



HOUSEHOLD QUESTIONS

MONEY ACTIVITY IN HOUSEHOLD
THIS YEAR (1996) did anyone in this household excluding visitors and those doing so in a wage job; EARN MONEY from the following activities?

Tick appropriate box for each item.

		YES	NO
M1. Producing cash crops	- Vegetables	<input type="checkbox"/>	<input type="checkbox"/>
	- Root crops	<input type="checkbox"/>	<input type="checkbox"/>
	- Copra	<input type="checkbox"/>	<input type="checkbox"/>
	- Other crops and grain	<input type="checkbox"/>	<input type="checkbox"/>
M2. Raising livestock	- Cattle	<input type="checkbox"/>	<input type="checkbox"/>
	- Pigs	<input type="checkbox"/>	<input type="checkbox"/>
	- Poultry	<input type="checkbox"/>	<input type="checkbox"/>
M3. Catching/Collecting	- Fish	<input type="checkbox"/>	<input type="checkbox"/>
	- Crabs, lobsters	<input type="checkbox"/>	<input type="checkbox"/>
	- Shells	<input type="checkbox"/>	<input type="checkbox"/>
	- Beche de mer	<input type="checkbox"/>	<input type="checkbox"/>
M4. Running	- Store, Bakery	<input type="checkbox"/>	<input type="checkbox"/>
	- Truck/Taxi/Carrier	<input type="checkbox"/>	<input type="checkbox"/>
	- Boat	<input type="checkbox"/>	<input type="checkbox"/>
M5. Making	- Boat/Canoes	<input type="checkbox"/>	<input type="checkbox"/>
	- Handicraft(wooden)	<input type="checkbox"/>	<input type="checkbox"/>
	- Mats, baskets	<input type="checkbox"/>	<input type="checkbox"/>
	- Thatching materials	<input type="checkbox"/>	<input type="checkbox"/>
	- Houses	<input type="checkbox"/>	<input type="checkbox"/>
M6. Other business or activity? Specify			

DISABILITY

C1. Does any person in this household have any disability or health problem that is long term? (Lasting 6 months or more).

Yes No Go to H1

Please circle person numbers from D1

P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
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C2. Does this person as a result of this condition has difficulty with or cannot do?

Tick appropriate box

Everyday activities that people his/ her age can do	<input type="checkbox"/>
Communicating, mixing with others or socialising	<input type="checkbox"/>
Any other activity that people his/ her age usually do	<input type="checkbox"/>
OR	
No difficulty with any of these	<input type="checkbox"/>

C3. What is the nature of the disability?

Insert code in appropriate box.

1. sight	4. physical
2. intelligence	5. age
3. hearing	6. other

HOUSEHOLD AND HOUSING
(Put appropriate number in right hand box)

H1. TYPE OF LIVING QUARTERS
Does this household live in

1. a one family house detached from any other house
2. a one family house attached to one or more houses
3. a building with two or more apartments
4. a building with two or more households which share a kitchen or toilet
5. a dwelling attached to a shop or other non-residential building
6. a lodging house
7. a hotel
8. more than one of the above, or other, specify _____

H2. CONSTRUCTION OF OUTER WALLS
Are the walls of the building mainly constructed of

1. concrete, brick or cement
2. wood in good or reasonably sound condition
3. tin or corrugated iron
4. traditional bure materials
5. wood in poor condition
6. makeshift or improvised materials
7. other materials, specify _____

H3. NUMBER OF ROOMS
How many rooms (bedrooms, living or sitting rooms) are there for the use of this household?

H4. MAIN WATER SUPPLY
Is this household's water

1. metered
2. from a communal standpipe
3. rooftop
4. well
5. river or creek
6. other, specify _____

Does the household's water supply ever dry up?

1. never
2. sometimes
3. every year

H5. ELECTRICITY
Does this household have electricity?

1. Yes
2. No

H5 A. If yes, by which supply

1. FEA
2. FSC
3. Vatukoula
4. village power plant
5. PWD
6. own plant
7. other, specify _____

H6. LIGHTING
What does this household mainly use for lighting?

1. electricity
2. pressure lamp
3. wick lamp
4. other, specify _____

H7. COOKING FUEL
What fuel does this household mainly use for cooking?

1. electricity
2. LPG
3. kerosene
4. wood stove
5. wood, open fire
6. other, specify _____

H8. TOILET FACILITIES
Does this household have a

1. flush toilet for its exclusive use
2. flush toilet shared with others
3. water sealed privy for its exclusive use
4. water sealed privy shared with others
5. pit latrine for its exclusive use
6. pit latrine shared with others
7. none
8. other, specify _____

Does this household have a septic tank?

1. Yes
2. No

H9. TENURE: THE LIVING QUARTERS
Does this household

1. own or have a mortgage on these living quarters
2. rent them from a Private Landlord
3. rent them from the Public Rental Board
4. occupy government or institutional housing
5. occupy this housing by leave of the employer
6. pay no rent or have an informal renting arrangement with the landowner
7. other, specify _____

H10. TENURE: THE LAND
Is the land on which the living quarters is situated

1. owned outright freehold
2. leased from State
3. leased from NLTB
4. occupied without legal arrangement, state or freehold land
5. occupied Native Land with informal arrangement
6. occupied through traditional village tenure
7. other, specify _____

H11. DWELLING ADEQUACY
From an examination of the photographs supplied, is the dwelling

1. superior
2. well above average
3. average
4. well below average
5. inferior
6. other, specify _____

H12. HOW IS HOUSEHOLD WASTE DISPOSED?

Tick appropriate box.

<input type="checkbox"/>	1. collected by local authority/council or contractor
<input type="checkbox"/>	2. buried
<input type="checkbox"/>	3. burnt
<input type="checkbox"/>	4. disposed into rivers/seas
<input type="checkbox"/>	5. disposed in backyard
<input type="checkbox"/>	6. other, specify _____

H13. ARE ANY OF THE FOLLOWING ITEMS AVAILABLE FOR USE BY MEMBERS OF THIS HOUSEHOLD?

Yes

<input type="checkbox"/>	1. Car
<input type="checkbox"/>	2. Carner/ Truck
<input type="checkbox"/>	3. Refrigerator
<input type="checkbox"/>	4. Video/ TV
<input type="checkbox"/>	5. Washing machine
<input type="checkbox"/>	6. Gas/ Electric stove
<input type="checkbox"/>	7. Telephone
<input type="checkbox"/>	8. Outboard motor
<input type="checkbox"/>	9. Water pump

Persons enumerated in this household	MALES	FEMALES	Initial _____	Date _____
			Interview completed: _____	Enumerator _____
			Forms checked: _____	Supervisor _____