)	(a)
		Person No.		(b)	(b)
4				(a)	(a)
		Person No.		(b)	(b)
5				(a)	(a)
		Person No.		(b)	(b)
6				(a)	(a)
		Person No.		(b)	(b)
7				(a)	(a)
		Person No.		(b)	(b)
8				(a)	(a)
		Person No.		(b)	(b)
9				(a)	(a)
		Person No.		(b)	(b)
10				(a)	(a)
		Person No.		(b)	(b)
11				(a)	(a)
		Person No.		(b)	(b)

10

3



FOR ALL WOMEN AGED 15 YEARS OR MORE					FOR ALL WOMEN AGED 15-49 YEARS OLD		
G. FERTILITY SECTION							
CHILDREN BORN ALIVE					LAST CHILD BORN ALIVE		
	29	30	31	32	33	34	35
PERSON No.	How many live born children, (male and female) have you given birth to?	How many of your own children, (male and female) are living in this household?	How many of your own children, (male and female) are living elsewhere?	How many of your own live born children, (male and female) are dead?	What is the date of birth of your <u>last</u> child born alive?	Is this child a male or female?	Is this child alive?
	<div>(If none, enter “00” in M and F and GO TO → Q.5 for NEXT HH MEMBER)</div> <div>DO NOT LEAVE BLANK</div>					1. Male 2. Female	1. Yes 2. No
	M M F F	M M F F	M M F F	M M F F	d d m m y y y y		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

FOR PERSONS AGED 5-35 YEARS OLD				FOR PERSONS AGED 10 YEARS OR MORE
E. EDUCATION (Continue...)				LITERACY
CURRENT SCHOOL ATTENDANCE				
	15	16	17	18
PERSON No.	Is (NAME) <u>currently attending</u> school?	What grade/level is (NAME) <u>currently attending</u> ?	What is the <u>main reason</u> for stopping/ not attending school?	Which language can (NAME) read and write with understanding?
	1. Yes 2. No → Q.17	00 Preparatory 10 Grade 10 01 Grade 1 11 Grade 11 02 Grade 2 12 Grade 12 03 Grade 3 13 Vocational/Technical 04 Grade 4 14 College 05 Grade 5 15 University 06 Grade 6 16 Post Graduate 07 Grade 7 08 Grade 8 09 Grade 9  SKIP TO → Q.18	01 School too far 02 Working/ looking for work 03 Lost interest/refused 04 Bullying/violence in school 05 No money for fees/Cannot afford school fees etc. 06 With disability/ illness/ injury 07 Too young/ too old 08 Overcrowded class 09 Not qualified for secondary/ tertiary (Grade 9, or 11) 10 Getting married 11 Lack of toilet and water/ school facilities 12 Pregnancy 13. Security/Natural Disasters 14 Completed school 15. Housework/ caring for family members 16 Fear of catching COVID19 17. Other (Specify)	A. English B. Tok pisin C. Motu D. Tok ples E. Other, Specify  1. Yes 2. No 3. Don't Know.
				A B C D E
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

