

COMMENTS & QUERIES

WRITE DOWN ANY QUERIES OR COMMENTS ON ANY PARTICULAR QUESTION YOU MIGHT WANT YOUR SUPERVISOR TO CLARIFY.

REMEMBER:

Be prompt in answering any queries the supervisor writes to avoid having to answer many queries towards the end of the survey.
Likewise make sure your comments or queries to your supervisor are addressed as soon as possible

SECTION No.	QUEST No.	INTERVIEWER		SUPERVISOR	
		DATE	COMMENTS/QUERIES	DATE	COMMENTS/QUERIES

CHECKED BY INTERVIEWER DATE

CHECKED BY SUPERVISOR DATE

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NATIONAL STATISTICAL OFFICE
2009 HOUSEHOLD INCOME AND EXPENDITURE SURVEY

Cluster No.

Selected Household Sequence No.

Form A: Household Control

Name of H/Head: Contact No: Address of Dwelling:	Form of Province District..... LLG..... Ward/Urban Area..... CU..... Household No. from listing
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GLOBAL POSITIONING SYSTEM (GPS) READING

ELEVATION (m) 	SOUTH (Latitude) . 	EAST (Longitude) .
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INTERVIEWER'S VISIT AND RESULT

DATE COMMENCED (DD/MM/YY) / / 	Total number of persons in H/H Person No. of respondent 	
A1: HOUSEHOLD INFORMATION DATE COMPLETED (DD/MM/YY) / / Result* 	A2: HOUSEHOLD STOCKS DATE COMPLETED (DD/MM/YY) / / Result* 	A3: HOUSEHOLD MAIN MEALS DATE COMPLETED (DD/MM/YY) / / Result*
*Result Codes: 1 Completed "Household Roster" 2 Entire household absent for extended period 3 Refused 4 Other - (Specify).....	*Result Codes: 1 Completed "Final Interview" 2 Entire household absent for extended period 3 Refused 4 Other - (Specify).....	*Result Codes: 1 Completed "Final Day (14)" 2 Entire household absent for extended period 3 Refused 4 Other - (Specify).....

INTERVIEWER 	SUPERVISOR 	DATA ENTRY OPERATOR
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FORM A: HOUSEHOLD CONTROL FORM

SECTION A1: HOUSEHOLD INFORMATION

Respondent: Household head or most informed household member.

2. RELATIONSHIP	3. SEX	4. AGE	5. MARITAL STATUS	6. SPOUSE No.		7. FATHER ALIVE
WHAT IS (Name)'s RELATIONSHIP TO THE HEAD OF THIS HOUSEHOLD? 01= Head 02= Wife/Husband 03= Own son/Daughter 04= Adopted/foster /step child 05= Grandchild 06= Niece/Nephew 07= Parent (Mother/Father) 08= Brother/Sister 09= Son/daughter in-law 10= Brother/Sister in-law 11= Grand Mother/Father 12= Mother/Father in-law 13= Other relative 14= Not related 15= Other(specify ____)	WHAT IS (Name's) SEX? 1=Male 2=Female	WHAT WAS (Name's) AGE LAST BIRTHDAY? <i>Please give an estimate if exact age is not known</i> If less than 1 year, write '00'	WHAT IS THE PRESENT MARITAL STATUS OF (Name)? <i>If child is less than 12 years, code 1.</i> 1= Never married ⇒ 7 2= Married ⇒ 7 3= Divorced ⇒ 7 4= Separated ⇒ 7 5= Widowed ⇒ 7	WRITE THE PERSON NUMBER OF THE WIFE/ HUSBAND USE SECOND COLUMN IF TWO WIVES/HUSBANDS. If 1st (or 2nd) spouse is not living in the household, write '97'. If no second spouse, write '00'.	1st P. No. 2nd P. No.	IS (Name's) NATURAL FATHER STILL ALIVE? 1=Yes 2=No ⇒ 10 8=Don't know ⇒ 10

SECTION B10: SELF-EMPLOYMENT AND FAMILY BUSINESS ACTIVITIES

FOR ALL BUSINESSES IDENTIFIED IN THE ELIGIBLE HOUSEHOLD MEMBERS PERSONAL SCHEDULE

INTERVIEWER:
 LOOK AT THE COVERS OF ALL THE PERSONAL SCHEDULES FOR THIS HOUSEHOLD. IF THERE IS A HOUSEHOLD (NON-AGRICULTURE) OR AGRICULTURE BUSINESS CHECKED (TICKED), INTERVIEW THE MOST INFORMED MEMBER FOR INFORMATION ON THE BUSINESS (ES).

MOST INFORMED MEMBER FROM PART D 'Q9' OR PART E 'Q8' OF THE PERSONAL SCHEDULE:		PERSON NUMBER: <input type="text"/>					PERSON NUMBER: <input type="text"/>					PERSON NUMBER: <input type="text"/>								
1.	WHAT DOES THIS BUSINESS DO (OR WHAT DO YOU DO IN THIS SELF-EMPLOYMENT JOB) ?	BUSINESS A					BUSINESS B					BUSINESS C								
		Write description					Write description					Write description								
Give the 'Type of Business' code		CODE					CODE					CODE								
2.	CHECK THE HCF ROSTER AND WRITE THE PERSON NUMBERS OF ALL HOUSEHOLD MEMBERS WHO WORK IN THIS BUSINESS. <i>If no 2nd, 3rd person, etc. write '0'</i>	PERSON NUMBER					PERSON NUMBER					PERSON NUMBER								
		1 ST	2 ND	3 RD	4 TH	5 TH	1 ST	2 ND	3 RD	4 TH	5 TH	1 ST	2 ND	3 RD	4 TH	5 TH				
COSTS DURING THE PAST 12 MONTHS GOODS		BUSINESS A					BUSINESS B					BUSINESS C								
NO.	ITEM	KINA					KINA					KINA								
03	Raw materials and goods for resale (including agriculture inputs)																			
04	Water, electricity, mail, telephone																			
05	Transportation costs (including fuel and oil)																			
06	Fuel and oil (not for transport)																			
07	Packaging material																			
08	Rent/Maintenance and equipment repairs																			
09	Rent of facilities																			
10	Repair and Maintenance of facilities																			
11	Interests paid on business loans																			
12	Employees cash pay																			
13	Employees payment in kind																			
14	Tax																			
15	Other expenses (specify)																			
16	TOTAL COST																			
REVENUE DURING THE PAST 12 MONTHS		BUSINESS A					BUSINESS B					BUSINESS C								
FROM GOODS																				
17	Sale of goods (resold or produced)																			
18	Own consumption of goods (resold or produced)																			
FROM SERVICES		BUSINESS A					BUSINESS B					BUSINESS C								
19	Earnings on services																			
20	Own consumption of services																			
21	TOTAL REVENUE																			

SECTION B9: ANTHROPOMETRICS.

Respondent: Parents or guardian for each children under 6 years old.

Interviewer: For children LESS than 6 years. Make sure to properly advise the parent or guardian of the child on what is required to carry out the measurements on the child.

Interviewer check Section A1- Household information roster:

Count the number of children identified with ages less then 6 years and record in the box provided.

Number of Children less then 6 years old If none write '0' and ⇒ Section B10

PERSON NUMBER	1.	2.			3.	4.	5.	6.	7.	8.	9.			
	NAME OF CHILD <i>Write 'PERSON NUMBERS' and 'NAMES' of children as listed on the roster.</i>	DATE OF BIRTH <i>Ask to see an official document to verify the birthdate. e.g. clinic book, birth certificate</i>			INTERVIEWER: <i>DID YOU SEE AN OFFICIAL DOCUMENT TO VERIFY THE AGE, SUCH AS AN IMMUNIZATION CARD, BIRTH CERTIFICATE OR CLINIC BOOK?</i>	HEIGHT <i>Measure children less than 2 years lying down, others standing up</i>	WAS HIS/HER HEIGHT MEASURED STANDING UP OR LYING DOWN? <i>1=Standing 2=Lying Down</i>	WEIGHT <i>Kg (000.0)</i>	WAS (Name) MEASURED? <i>1=Yes ⇒ 9 2=No</i>	WHY WAS (Name) NOT MEASURED? <i>1= Not at home 2= Sick 3= Refused 4= Other (specify)</i>	DATE OF MEASUREMENT OR ATTEMPTED MEASUREMENT <i>If not successful in measuring, only write the date of last attempt.</i>	Day	Month	Year
		Day	Month	Year										

SECTION A1: HOUSEHOLD INFORMATION

Respondent: Household head or most informed household member.

PERSON NUMBER	8.	9.	10.	11.	12.	13.	14.	15.
	NATURAL FATHER	Interviewer: COPY THE PERSON NUMBER FOR THE FATHER	MOTHER ALIVE	NATURAL MOTHER	Interviewer: COPY THE PERSON NUMBER FOR THE FATHER	PLACE OF BIRTH	RESIDENCY	RESIDENCY
	IS (Name's) NATURAL FATHER LIVING IN THIS HOUSEHOLD? <i>1=Yes 2=No ⇒ 10 8=Don't know ⇒ 10</i>		IS (Name's) NATURAL MOTHER STILL ALIVE? <i>1=Yes 2=No ⇒ 13 8=Don't know ⇒ 13</i>	IS (Name's) NATURAL MOTHER LIVING IN THIS HOUSEHOLD? <i>1=Yes 2=No ⇒ 13 8=Don't know ⇒ 13</i>		IN WHICH PROVINCE WAS (Name) BORN? <i>Refer to bottom of page 7 for Provincial names and codes If NOT born in this province (of interview) ⇒ Q15</i>	HAS (Name) LIVED HERE IN THIS PROVINCE CONTINUOUSLY SINCE BIRTH? <i>1=Yes ⇒ 16 2=No 8=Don't know</i>	HOW MANY YEARS HAS (Name) LIVED HERE IN THIS PROVINCE? <i>Since most recent move. 1= less than a year 2= 1-5 years 3= 6-10 years 4= 11-20 years 5= More than 20 years 8= Don't know</i>
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

SECTION A1: HOUSEHOLD INFORMATION

Respondent: Household head or most informed household member.

ONLY FOR HOUSEHOLD MEMBERS 12 YEARS AND OLDER				
P E R S O N N U M B E R	16.	17.	18.	19.
	OCCUPATION			
	DID (Name) DO ANY WORK LAST WEEK FOR SALARY OR PROFITS?	DID (Name) DO ANY WORK LAST WEEK TO GROW FOOD OR CATCH FISH OR MAKE ARTICLES FOR OWN USE OR SALE?	WHAT KIND OF WORK DID (Name) DO MOST OF THE TIME LAST WEEK? <i>Interviewer:</i> <i>Describe the actual kind of work that the respondent did and not the position he/she holds but what actually he/she did in that work/job in the last 7 days.</i>	WHAT DID (Name) DO MOST OF THE TIME LAST WEEK? 1=Full time student 2=Home duties 3=Looking for work 4=Did not work/No work available 5=Too old/sick/handicapped 6=Other (specify) 8=Don't know
	1 = Yes 2 = No	1 = Yes 2 = No	Give job description and	Next PERSON
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

SECTION B8: DISPUTE RESOLUTION - *continued*

Respondent: Household head or Spouse

<p>6. WHICH OF THE DISPUTES MENTIONED IN Q 1 HAS HAD THE MOST IMPACT ON YOU OR YOUR HOUSEHOLD?</p> <p>Write the alphabet letter representing the dispute.</p>	<p>13. DID YOU SEEK HELP FROM ANOTHER GROUP AFTER YOU CONSULTED THE FIRST PARTY?</p> <p>Yes 1 No 2</p>
<p>7. PLEASE BRIEFLY DESCRIBE THE DISPUTE.</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>14. HAS THIS DISPUTE BEEN RESOLVED AT THIS TIME?</p> <p>Yes 1 No 2 → 20</p>
<p>8. DID YOU SEEK HELP IN RESOLVING THIS DISPUTE?</p> <p>Yes 1 → 10 No 2</p>	<p>15. WHO FINALLY WAS ABLE TO RESOLVE THIS DISPUTE?</p> <p>Do not read options out.</p> <p>Family member / Wantok / Friend 1 Church leader / Minister / Priest 2 NGO/Legal Aid group 3 Community leader 4 Police 5 Local Level Government official (LLG) 6 District Government Official 7 Provincial / Government Official 8 Village court 9 Other court 10 Other (specify) 11</p>
<p>9. WHY DID YOU NOT SEEK HELP?</p> <p>Allow up to two responses, do not read the options out. If no 2nd response, write '0'</p> <p>Did not know what to do/did not think anything could be done 1 The matter was solved through direct negotiation with other party 2 It would take too much time 3 It would cost too much money 4 The other party is much more powerful than I am /no chance of winning 5 Afraid pursuing would lead to violence 6 Did not have evidence 7 It would cause problems for me/family 8 Other (specify) 9</p> <p>ALL → SECTION B9</p>	<p>16. WAS THE ISSUES RESOLVED IN YOUR FAVOR?</p> <p>Yes 1 No 2 Split decision 3</p>
<p>10. WHO WAS THE FIRST PERSON OR GROUP YOU WENT TO GET HELP TO RESOLVE THIS DISPUTE?</p> <p>Family member / Wantok / Friend 1 Church leader / Minister / Priest 2 NGO/Legal Aid group 3 Community leader 4 Police 5 Local Level Government official (LLG) 6 District Government Official 7 Provincial / Government Official 8 Village court 9 Other court 10 Other (specify) 11</p>	<p>17. WERE YOU AWARDED COMPENSATION?</p> <p>Yes 1 No 2 → 19</p>
<p>11. WHY DID YOU CHOOSE THIS PERSON OR GROUP?</p> <p>Allow the respondent to answer then fill in the code.</p> <p>Cost 1 Party has community respect 2 Party has technical skill 3 Party has power 4 Would cause least disruption to life 5 Most comfortable with person 6 Other (specify) 7</p>	<p>18. HAVE YOU AS YET COLLECTED COMPENSATION?</p> <p>Yes 1 No 2</p>
<p>12. DID THIS PERSON OR GROUP YOU APPROACHED MAKE A DECISION IN THIS CASE?</p> <p>No, they could not help the dispute 1 No, the matter is pending 2 No, this party decide not to rule on this case 3 Yes, and the matter is resolved 4 → 16 Yes, but the decision was appealed 5 Yes, but the matter remains unresolved 6 Other (specify) 7</p>	<p>19. HOW SATISFIED WERE YOU WITH THE PROCESS?</p> <p>Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5</p>
	<p>20. HOW MUCH MONEY OVERALL HAS THIS DISPUTE COST YOU UNTIL NOW?</p> <p>Do not include money paid in compensation to other party.</p> <p>Write '00' if it cost nothing.</p> <p>Kina</p>
	<p>21. HOW MUCH TIME OVERALL HAS THIS DISPUTE TAKEN?</p> <p>If response given in years convert to days up to the day of interview if dispute is still unresolved.</p> <p>Days</p>

SECTION B6: CONSUMPTION/EXPENDITURE

PART C: MONTHLY AND ANNUAL NON-FOOD EXPENDITURE - *CONTINUED*

Respondent: Household head or most inform household member.

1.				Last 30 Days		Last 12 Months
				2.	3.	4.
DID YOUR HOUSEHOLD BUY OR RECEIVE GIFTS OF ANY (Item) DURING THE PAST 12 MONTHS? <i>Exclude any (item) purchased for processing or resale as a business</i> <i>Ask Q1 for all items first, putting a tick (✓) in the appropriate box. Then ask Q2- Q4 for all items that were purchased/received/consumed (If code box 'YES' is ticked).</i> <i>For DEO = If the response is a 'YES' = 1 and 'NO' = 2</i>				DID YOU BUY OR RECEIVE ANY (Item) FOR FREE (AS A GIFT, OR AS PAYMENT FOR WORKING) DURING THE PAST 30 DAYS? 1=Yes 2=No ⇒ 4		HOW MUCH DID YOUR HOUSEHOLD SPEND ON (Item) IN THE PAST 30 DAYS? (Add the value of any (item) received for free) Round off to nearest Kina
				HOW MUCH DID YOUR HOUSEHOLD SPEND ON (Item) IN THE PAST 12 MONTHS? (Add the value of any (item) received for free) Round off to nearest Kina		
CODE	ITEM	NO	YES	KINA		KINA
CLOTHING, FOOTWEAR AND HEADGEAR						
1031	Ready made man's wear					
1032	Ready made woman's wear					
1033	Ready made children's clothing					
1034	Materials/fabrics for men, women and children					
1035	Tailoring and repair costs, thread and sewing needs					
1036	Footwear for men (shoes, thongs, sandals, etc)					
1037	Footwear for women (shoes, thongs, sandals, etc)					
1038	Footwear for children (shoes, thongs, sandals, etc)					
1039	Headgear (woolcap, caps, hats, helmet, headguard)					
1040	Clothing cleaning supplies (soap, washing powder, bleach, etc.)					
1041	Others Clothing cleaning supplies (belts, etc.)					
1042	<i>Other (specify)</i>					
1043						
1044						
1045						
1046						
1047						
1048						
1049						
1050						
1051						
1030	CLOTHING FOOTWEAR AND HEADGEAR TOTAL					

SECTION A3: MAIN MEALS AT THIS HOUSEHOLD

Record the number of usual members in the 'First Interview' column and then ask the head of the household everyday during the two (2) weeks period for the number of adults and children who ate the main meal on that day.

PERSONS ON HCF	FIRST INTERVIEW	PERSON AT MAIN MEAL ON DAY													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14
ADULTS (15+)															
CHILDREN (14 and under)															
ADULT VISITORS (15 +)															
CHILDREN VISITORS (14 and under)															

SECTION A4: INTERVIEWER CONTROL CHECKS

Part A. Summary of schedules

Complete the table below for household. You will fill in 'Expected number' after the first interview. This number is the number of household members 15 years and older. Make sure to make a proper check before recording the expected figure. Record the 'Final number' after the final interview in the household.

SCHEDULES	EXPECTED NUMBER	FINAL NUMBER	GIVE REASONS FOR MISSING INFORMATION
PERSONAL DIARIES			
PERSONAL SCHEDULES			

Codes of Provinces in Papua New Guinea for Question 13

- | | | | |
|-------------------------------|------------------------|-----------------------|---------------------------------------|
| 01= Western | 06= Oro/Northern | 11= Eastern Highlands | 16= Manus |
| 02= Gulf | 07= Southern Highlands | 12= Morobe | 17= New Ireland |
| 03= Central | 08= Enga | 13= Madang | 18= East New Britain |
| 04= National Capital District | 09= Western Highlands | 14= East Sepik | 19= West New Britain |
| 05= Milne Bay | 10= Chimbu | 15= West Sepik | 20= Autonomous Region of Bougainville |
| | | | 21= Outside PNG |

SECTION B6: CONSUMPTION/EXPENDITURE

PART C: MINOR MONTHLY AND ANNUAL NON-FOOD EXPENDITURES

Respondent: Household head or most informed household member.

Interviewers notes	
PERSONAL DIARIES	<ul style="list-style-type: none"> FIRST INTERVIEW TO BE DEFERRED FOR UP TO 7 DAYS IF HEAD OR SIGNIFICANT/MOST INFORMED USUAL HOUSEHOLD MEMBER IS ABSENT. ALL USUAL HOUSEHOLD MEMBERS (15 YEARS AND OVER) TO COMPLETE DIARIES. USUAL HOUSEHOLD MEMBERS GOING AWAY AND RETURNING DURING DIARY KEEPING PERIOD SHOULD TAKE NOTEBOOKS WITH THEM AND COMPLETE THEM. USUAL HOUSEHOLD MEMBERS ABSENT AT FIRST INTERVIEW BUT RETURNING WILL BE ASKED TO RECALL SPENDING FROM DAY #1 OF DIARY KEEPING PERIOD.
PERSONAL SCHEDULE	<ul style="list-style-type: none"> ALL HOUSEHOLD MEMBERS, 15 YEARS AND OVER, RECORDED ON THE HCF ARE TO COMPLETE PERSONAL SCHEDULE (ALL DIARY KEEPERS), UNLESS THEY WILL BE AWAY FOR THE ENTIRE MONTH THE TEAM IS IN THIS CENSUS UNIT.

Part B. Persons allocated Personal Diary

Copy the person name next to the person number and complete the table below. This table is to give a control check on the allocation of the Personal Diary to eligible members of the household.

THIS IS A CONTROL CHECK TABLE FOR THE ALLOCATION OF PERSONAL DIARY

PERSON No.	1. NAME	2. 15 years or older ? 1 = Yes 2 = No \implies End of control check	3. ALLOCATED ? 1 = Yes \implies End of control check 2 = No	4. REASON NOT ALLOCATED 1= Absent for entire time 2= Away at school 3= Incapacitated/Sick 4= Refused 5= Other(specify ____)
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL DIARIES ALLOCATED (count all codes '1')				

1.	Last 30 Days		Last 12 Months		
	2.	3.	4.		
DID YOUR HOUSEHOLD BUY OR SPEND MONEY ON, RECIEVE GIFTS OF ANY (Item) DURING THE PAST 12 MONTHS? <i>Exclude any (item) purchased for processing or resale as a business</i> Ask question 1 for all items first, putting a tick (✓) in the appropriate box. Then ask question 2- 4 for all items that were purchased/received/consumed (If code box 'YES' is ticked). For DEO = If the response is a 'YES' = 1 and 'NO' = 2	DID YOU BUY, SPEND MONEY ON OR RECIEVE ANY (Item) FOR FREE (AS A GIFT, OR AS PAYMENT FOR WORKING) DURING THE PAST 30 DAYS? Add the value of any (item) recieved for free. Round off to the nearest kina 1=Yes 2=No \implies 4	HOW MUCH DID YOUR HOUSEHOLD SPEND ON (Item) IN THE PAST 30 DAYS? Add the value of any (item) recieved for free. Round off to the nearest kina	HOW MUCH DID YOUR HOUSEHOLD SPEND ON (Item) IN THE PAST 12 MONTHS? Add the value of any (item) recieved for free. Round off to the nearest kina		
CODE	ITEM	NO	YES	KINA	KINA
	GOODS AND SERVICES				
1001	Personal Care items (soap, shampoo, toothpaste, razor, shaving cream etc.)				
1002	Cosmetic (lipsticks, nailpolish, perfume, makeup, etc.)				
1003	Personal services (haircuts, shaving, manicures, etc.)				
1004	House cleaning supplies and toilet supplies				
1005	Public - hospital/community health center/clinic				
1006	Church or other private - hospital/community health center/clinic				
1007	Mobile clinic				
1008	Midwife/private/church nurse				
1009	Traditional healers or traditional birth assistance				
1010	Medicines purchased to treat household members				
1011	Other health expenditures (contraception, vitamins, etc.)				
1012	School fees				
1013	Textbooks/photocopy of textbooks, stationery (calculator, compass, etc.)				
1014	Newspapers, magazines, books and stationery (exclude school needs)				
1015	Postage and postage materials (stamps, envelopes, packages)				
1016	Phone cards: Mobile (flex, prepaid) or fixedline telephone (telikad,prepaid)				
1017	Internet services, internet cafe charges				
1018	Maintenance and repair of Motor vehicle (do not include business vehicle)				
1019	Registration and insurance for Motor vehicle (not business vehicle)				
1020	Petrol and oil for Motor vehicle (do not include used for business vehicle)				
1021	Costs of airplane transportation.				
1022	Costs of other transportation (bus, taxi, parking fee, etc.)				
1023	Cost of personal goods, transport (air, sea, road). NOT business costs				
1024	Entertainment (hotel, motel, cinema, sport, and other recreational fees)				
1025	Payment to servant/driver/security person, security guard				
1026	Other services(ID cards, drivers license, birth certificate, photocopy)				
1027	Other (Specify)				
1028					
1029					
1000	GOODS AND SERVICES TOTAL				

SECTION B6: CONSUMPTION/EXPENDITURE

PART B: MAIN MONTHLY AND ANNUAL NON-FOOD EXPENDITURE

Respondent: Household head or most informed household member.

				Last 30 Days		Last 12 Months	
1.				2.	3.	4.	
DID YOUR HOUSEHOLD BUY OR SPEND MONEY ON, OR RECIEVE GIFTS OF ANY (Item) DURING THE PAST 12 MONTHS? <i>Exclude any (item) purchased for processing or resale as a business</i> Ask question 1 for all items first, putting a tick (✓) in the appropriate box. Then ask question 2 - 4 for all items that were purchased/received/consumed (If code box 'YES' is ticked). For DEO = If the response is a 'YES' = 1 and 'NO' = 2				DID YOU BUY, SPEND MONEY ON OR RECIEVE ANY (Item) FOR FREE (AS A GIFT, OR AS PAYMENT FOR WORKING) DURING THE PAST 30 DAYS? 1=Yes 2=No ⇔ 4	HOW MUCH DID YOUR HOUSEHOLD SPEND ON (Item) IN THE PAST 30 DAYS? Add the value of any (item) received for free. Round off to the nearest kina.	HOW MUCH DID YOUR HOUSEHOLD SPEND ON (Item) IN THE PAST 12 MONTHS? Add the value of any (item) received for free. Round off to the nearest kina.	
CODE	ITEM	NO	YES	KINA	KINA		
DURABLE GOODS							
1051	Furniture (bed, table, chair, wardrobe, etc)						
1052	Household Equipment (toaster, jug, rice cooker, iron, hair trimmer, etc)						
1053	Household linens (sheets, blankets, towels) and items (mattress, curtains)						
1054	Household tools (broom, scissors, knife, machete, saw, etc.)						
1055	Kitchen tools and eating utensils (pots, cookingpots, spoon, plates, etc)						
1056	Small electrical items (watch, clock, camera, video camera, etc.)						
1057	Jewelry and its repair						
1058	Children's toys and repair						
1059	TV, video, cassette, computer, etc and their repair						
1060	Sports and hobby equipment and repair						
1061	Pets and plants including maintenance						
1062	Other durable goods (cradle, baby carriage, electricity installation, etc.)						
1050	DURABLE GOODS TOTAL						
TAXES AND INSURANCE							
1071	Income tax						
1072	Building and Land tax						
1073	Other taxes (vehicle, motor, community, garbage, radio and TV, etc)						
1074	Health insurance, personal effects insurance, life insurance						
1070	TAXES AND INSURANCE TOTAL						
FESTIVITIES AND CEREMONIES							
1081	Marriages, births and other ceremonies						
1082	Dowry or bride price						
1083	Religious festivals						
1084	Funeral expenses						
1080	FESTIVITIES AND CEREMONIES TOTAL						
OTHER							
1091	Donation to church/ religious donations						
1092	Other charity/donations/gifts						
1093	Gambling losses						
1094	Losses from theft (estimate value of goods)						
1095	Deposits to savings accounts						
1096	Legal and compensation costs (lawyer, compensation paid, court fees, etc.)						
1090	OTHER EXPENSES TOTAL						

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NATIONAL STATISTICAL OFFICE

2009 HOUSEHOLD INCOME AND EXPENDITURE SURVEY

Form B: Household Schedule

INTERVIEWER'S VISIT AND RESULT

DATE COMMENCED (DD/MM/YY)

/ /

DATE COMPLETED (DD/MM/YY)

/ /

*Result Codes:

- 1 Completed
- 2 Entire household absent for extended period
- 3 Refused
- 4 Other - (Specify) _____

Result*

FORM B: HOUSEHOLD SCHEDULE

SECTION B1: EDUCATION

PART A: GENERAL EDUCATION

Respondent: All household members 5 years and above only: Parents/guardians respond for children under 12

PERSON NUMBER	1.	2.	3.	4.	5.	6.	7.	8.
	<i>INTERVIEWER:</i> IS THIS PERSON ANSWERING FOR HIMSELF /HERSELF?	<i>INTERVIEWER:</i> COPY THE PERSON NUMBER OF RESPONDENT ANSWERING FROM THE HOUSEHOLD CONTROL FORM ROSTER	CAN YOU/ (Name) READ A LETTER?	CAN YOU/ (Name) WRITE A LETTER?	HAVE YOU/ (Name) EVER ATTENDED ANY FORMAL SCHOOL,?	WHY HAVE YOU/(Name) NEVER ATTENDED SCHOOL?	ARE YOU / (Name) ATTENDING SCHOOL NOW, OR IF IT IS VACATION TIME DID YOU ATTEND SCHOOL DURING THE LAST SCHOOL SESSION?	WHAT TYPE OF SCHOOL DID YOU/(Name) LAST ATTEND?
	1=Yes ⇨ 3 2=No	PERSON No.	1=Yes without difficulty 2=Yes but with difficulty 3=No	1=Yes without difficulty 2=Yes but with difficulty 3=No	1=Yes ⇨ 7 2=No 8=Don't know	01= Below school age 03= Too expensive 04= No interest 05= Family did not allow 06= Agriculture work 07= Work at house/home 08= Other work 09= School too far 10= No teacher 11= No school supplies 12= School not functional 13= Ill with malaria 14= Ill with other illness 15= Family illness/death 16= Disability 17= Displaced 18= Safety/harassment/ security 19= Language 24= Other (specify ___)	1=Yes ⇨ II 2=No	1= Public/Gov't school 2= Church run school 3= Other Private school 4= Other (specify ___)
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SECTION B6: CONSUMPTION/EXPENDITURE

PART A: DURABLE GOODS

Respondent: Household head or most informed household member.

Person Number of Respondent		
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1.	2.	3.	4.
HOW MANY (Item) DOES YOUR HOUSEHOLD OWN? <i>Ask question 2 to 4 if the household owns the item and or even if it is not in their current possession (with a friend/with neighbour/in the village), Working condition items only.</i> IF HOUSEHOLD DOESNT OWN ITEM WRITE "00" AND ⇨ NEXT ITEM	DID YOU BUY THE ITEM IN THE PAST 12 MONTHS? <i>(If have more than one of this item, ask for most recent purchase)</i> 1=Yes 2=No ⇨ 4	HOW MUCH DID YOU PAY FOR THIS ITEM? <i>If more than one item ask for most recent purchase</i> Round off to nearest whole Kina	IF YOU WERE TO SELL THIS (Item) TODAY, HOW MUCH WOULD YOU RECEIVE? <i>If more than one item ask for most recent purchase</i> Round off to nearest whole Kina
CODE	ITEM	NUMBER	KINA
2001	Stoves		
2002	Refrigerators		
2003	Microwave Oven		
2004	Washing machine		
2005	Sewing/knitting machines		
2006	Cupboard for clothes		
2007	Air conditioner		
2008	Fans (Ceiling/portable)		
2009	Televisions		
2010	Video cassette recorder (VCR)		
2011	Cassette tape players/CD players/DVD players/speakers		
2012	Cameras, video cameras (Digital and films)		
2013	Personal Computer (Laptops/Desktops)		
2014	Mobile phones		
2015	Satellite phones		
2016	Radios (AM/FM)		
2017	Bicycles		
2018	Motorcycles/scooters		
2019	Car/truck/bus, etc.		
2020	Boat or dinghy		
2021	Motor for boat		
2022	Lamps - pressure or kerosene		
2023	Generator		
2024	Solar panels		
2025	Water tank - Metal or Plastic		
2026	Mosquito nets		
2027	String mowers/grass mowers		
2028	Other (specify)		
2029			
2030			
2000	TOTAL		

Interviewer: If all '00' ⇨ PART B.

SECTION B5: HOUSING

Respondent: Household head or most informed household member.

<p>29. IS THIS DWELLING OWNED BY YOURSELF OR BY ANOTHER MEMBER OF YOUR HOUSEHOLD?</p> <p>Yes 1. <input type="checkbox"/></p> <p>No 2. \Rightarrow 34 <input type="checkbox"/></p>	<p>34. WHAT IS YOUR HOUSEHOLD'S TENANT STATUS IN THIS DWELLING?</p> <p>Lease/Rent 1. <input type="checkbox"/></p> <p>Rent Free 2. \Rightarrow 38 <input type="checkbox"/></p> <p>Other (specify _____) 3</p>
<p>30. WHO OWNS THE LAND THIS DWELLING IS BUILT ON?</p> <p>Traditional (i.e. Village land) 1. \Rightarrow 33 <input type="checkbox"/></p> <p>Government (i.e. Alienated land) 2. <input type="checkbox"/></p> <p>Church land 3. <input type="checkbox"/></p> <p>Private land owned by family 4. <input type="checkbox"/></p> <p>Land in dispute 5. <input type="checkbox"/></p> <p>Other (specify _____) 6</p>	<p>35. FROM WHOM DOES YOUR HOUSEHOLD RENT/LEASE THIS DWELLING?</p> <p>National Housing Commission 1. <input type="checkbox"/></p> <p>City/town council 2. <input type="checkbox"/></p> <p>Relative 3. <input type="checkbox"/></p> <p>Private person /Company (Not Employer) 4. <input type="checkbox"/></p> <p>Employer 5. <input type="checkbox"/></p> <p>Other (specify _____) 6</p>
<p>31. HAVE YOU PAID ANY LAND RENT OR LAND TAX FOR THE LAND THIS DWELLING IS BUILT ON IN THE LAST 12 MONTHS?</p> <p>Yes 1. <input type="checkbox"/></p> <p>No 2. \Rightarrow 33 <input type="checkbox"/></p>	<p>36. HOW MUCH DOES YOUR HOUSEHOLD PAY IN CASH, GOODS, OR SERVICES TO RENT THIS DWELLING FOR ONE MONTH?</p> <p><i>Give the estimate value of goods that are given for rent.</i></p> <p>Kina <input style="width: 100px;" type="text"/></p>
<p>32. HOW MUCH WAS THE LAST LAND RENT OR LAND TAX AND HOW MANY MONTHS DID THAT COVER?</p> <p>A. Number of Months <input style="width: 50px;" type="text"/></p> <p>B. Kina <input style="width: 100px;" type="text"/></p>	<p>37. IS THIS RENT FREE OR SUBSIDIZED COMPARED TO THE MARKET VALUE OF RENT FOR THIS DWELLING?</p> <p>Yes 1. <input type="checkbox"/></p> <p>No 2. \Rightarrow 39 <input type="checkbox"/></p>
<p>33. ESTIMATE THE AMOUNT OF MONEY YOU COULD RECIEVE AS RENT IF YOU LEASE THIS DWELLING TO ANOTHER PERSON FOR ONE MONTH?</p> <p><i>Give the estimate value and \Rightarrow 39</i></p> <p>Kina <input style="width: 100px;" type="text"/></p>	<p>38. APPROXIMATELY HOW MUCH WOULD BE THE OPEN MARKET RENT FOR THIS DWELLING FOR ONE MONTH?</p> <p>Kina <input style="width: 100px;" type="text"/></p>

PART B: HOUSEHOLD SERVICES

		39. HOW MUCH DID YOUR HOUSEHOLD PAY IN THE PAST MONTH FOR (Service)?	40. HOW MUCH DID YOUR HOUSEHOLD PAY IN THE PAST 12 MONTHS FOR (Service)?
		<i>If nothing write '00'</i>	<i>If nothing write '00'</i>
CODE	SERVICE	KINA	KINA
1	Firewood		
2	Kerosene		
3	Electricity		
4	Telephone (fixed line phone, not mobile phone)		
5	Water		
6	Liquid propane gas		
7	Fuel for generator (Besides kerosine)		
8	Lubricant oil for the generator		
9	Maintanence & repair for generator		
10	Other fuel		
11	Other (torches, batteries, matches, lamps, etc.)		
12	Maintenance/repair costs of the house		
13	Expenses on renovation of house		

SECTION B1: EDUCATION

PART B: MEMBERS PRESENTLY ATTENDING SCHOOL

Respondent: All household members attending school during the current academic year.

	9.	10.	11.		12.	13.
	WHAT IS THE HIGHEST GRADE YOU/(Name) HAVE COMPLETED IN SCHOOL?	WHY HAVE YOU/(Name) STOPPED ATTENDING SCHOOL? 01= Completed Studies 02= Too old 03= Too expensive 04= No interest 05= Family did not allow 06= Agriculture work 07= Work at house/home 08= Other work 09= School too far 10= No teacher 11= No school supplies 12= School not functional 13= Ill with malaria 14= Ill with other illness 15= Family illness/death 16= Disability 17= Displaced 18= Safety/harassment/security 19= Language 20= Got pregnant 21= Got married 22= Started working 23= Did not pass exam to continue 24= Other (specify ____)	WHAT IS THE NAME OF THE SCHOOL YOU/(Name) ARE ATTENDING (or attended in the last school term if this is school holidays)?		WHAT TYPE OF SCHOOL ARE YOU/(Name) ATTENDING? 1= Public/Gov't school 2= Church run school 3= Other Private school 4= Other (specify ____)	WHAT IS THE HIGHEST GRADE YOU/(Name) HAVE COMPLETED IN SCHOOL? 00=No grade Completed 01-12=General Education 13=Trade certificate 14=Other certificate 15=Diploma 16=Bachelor's degree 17=Postgraduate 98=Don't know
			SCHOOL NAME	PROVINCE		
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SECTION B1: EDUCATION

PART B: MEMBERS PRESENTLY ATTENDING SCHOOL - CONTINUED

P E R S O N	14.	15.	16.	17.	18.	19.	
	HOW MANY DAYS HAVE YOU/ (Name) BEEN ABSENT FROM SCHOOL IN THE LAST MONTH (or if this is school holiday time or school has just begun, in the last month of the most recent school session)?	WHY WERE YOU/(Name) ABSENT FROM SCHOOL ON THOSE DAYS?	WHERE DO YOU/ (Name) LIVE DURING THE WEEK WHILE GOING TO SCHOOL?	HOW FAR FROM THIS DWELLING IS THIS ACCOMMODATION?	HOW DO YOU/(Name) TRAVEL TO SCHOOL?	HOW LONG DOES IT TAKE YOU/(Name) TO TRAVEL TO SCHOOL?	
	DAYS	REASONS		Km (000)	LIST MAIN MODE OF TRANSPORT	ONE WAY TRAVEL TIME	
						HOURS	MINUTES
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<p>15. WHAT IS THE DISTANCE TO THE DRINKING WATER SOURCE AND HOW LONG DOES IT TAKE YOU TO GET THERE</p> <p>A. Metres <input type="text"/></p> <p>B. Minutes <input type="text"/></p>	<p>23. WHAT IS THE NEAREST DISTANCE TO THE SEPTIC TANK?</p> <p>Metres <input type="text"/></p>																								
<p>INTERVIEWER:</p> <p>CHECK Q15 AND Q23. IF BOTH ANSWERS ARE GREATER THEN '0' THEN ASK:</p>																									
<p>16. DOES YOUR HOUSEHOLD TREAT YOUR DRINKING WATER IN ANY WAY?</p> <p>Yes 1. <input type="checkbox"/></p> <p>No 2. <input type="checkbox"/> → 18</p>	<p>24. WHAT IS THE DISTANCE BETWEEN THE WATER SOURCE AND THE SEPTIC TANK?</p> <p>Metres <input type="text"/></p>																								
<p>17. HOW DO YOU TREAT YOUR DRINKING WATER?</p> <p>Boil it 1. <input type="checkbox"/></p> <p>Filter it 2. <input type="checkbox"/></p> <p>Add chemicals 3. <input type="checkbox"/></p> <p>Boil and filter it 4. <input type="checkbox"/></p> <p>Other (specify _____) 5. <input type="checkbox"/></p>	<p>25. WHAT IS THE MAIN SOURCE OF LIGHT IN YOUR DWELLING?</p> <p>Electricity from grid 1. <input type="checkbox"/></p> <p>Private generated electricity (hydro/generator/solar) 2. <input type="checkbox"/> → 27</p> <p>Coleman (Kerosine/Pressure lanterns) 3. <input type="checkbox"/> → 27</p> <p>Kerosine/Spirit Lamp 4. <input type="checkbox"/> → 27</p> <p>Improvised Lamp 5. <input type="checkbox"/> → 27</p> <p>Candles/Battery flash lights (Torch) 6. <input type="checkbox"/> → 27</p> <p>Other (specify _____) 7. <input type="checkbox"/> → 27</p>																								
<p>18. WHAT IS THE MAIN SOURCE OF WATER FOR BATHING AND WASHING FOR YOUR HOUSEHOLD?</p> <p>Private connection to pipeline 1. <input type="checkbox"/></p> <p>Public taps/stand pipe 2. <input type="checkbox"/></p> <p>Private well 3. <input type="checkbox"/></p> <p>Public well 4. <input type="checkbox"/></p> <p>Pump/bore water 5. <input type="checkbox"/></p> <p>Spring 6. <input type="checkbox"/></p> <p>River, stream, lake, pond 7. <input type="checkbox"/></p> <p>Rainwater 8. <input type="checkbox"/></p> <p>Other(specify _____) 9. <input type="checkbox"/></p>	<p>26. HOW MANY HOURS PER DAY ON AVERAGE WAS ELECTRICITY AVAILABLE IN YOUR DWELLING DURING THE PAST 3 MONTHS?</p> <p>Number of Hours per day <input type="text"/></p>																								
<p>19. WHAT BATHING ARRANGEMENT DOES YOUR HOUSEHOLD HAVE?</p> <p>Bath/shower inside dwelling 1. <input type="checkbox"/></p> <p>Bath/shower outside dwelling but mainly for your own use 2. <input type="checkbox"/></p> <p>Communal bath/shower 3. <input type="checkbox"/></p> <p>Water carried in a bucket supplied through a pipe (i.e. communal tap) 4. <input type="checkbox"/></p> <p>Water carried in a bucket not supplied with a pipe (well, stream, sea, etc.) 5. <input type="checkbox"/></p> <p>River, stream, lake, pond, sea 6. <input type="checkbox"/></p> <p>Other(specify _____) 7. <input type="checkbox"/></p>	<p>27. WHAT FUEL DO YOU USE MOST OFTEN FOR COOKING?</p> <p>Gas 1. <input type="checkbox"/></p> <p>Electricity 2. <input type="checkbox"/></p> <p>Firewood (including coconut shell) 3. <input type="checkbox"/></p> <p>Kerosine 4. <input type="checkbox"/></p> <p>Saw dust 5. <input type="checkbox"/></p> <p>Charcoal 6. <input type="checkbox"/></p> <p>Other(specify _____) 7. <input type="checkbox"/></p>																								
<p>20. WHAT TYPE OF TOILET IS USED BY YOUR HOUSEHOLD?</p> <p>Flush toilet 1. <input type="checkbox"/></p> <p>Ventilated improved pit latrine 2. <input type="checkbox"/></p> <p>Pit Latrine with slab 3. <input type="checkbox"/></p> <p>Pit Latrine without slab/open pit 4. <input type="checkbox"/></p> <p>Closet over sea or water 5. <input type="checkbox"/></p> <p>Bowl/bucket 6. <input type="checkbox"/> → 22</p> <p>No toilet 7. <input type="checkbox"/> → 22</p> <p>Other (specify _____) 8. <input type="checkbox"/> → 25</p>	<p>28. WHICH OF THE FOLLOWING COMMUNICATION MEANS ARE YOU CURRENTLY USING EITHER OWNED BY YOUR HOUSEHOLD OR AVAILABLE TO YOU?</p> <p>Read out the list and enter the appropriate code in the boxes next to the option.</p> <p>Yes 1</p> <p>No 2</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">A.</td> <td style="text-align: center;">B.</td> </tr> <tr> <td></td> <td style="text-align: center;">OWN</td> <td style="text-align: center;">AVAILABLE</td> </tr> <tr> <td>1. Landline telephone</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>2. Mobile telephone</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>3. Satellite Phone</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>4. Internet</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>5. V.H.F radio</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>6. Satellite Dish</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>		A.	B.		OWN	AVAILABLE	1. Landline telephone	<input type="text"/>	<input type="text"/>	2. Mobile telephone	<input type="text"/>	<input type="text"/>	3. Satellite Phone	<input type="text"/>	<input type="text"/>	4. Internet	<input type="text"/>	<input type="text"/>	5. V.H.F radio	<input type="text"/>	<input type="text"/>	6. Satellite Dish	<input type="text"/>	<input type="text"/>
	A.	B.																							
	OWN	AVAILABLE																							
1. Landline telephone	<input type="text"/>	<input type="text"/>																							
2. Mobile telephone	<input type="text"/>	<input type="text"/>																							
3. Satellite Phone	<input type="text"/>	<input type="text"/>																							
4. Internet	<input type="text"/>	<input type="text"/>																							
5. V.H.F radio	<input type="text"/>	<input type="text"/>																							
6. Satellite Dish	<input type="text"/>	<input type="text"/>																							
<p>21. IS THIS TOILET USED BY YOUR HOUSEHOLD PRIVATE, SHARED OR PUBLIC?</p> <p>Private 1. <input type="checkbox"/></p> <p>Shared with some other household 2. <input type="checkbox"/></p> <p>Community/Public 3. <input type="checkbox"/></p> <p>Other (specify _____) 4. <input type="checkbox"/></p>																									
<p>22. WHAT IS THE FINAL DISPOSAL OF SEWAGE FROM YOUR HOUSEHOLD?</p> <p>Septic tank 1. <input type="checkbox"/></p> <p>Treatment plant 2. <input type="checkbox"/> → 25</p> <p>Pond/field 3. <input type="checkbox"/> → 25</p> <p>River/lake/ocean 4. <input type="checkbox"/> → 25</p> <p>Latrine/Hole 5. <input type="checkbox"/> → 25</p> <p>Shore/open field 6. <input type="checkbox"/> → 25</p> <p>Other (specify _____) 7. <input type="checkbox"/> → 25</p>																									

SECTION B5: HOUSING

PART A: CHARACTERISTICS

Respondent: Household head or most informed household member

Person Number of Respondent

Now, I would like to ask you some questions about your housing condition. By housing, I mean all the rooms and all separate buildings used by your household members to live in.

INTERVIEWER:

BEFORE ASKING QUESTION 1, INTERVIEWER OBSERVE THE DWELLING AND NOTE RESPONSES TO QUESTION 1 TO 8. IF NOT SURE OF THE MATERIAL ASK THE RESPONDENT TO CONFIRM.

1. WHAT IS THE MAJOR CONSTRUCTION MATERIALS OF THE EXTERNAL WALLS?

- Brick 1
- Concrete 2
- Fibro 3
- Metal sheets/Tin 4
- Wood 5
- Traditional: bamboo/matting,etc. 6
- Mud 7
- Other(specify _____) 8

2. WHAT IS THE MAJOR MATERIAL OF THE ROOF?

- Concrete 1
- Metal sheets/Tin 2
- Tile 3
- Wood 4
- Traditional (kunai, sago/coconut/pitpit leaves 5
- Other(specify _____) 6

3. WHAT IS THE PRIMARY MATERIAL OF THE FLOOR?

- Marble/Ceramic 1
- Floor tile 2
- Concrete/Brick 3
- Wood 4
- Bamboo/Betelnut palm, etc. 5
- Earth/sand 6
- Other(specify _____) 7

4. WHAT TYPE OF DWELLING IS IT?

- Traditional House 1
- Semi-permanent 2
- Small house in compound of main house 3
- Permanent House 4
- Flat/Duplex 5
- Room in shared house 6
- Domestic/staff quarters 7
- Makeshift dwelling 8
- Other (specify _____) 9

5. WHAT OPENING FOR VENTILATION ARE THERE?

- Glass louvers, windows, etc. 1
- Shutters (including wooden louvers) 2
- Opening which cannot be closed 3
- No openings 4
- Other (specify _____) 5

6. IS THERE FLY WIRE FOR THE OPENINGS?

- Yes 1
- No 2

7. IS THE DWELLING RAISED HIGH ENOUGH ABOVE THE GROUND FOR THE UNDERFLOOR SPACE TO BE USED FOR OUTDOOR LIVING?

- Yes 1
- No 2

8. WHAT IS THE CONDITION OF THE DWELLING UNIT?

- Good 1
- Mediocre 2
- In bad condition 3

9. HOW MANY ROOMS DO THE MEMBERS OF YOUR HOUSEHOLD OCCUPY, INCLUDING BED ROOMS, LIVING ROOMS AND ROOMS USED FOR HOUSEHOLD ENTERPRISES?

Do not count toilets, kitchens, verandahs, storerooms and corridors

Number of Rooms

10. HOW MANY, IF ANY, OF THESE ROOMS ARE USED PRIMARILY FOR HOUSEHOLD BUSINESS OR TRADE?

Write '00' if rooms are not used for business or trade

Number of Rooms

11. ROUGHLY, WHAT IS THE FLOOR AREA OF THIS DWELLING IN SQUARE METERS (M²)?

*Interviewer:
Multiply the length and the width to get the sq.metre.
For round houses, multiply the diameter by 1.5*

m²

12. HOW LONG HAS YOUR HOUSEHOLD BEEN LIVING IN THIS DWELLING?

If less than one year, write '00'

Years

13. IN APPROXIMATELY WHAT YEAR WAS THIS DWELLING BUILT?

Ask for estimate if respondent unsure of exact year

Year Built

14. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR YOUR HOUSEHOLD?

- Bottled Water from shop 1 18
- Tap water piped into household 2 16
- Tap water piped into community /village 3 16
- Water cart/truck 4 16
- Protected well 5
- Unprotected well 6
- Protected Spring 7
- Unprotected spring 8
- River, stream, lake, pond 9
- Rainwater 10 16
- Other(specify _____) 11

SECTION B1: EDUCATION

PART B: MEMBERS PRESENTLY ATTENDING SCHOOL - CONTINUED

Respondent: All household members attending school during the current academic year. Parents/guardian respond for children under 12

20.

HOW MUCH HAS YOUR HOUSEHOLD SPENT ON YOUR/(Name)'s EDUCATION IN THE LAST 12 MONTHS?

AFTER ASKING THE INDIVIDUAL AMOUNTS, CALCULATE TOTAL AND ASK;

" SO, ALTOGETHER YOU HAVE SPENT _____ KINA ON YOUR/(Name)'s EDUCATION IN THE LAST YEAR. IS THAT RIGHT?"

PROBE AND RECONCILE AND ROUND OFF TO THE NEAREST KINA

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A	B	C	D	E	F	G
SCHOOL FEES AND OTHER REQUIRED FEES?	UNIFORMS AND OTHER CLOTHING?	TEXTBOOKS AND OTHER EDUCATIONAL MATERIALS (STATIONERY, COMPUTERS, LABEQUIPMENT, ETC)?	MEALS, TRANSPORTATION AND/OR LODGING?	FEES FOR TUTORING OR EXTRA CLASSES?	OTHER EXPENSES (OPTIONAL FEES, ETC)?	TOTAL
Write '0' if none	Write '0' if none	Write '0' if none	Write '0' if none	Write '0' if none	Write '0' if none	Write '0' if none
KINA	KINA	KINA	KINA	KINA	KINA	KINA

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SECTION B1: EDUCATION

PART B: MEMBERS PRESENTLY ATTENDING SCHOOL - CONTINUED

Respondent: All household members attending school during the current academic year.

PERSON NUMBER	21.	22.	23.	24.	25.	26.
	<p>DID YOU/(Name) RECIEVE ANY ASSISTANCE FOR TUITION/SCHOOL FEE FROM A PERSON OR ORGANISATION FROM OUTSIDE YOUR HOUSEHOLD IN THE PAST 12 MONTHS?</p> <p><i>(INCLUDE REMITTANCES)</i></p> <p>1=Yes 2=No ⇒ 24</p>	<p>WHO GAVE HIS/HER ASSISTANCE FOR TUITION/SCHOOL FEES?</p> <p>01= Parents/relatives 02= Other private persons 03= School 04= Company/employer 05= Church 06= Local non-profit group 07= Provincial/National Gov't 08= International organization 09= Local politician 10= Village/community 11= Other (specify ____)</p>	<p>WHAT WAS THE TOTAL AMOUNT OF THIS ASSISTANCE FOR TUITION/SCHOOL FEES IN THE PAST 12 MONTHS FOR YOU/(Name)?</p> <p><i>Round off to nearest Kina.</i></p>	<p>DID YOU/(Name) RECIEVE ANY ASSISTANCE FOR OTHER EDUCATIONAL EXPENSES (Excluding Tuition/School Fee) FROM A PERSON OR ORGANISATION FROM OUTSIDE YOUR HOUSEHOLD IN THE PAST 12 MONTHS?</p> <p><i>(INCLUDE REMITTANCES)</i></p> <p>1=Yes 2=No ⇒ SECTION B2:</p>	<p>WHO GAVE THIS ASSISTANCE FOR OTHER EDUCATIONAL EXPENSES?</p> <p>01= Parents/relatives 02= Other private persons 03= School 04= Company/employer 05= Church 06= Local non-profit group 07= Provincial/National Gov't 08= International organization 09= Local politician 10= Village/community 11= Other (specify ____)</p>	<p>WHAT WAS THE TOTAL VALUE OF THIS ASSISTANCE FOR OTHER EDUCATIONAL EXPENSES IN THE PAST 12 MONTHS FOR YOU/(Name)?</p> <p><i>Round off to nearest Kina.</i></p>
			KINA			KINA
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SECTION B4: DISABILITIES - CONTINUE

Respondent: All household members. Parents or guardians respond for children under 12.

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM

PERSON NUMBER	6.	7.	8.	9.	10.
	<p>WHEN DID THIS PROBLEM BEGIN?</p> <p>1= At birth 2= Less than 12 months ago 3= 1-2 years ago 4= 3-5 years ago 5= 6-10 years ago 6= More than 10 years ago</p>	<p>DO YOU/(Name) HAVE DIFFICULTY WITH SELF-CARE SUCH AS WASHING ALL OVER OR DRESSING?</p> <p>1= Cannot do at all 2= Yes, a lot of difficulty 3= Yes, some difficulty 4= No, no difficulty ⇒ 9 5= Too young (less than 4 years) ⇒ SECTION B5</p>	<p>WHEN DID THIS PROBLEM BEGIN?</p> <p>1= At birth 2= Less than 12 months ago 3= 1-2 years ago 4= 3-5 years ago 5= 6-10 years ago 6= More than 10 years ago</p>	<p>DO YOU/(Name) HAVE DIFFICULTY REMEMBERING OR CONCENTRATING?</p> <p>1= Cannot do at all 2= Yes, a lot of difficulty 3= Yes, some difficulty 4= No, no difficulty ⇒ SECTION B5</p>	<p>WHEN DID THIS PROBLEM BEGIN?</p> <p>1= At birth 2= Less than 12 months ago 3= 1-2 years ago 4= 3-5 years ago 5= 6-10 years ago 6= More than 10 years ago</p>
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SECTION B4: DISABILITIES

Respondent: All household members. Parents or guardians respond for children under 12.

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM

P E R S O N N U M B E R	1.	2.	3.	4.	5.
		DO YOU/(Name) HAVE DIFFICULTY SEEING, EVEN IF WEARING GLASSES? 1= Cannot see at all 2= Yes, a lot of difficulty 3= Yes, some difficulty 4= No, no difficulty \Rightarrow 3 5= Too young (less than 2yrs) \Rightarrow SECTION B5	WHEN DID THIS PROBLEM BEGIN? 1= At birth 2= Less than 12 months ago 3= 1-2 years ago 4= 3-5 years ago 5= 6-10 years ago 6= More than 10 years ago	DO YOU/(Name) HAVE DIFFICULTY HEARING, EVEN IF USING A HEARING AID? 1= Cannot hear at all 2= Yes, a lot of difficulty 3= Yes, some difficulty 4= No, no difficulty \Rightarrow 5	WHEN DID THIS PROBLEM BEGIN? 1= At birth 2= Less than 12 months ago 3= 1-2 years ago 4= 3-5 years ago 5= 6-10 years ago 6= More than 10 years ago
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SECTION B2: INDIVIDUAL HEALTH

Respondent: All household members. Parents or guardians respond for children under 12.

P E R S O N N U M B E R	1.	2.	3.	4.	5.	6.
		Interviewer: IS (Name) ANSWERING FOR HIMSELF /HERSELF? 1=Yes \Rightarrow 3 2=No	Interviewer: COPY THE PERSON NUMBER OF RESPONDENT ANSWERING ON BEHALF FROM THE HOUSEHOLD CONTROL FORM ROSTER. PERSON No.	DID YOU/(Name) SLEEP UNDER A MOSQUITO NET LAST NIGHT? 1=Yes 2=No \Rightarrow 6 8=Don't know \Rightarrow 6	WAS THE MOSQUITO NET EVER TREATED WITH A PRODUCT TO KILL MOSQUITOS OR WAS IT A PRETREATED NET? 1=Yes 2=No \Rightarrow 6 8=Don't know \Rightarrow 6	HOW MANY MONTHS AGO WAS THE MOSQUITO NET LAST TREATED OR IF THE NET WAS PRETREATED, WHEN WAS IT BOUGHT / SUPPLIED? 1= Less than 1 month ago 2= 1 - 6 months ago 3= 7 - 12 months ago 4= More than 12 months ago 5= Don't Know
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SECTION B2: INDIVIDUAL HEALTH

Respondent: All household members. Parents or guardians respond for children under 12.

P E R S O N N U M B E R	7.		8.	9.	10.	11.	12.	
	WHAT HEALTH PROBLEMS DID YOU/(Name) HAVE? <i>Write '00' if no 2nd problem.</i>		HOW MANY DAYS OF YOUR/(Name's) PRIMARY DAILY ACTIVITIES WERE MISSED DUE TO POOR HEALTH DURING THE PAST 30 DAYS?	IN THE PAST 30 DAYS DID YOU/(Name) SEEK TREATMENT AT A HEALTH FACILITY OR HEALTH PROVIDER FOR YOUR/(Name's) HEALTH PROBLEMS?	WHY DID YOU/(Name) NOT SEEK ANY TREATMENT AT A HEALTH FACILITY OR PROVIDER FOR YOUR HEALTH PROBLEMS?	HOW MANY TIMES DID YOU/(Name) VISIT A HEALTH CARE FACILITY, A PRIVATE DOCTOR OR NURSE, PARAMEDIC OR TRAINED MIDWIFE, A TRADITIONAL HEALTH PRACTITIONER OR RECEIVED A HOME VISIT IN THE PAST 30 DAYS FOR ILLNESSES OR ANY OTHER REASON?	WHERE DID THIS HEALTH SERVICE IN THE PAST 30 DAYS COME FROM? <i>Record up to two (2) responses.</i> <i>Write '00' if no 2nd visit to a health service.</i>	
	1st	2nd	DAYS			VISITS	1st	2nd
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SECTION B3: HEALTH ACCESS

Respondent: Household head or most informed household member.

Person Number of Respondent		
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HEALTH PROVIDER NUMBER	HEALTH PROVIDER	1.	2.	3.	4.	
		HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER USED THIS (health provider) DURING THE PAST 12 MONTHS? 1=Yes 2=No \Rightarrow NEXT PROVIDER 8=Don't know \Rightarrow NEXT PROVIDER	HOW FAR DID YOU/(the household member) TRAVEL TO USE THE HEALTH PROVIDER? <i>Please refer to the most recent visit.</i> <i>If distance less than 1 km write '000'</i> Km (000)	HOW DID YOU/(the household member) TRAVEL TO THE HEALTH PROVIDER? <i>Record the mode that took up most of the travel time.</i> 1= Walk 2= Private/own Vehicle 3= Canoe 4= Boat 5= Public Bus/PMV 6= Treated at home \Rightarrow NEXT PROVIDER 7= Other (specify____)	HOW LONG DID IT TAKE YOU/(the household member) TO REACH THE PROVIDER/ PERSON? <i>Write '00' if none for both or either the Hour or the Minute.</i> ONE WAY TRAVEL TIME HOURS MINUTES	
1	TRADITIONAL HEALER					
2	TRADITIONAL BIRTH ATTENDANT					
3	PHARMACIST					
4	MIDWIFE IN GOV'T HEALTH FACILITY					
5	MIDWIFE IN PRIVATE HEALTH FACILITY					
6	MIDWIFE IN CHURCH HEALTH FACILITY					
7	NURSE/PARAMEDIC IN GOV'T HEALTH FACILITY					
8	NURSE/PARAMEDIC IN PRIVATE HEALTH FACILITY					
9	NURSE/PARAMEDIC IN CHURCH HEALTH FACILITY					
10	DOCTOR IN GOV'T HEALTH FACILITY					
11	DOCTOR IN PRIVATE HEALTH FACILITY					
12	DOCTOR IN CHURCH HEALTH FACILITY					
13	DENTIST IN GOV'T HEALTH FACILITY					
14	DENTIST IN PRIVATE HEALTH FACILITY					
15	DENTIST IN CHURCH HEALTH FACILITY					
16	MEDICAL SPECIALIST IN CITY					

Interviewer Check:

If all code '2' or '8' go to Section B4.

SECTION B2: INDIVIDUAL HEALTH

Respondent: All household members. Parents or guardians respond for children under 12

PERSON NUMBER	31.				32.	33.	34.	35.				
	<p>THINK OF THE PAST MONTH ON AVERAGE, HOW MANY (SMOKE TYPE.....) DID YOU/(Name) SMOKE IN A DAY?</p> <p><i>Write '00' if None and continue on.</i></p> <p>ENTER THE NUMBER OF SMOKES PER-DAY ACCORDING TO THE LIST BELOW. ASK THE RESPONDENT BY FOLLOWING DOWN THE LIST OF SMOKE TYPES.</p> <p>SMOKE TYPE 1= Manufactured Cigarettes Eg. Winfield, Pall Mall, Spear</p> <p>SMOKE TYPE 2= Manufactured Tobacco In Hand-rolled Cigarettes,</p> <p>SMOKE TYPE 3= Tobacco Refuse-non-Processed (Brus): Number Cigarettes Or Pipes.</p> <p>SMOKE TYPE 4= Cigars</p>								<p>DO YOU/(Name) CHEW BETELNUT ON A DAILY BASIS?</p> <p><i>If member less than 5 years, code 2.</i></p> <p><i>If chews without lime and mustard, code 2.</i></p> <p>1=Yes 2=No ⇒ 34</p>	<p>THINK OF THE PAST MONTH. HOW MANY BETELNUTS ON AVERAGE, HAVE YOU/(Name) CHEWED IN ONE DAY?</p>	<p>IN THE PAST MONTH HAVE YOU/(Name) HAD ANY ALCOHOLIC BEVERAGES, (beer, wine, spirits, homebrew)?</p> <p><i>If member less than 5 years, code 2</i></p> <p>1=Yes 2=No ⇒ SECTION B3</p>	<p>THINK OF THE PAST MONTH. ON AVERAGE, HOW MANY DRINKS DID YOU/(Name) CONSUME IN ONE WEEK?</p> <p><i>1 Drink = 1 bottle of beer or 30 mls liquor or 100 ml wine</i></p>
	1	2	3	4								
	# PER DAY	# PER DAY	# PER DAY	# PER DAY								
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SECTION B2: INDIVIDUAL HEALTH

Respondent: All household members. Parents or guardians respond for children under 12

PERSON NUMBER	13.			14.			15.	
	<p>WHAT WERE THE PURPOSE(S) OF YOUR/(Name) VISITS?</p> <p><i>Record up to three (3) responses</i></p> <p>01= Immunization 02= Medical Check-Up/Preventive Care 03= Consultation 04= Medications 05= Injections for illness 06= Testing 07= Treatment for injuries 08= Treatment for illness/problem 09= Prenatal Care 10= Delivery of baby 11= Post natal care 12= Counselling 13= Family Planning visit 14= Other (specify ___)</p> <p><i>If no 2nd or 3rd purpose, write '00'</i></p> <p>THE THREE MOST IMPORTANT PURPOSES</p>			<p>HOW MUCH DID YOU/(Name) PAY IN TOTAL FOR ALL THESE VISITS DURING THE PAST 30 DAYS?</p> <p><i>Write '0' if none for each</i></p> <p><i>Round off to nearest Kina</i></p>			<p>HOW MUCH TIME DID YOU/(Name) SPEND TRAVELLING TO THIS HEALTHCARE FACILITY?</p> <p><i>Please refer to the most recent visit.</i></p> <p><i>If visited at home write '00' for both times and ⇒ 17</i></p>	
				A	B	C	ONE WAY TIME TRAVEL	
				Consultation? <i>(Including outpatient fee, treatment costs)</i>	Medicines prescribed in these consultations <i>(even if purchased elsewhere)?</i>	Transport include costs of anyone who accompanied you/ <i>(Name)?</i>	HOURS	MINS
			1st PURPOSE	2nd PURPOSE	3rd PURPOSE	KINA	KINA	KINA
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SECTION B2: INDIVIDUAL HEALTH

Respondent: All household members. Parents or guardians respond for children under 12.

P E R S O N N U M B E R	16.	17.	18.	19.	20.	21.	22.
	HOW DID YOU/ (Name) TRAVEL TO THIS HEALTH CARE FACILITY? <i>Give the mode of transport that took up most of the travel time</i> 1= Walk 2= Private/own Vehicle 3= Canoe 4= Boat 5= Public Bus/PMV 6= Other (specify ____)	DID YOU/(Name) PURCHASE ANY MEDICINE IN THE LAST 30 DAYS ON YOUR OWN WITHOUT A PRESCRIPTION TO TREAT YOUR/(Name)'s HEALTH PROBLEMS OR GENERAL HEALTH? <i>If purchased for another household member, answer 'NO' and record 'YES' on that member's row.</i> 1= Yes 2= No \Rightarrow 20	WHAT TYPE OF MEDICINE DID YOU/(Name) PURCHASE? <i>If more than one medicine, refer to the most recent and important medicine bought.</i> 1= Antibiotics 2= Anti-malaria 3= Pain killer 4= Other modern medicine 5= Traditional 6= Other (specify ____)	HOW MUCH IN TOTAL DID YOU/ (Name) SPEND IN THE PAST 30 DAYS FOR MEDICINE? <i>PLEASE EXCLUDE COSTS ON PRESCRIBED MEDICATIONS</i> <i>Round off to the nearest Kina.</i> KINA	HAVE YOU/ (Name) BEEN HOSPITALIZED THAT IS STAYED ONE OR MORE NIGHTS IN A HEALTHCARE FACILITY, DURING THE PAST 12 MONTHS? 1=Yes 2=No \Rightarrow 28	HOW MANY TIMES HAVE YOU/(Name) BEEN HOSPITALIZED IN THE PAST 12 MONTHS? NUMBER	LETS TALK ABOUT THE MOST RECENT TIME YOU/ (Name) WERE HOSPITALIZED. IN WHAT TYPE OF HEALTHCARE FACILITY DID YOU STAY? 1= Public/Gov't 2= Private 3= Church 4= Other (specify ____)
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SECTION B2: INDIVIDUAL HEALTH

Respondent: All household members. Parents or guardians respond for children under 12.

23.	24.	25.	26.	27.	28.	29.	30.
HOW MANY DAYS DID YOU/(Name) SPEND IN THE HEALTHCARE FACILITY? <i>Record the most recent stay in health care facility.</i> <i>If answered in weeks, months or years convert to days.</i> DAYS	HOW MUCH DID YOU/ (Name) PAY EITHER IN MONEY OR IN KIND, FOR ALL THE COSTS ASSOCIATED WITH THIS STAY IN A HEALTHCARE FACILITY? <i>Include costs on: Admitting fees, bed fee, food, clothing, medicines prescribed, etc, during this stay, even if purchased elsewhere.</i> <i>Please exclude transportation cost.</i> <i>Round off to the nearest Kina.</i> KINA	HOW MUCH DID YOU/(Name)PAY EITHER IN MONEY OR IN KIND, IN TRANSPORT COSTS? <i>COST FOR BOTH WAY TRAVEL TO THE HEALTH FACILITY AND BACK.</i> <i>Please include transport cost of anyone who accompanied you, Cost of fuel, airfares, baggages, costs associated with transportation.</i> <i>Round off to the nearest kina.</i> KINA	HOW MUCH TIME DID YOU/(Name) SPEND TRAVELLING TO THIS HEALTHCARE FACILITY? <i>ONE WAY TIME TRAVEL</i> HOURS MINS	HOW DID YOU/ (Name) TRAVEL TO THIS HEALTHCARE FACILITY? <i>Give the mode of transport that took up most of the travel time.</i> 1= Walk 2= Private/own Vehicle 3= Canoe 4= Boat 5= Public Bus/PMV 6= Other (specify ____)	HAVE YOU/ (Name) EVER SMOKED TOBACCO PRODUCTS SUCH AS CIGARETTES, CIGARS OR PIPES ON A DAILY BASIS? <i>If member less than 5 years, old, code 3</i> 1= Yes, smoke now \Rightarrow 30 2= Yes, smoked previously \Rightarrow 32 3=No \Rightarrow 32 4=Don't know \Rightarrow 32	HOW MANY YEARS DID YOU/(Name) SMOKE ON A DAILY BASIS BEFORE QUITTING? <i>If less than one year, write '00'</i> \Rightarrow 32 # OF YEARS	HOW MANY YEARS AGO DID YOU/ (Name) BEGIN TO SMOKE DAILY? <i>Check for year started smoking and minus from current year of interview.</i> <i>If less than one year, write '00'</i> # OF YEARS

PERSON NUMBER	SEX - COPY FROM Q3 (SEX)	AGE - COPY FROM Q4 (AGE)	1. NAME
			<p>WHAT ARE THE NAMES OF ALL THE USUAL MEMBERS OF THIS HOUSEHOLD?</p> <p><i>Interviewer:</i> Ask Q1 - Q4 for everyone before continuing with Q5 to Q20</p> <p>Start with the HEAD of the household. If a baby has no name yet, enter as "BABY"</p>
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