



FOR ALL PERSONS

A. DEMOGRAPHIC CHARACTERISTICS

Table with 6 columns (1-6) and 11 rows. Column 1: Name of person. Column 2: Relationship to head. Column 3: Sex. Column 4: Age. Column 5: Marital status. Column 6: Religion. Includes sub-sections for Christianity and Non-Christianity.

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

43 How does your household usually dispose of garbage? (Circle appropriate code.)

M. HOUSEHOLD GOODS. 46 Does your household have any of the following? CODE

N. WATER AND SOAP OBSERVATION. 47 Can you please show me where members of your household most often wash their hands? 47A OBSERVE AVAILABILITY OF WATER AT THE PLACE FOR HANDWASHING. 47B OBSERVE AVAILABILITY OF SOAP OR DETERGENT AT THE PLACE FOR HANDWASHING.

K. TYPE OF FUEL FOR COOKING. 44 What type of fuel does your household mainly use for cooking? 44A Is the cooking usually done in the house, in a separate building, or outdoors? 44B Do you have a separate room which is used as a kitchen?

L. SOURCE OF LIGHTING. 45 What is the main source of lighting for this household? (Circle appropriate code.)

End of Interview

Comments section with multiple blank lines for handwritten notes.

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? 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?

**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 (Continue...)**

**40A** Where is the drinking water collected from?  
(Circle appropriate code.)

In own dwelling ..... 1 → Q40D  
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

**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 → Q42C  
Flush to septic tank ..... 12  
Flush to pit latrine ..... 13  
Flush to open drain ..... 14 → Q42C  
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 → Q42C  
No facility / Bush / Field ..... 51 → Q43

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 → Q40D  
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 → Q40D

Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 → Q40B

Other (Specify) ..... 96

**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

**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 → Q42C  
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  
(Specify)

**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

B. SURVIVORSHIP		C. MIGRATION			
	7	8	9	10	11
PERSON	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?
	1. Yes 2. No 3. Don't Know	1. Yes (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.) 2. No (Leave Person No. blank.) 3. Don't Know (Leave Person No. blank.)	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.	1. Same district on the cover of this booklet (If "1", leave (a) and (b) blank) 2. Other district (Specify) (a) Province (b) District 3. Other country (Specify) (a) Country  Refer to back page of the booklet for the list of Provinces and Districts	1. Same district on the cover of this booklet (If "1", leave (a) and (b) blank) 2. Other district (Specify) (a) Province (b) District 3. Other country (Specify) (a) Country  Refer to back page of the booklet for the list of Provinces and Districts
	1	Person No. [ ][ ] [ ][ ]	[ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]
	2	Person No. [ ][ ] [ ][ ]	[ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]
	3	Person No. [ ][ ] [ ][ ]	[ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]
	4	Person No. [ ][ ] [ ][ ]	[ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]
	5	Person No. [ ][ ] [ ][ ]	[ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]
	6	Person No. [ ][ ] [ ][ ]	[ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]
	7	Person No. [ ][ ] [ ][ ]	[ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]
	8	Person No. [ ][ ] [ ][ ]	[ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]
	9	Person No. [ ][ ] [ ][ ]	[ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]
10	Person No. [ ][ ] [ ][ ]	[ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]	
11	Person No. [ ][ ] [ ][ ]	[ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]	(a) [ ][ ] [ ][ ] (b) [ ][ ] [ ][ ]	

FOR PERSONS AGED 5 YEARS OR MORE

D. FUNCTIONAL DIFFICULTY		E. EDUCATION							
		EVER ATTENDED SCHOOL							
12	13	14							
P E R S O N No. This question asks about difficulties (NAME) may have doing certain activities because of a <u>health problem</u> . Does (NAME) have difficulty; A. Seeing, even if wearing glasses? B. Hearing, even if using a hearing aid? C. Walking or climbing steps? D. Remembering or concentrating? E. With self-care, such as washing all over or dressing? F. With communicating (e.g. understanding or being understood by others) using his/ her usual language? 1. No difficulty 2. Yes, some difficulty 3. Yes, a lot of difficulty 4. Cannot do at all. 5. Don't Know	Has (NAME) <u>ever attended</u> pre-school or school? 1. Yes 2. No → Q.18	What is the <u>highest grade/level completed</u> by (NAME)? 00 Preparatory    13 Vocational/Technical (completed some years/graduated) 01 Grade 1 02 Grade 2    14 College (completed some years/graduated) 03 Grade 3 04 Grade 4    15 University (undergraduate/graduated) 05 Grade 5 06 Grade 6    16 Post Graduate 07 Grade 7 08 Grade 8    17 No grade completed 09 Grade 9 10 Grade 10 11 Grade 11 12 Grade 12							
<table border="1"> <tr> <td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td> </tr> </table>	A	B	C	D	E	F			
A	B	C	D	E	F				
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11									

COMPLETE SECTIONS A to G FIRST FOR ALL HH MEMBERS BEFORE PROCEEDING TO SECTIONS H to N.

FOR THE HOUSEHOLD ASK THE FOLLOWING QUESTIONS

H. INTERNATIONAL MIGRATION

36	Does any former member of your household now living abroad? (Circle appropriate code) Yes ..... 1 No ..... 2 → Q37									
	36A	36B	36C	36D	36E	36F				
P E R S O N No.	What is the name of the former household member living abroad?	What is (NAME's) relationship to the 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 relatives 13. Non-relative	Is (NAME) a male or female? 1. Male 2. Female	What is (NAME's) current age? If less than "1" year, record "00". If aged "95" or more, record "95".	What is (NAME's) Year of Departure? <table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	Y	Y	Y	Y	What is (NAME's) Country of residence?
Y	Y	Y	Y							
1										
2										
3										
4										
5										

I. HOUSING

37	Do you own or rent this dwelling unit? (Circle appropriate code.) Own House ..... 11 Rent National Housing Corporation ..... 21 Semi - government (e.g. BPNG, PNGPL, TELIKOM) ..... 22 Other government (e.g. Provincial, District, LLG) ..... 23 Other/private (e.g. Real Estate Wantoks/relatives) ..... 24 Rent free ..... 31	39	Which type of building material was used for the floor of the dwelling unit? (Circle appropriate code.) <b>Natural Floor</b> Earth/sand ..... 11 <b>Rudimentary Floor</b> Wood/Planks ..... 21 Palm Bamboo ..... 22 <b>Finished Floor</b> Polished Wood ..... 31 Floor tiles ..... 32 Cement ..... 33 Metal/ceramic ..... 34 Unpolished floor ..... 35 Brick/Concrete ..... 36 Other (Specify) ..... 96	39A	Which type of building material was used for the roof of the dwelling unit? (Circle appropriate code.) <b>Natural Roofing</b> No Roof ..... 11 Thatch/Palm leaf ..... 12 <b>Rudimentary Roofing</b> Palm Bamboo ..... 21 Wood/planks ..... 22 <b>Finished Roofing</b> Metal Sheet/Tin ..... 31 Wood ..... 32 Concrete ..... 33 Ceramic tiles ..... 34 Other (Specify) ..... 96						
38	How many rooms are there in this dwelling unit? ( Enter number of rooms in the boxes, exclude kitchens, bathroom and storeroom.) No. of ROOMS .....										
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										

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
P E R S O N  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?
	(If none, enter "00" in M and F and GO TO → Q.5 for NEXT HH MEMBER)  DO NOT LEAVE BLANK					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		
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2							
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4							
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6							
7							
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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
P E R S O N  No.	Is (NAME) <u>currently attending school</u> ?	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
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F. ECONOMIC CHARACTERISTICS

LABOUR FORCE

	19	20	21	22	23	24
P E R S O N  No.	In the last 7 days, did (NAME) do any work for a wage, salary, commission, tips, or any other pay even for one hour?	In the last 7 days, did (NAME) work even for only one hour in own/ family farming, gardening or fishing in which the produce are mainly for sale?	In the last 7 days, did (NAME) work in any other kind of business activity?	In the last 7 days, did (NAME) help without pay, even for one hour in a farming/ gardening/fishing (in which the produce are mainly for sale) or other business activity (formal/informal) owned by a household member?	In the last 7 days, was (NAME) absent from a paid job, or business including a household business to which he/she will return to?	What is (NAME)'s main occupation in the last 7 days?  <i>(Describe in detail the type of work or occupation e.g. plumber, street food seller, kaukau farmer, car mechanic, primary school teacher, accountant, bank teller, transport clerk etc.)</i>
	1. Yes → Q.24 2. No	1. Yes → Q.24 2. No	1. Yes → Q.24 2. No	1. Yes → Q.24 2. No	1. Yes 2. No → Q.26	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
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11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>

F. ECONOMIC CHARACTERISTICS (Continue...)

LABOUR FORCE (Continue...)

	25	26	27	28
P E R S O N  No.	What is the main activity of establishment or business where (NAME) worked?  <i>(Describe business by activity, e.g. house building, air transport, street selling betel nuts, primary/secondary school, digging ground for fresh food crop planting, cleaning and/or pruning cocoa, coffee plots etc.)</i>	During the last 30 days, did (NAME) look for a job or try to start a new business?	What was the main reason why (NAME) did not look for a job?  01. Found work but waiting to start 02. Awaiting replies to earlier inquiries 03. Awaiting for the season to start 04. In school/training courses 05. Family responsibilities or house work 06. Illness, injury or disability 07. Too young/old to find work/retired 08. Does not know where to look for work 09. Lacks employers' requirements (skills, experience, qualification) 10. No jobs available 11. No need/does not want to work 12. Engaged in unpaid apprenticeship/ internship/volunteering tasks 13. Engaged in gardening/fishing for own consumption. 14. Fear of catching COVID19 15. Other <i>(Specify)</i>	If an opportunity to work for pay or start a business became available could (NAME) start working within the next two weeks?  1. Yes 2. No
	SKIP TO → Q.29	1. Yes → Q.28 2. No		
1	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
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