

1994 FSM Census of Population and Housing

National Census Report

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*Office of Planning and Statistics
Division of Statistics
National Government
Federated States of Micronesia*

1994

FSM - WIDE CENSUS

QUESTIONNAIRE



1994 CENSUS OF POPULATION AND HOUSING FEDERATED STATES OF MICRONESIA (FSM) OFFICE OF PLANNING AND STATISTICS



INTRODUCTION: Hello, my name is (Your name) and I'm working for the 1994 FSM Housing and Population Census. This is my identification (PAUSE). I have some questions I need to ask you. Ask the questions on page 1. Complete a form for each household.

**GEOGRAPHIC CODES
COMPLETE BEFORE THE INTERVIEW**

A. State: F. Municipality:

B. Enumeration District: G. Village:

C. Block: H. Time Interview Started:

D. Map Spot: AM PM

E. Household Number:

I. Description of the housing unit: _____

The 1994 Census of Population and Housing must count every person at his or her "usual residence." This means the place where the person lives and sleeps most of the time.

Include:

- Everyone who usually lives here such as family members, housemates and roommates, foster children, roomers, boarders, and live-in employees.
- Persons who are temporarily away on a business trip, on vacation, or in a general hospital.
- Students who live here while attending school/college.
- Newborn babies born on or before September 18, 1994.
- Persons who stay here most of the week, even if they have a home somewhere else.
- Persons with no other home who were staying here on September 18, 1994.

Do NOT include:

- Persons who usually live somewhere else.
- Persons who are confined to an institution.
- Students who live somewhere else while attending school.
- Persons in the Armed Forces who live somewhere else.
- Persons who stay somewhere else most of the week.

1b. When you told me the names of the persons living here on September 18, 1994, did you leave anyone out because you were not sure if the person should be listed - for example, someone temporarily away on a business trip or vacation, a newborn baby still in the hospital, or a person who stays here once in a while and has no other home?

1 Yes - Determine if you should include the person(s) based on the instructions for question 1a. If so, include the person and circle the person's number.

2 No

1c. When you told me the names of the persons living here on September 18, 1994, did you include anyone even though you were not sure that the person should be listed - for example, a visitor who is staying here temporarily or a person who usually lives somewhere else?

1 Yes - Determine if you should include the person(s) based on the instructions for question 1a. If so, circle the person's number. If not, draw line through any entry.

2 No

COMPLETE AFTER THE INTERVIEW

J. Respondent's Name: _____

K. Respondent's Telephone No.: _____

L. Population: Male Female Total:

M. Type of unit:
 Occupied Regular Vacant UHF

N. Completed after:
1st 2nd 3rd Last Resort

O. Total number of households in this unit:

P. Time Interview completed: AM PM

Q. CERTIFICATION-- I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge.

Enumerator's Name (Print): _____ Enumerator's Code:

Enumerator's Signature: _____ Date: / / 1994 (M/M) (D/D)

Crew Leader's Signature: _____ Date: / / 1994 (M/M) (D/D)

Crew Leader District (CLD) Number:

OFFICE USE ONLY COVERAGE 1a 1d

1a. Please give me the name of each person living here (whose usual residence is this household) on September 18, including all persons staying here who have no other home. Begin with the household member in whose name the home is owned, being bought, or rented. If there is no such person, start with any adult household member. (If EVERYONE is staying here temporarily and usually lives somewhere else, give me the name of each person and complete 1d).

Each booklet contains one (1) up to ten (10) persons. If more than 10 persons live in this household, you must use more than one booklet.

LAST	FIRST	M.I.
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

BOOKLET of

If EVERYONE listed is staying here only temporarily and usually lives somewhere else, mark (X) in this box _____ and ask...

1d. Where do these people usually live?
If the usual residence is within the FSM, enter the State, Municipality, and village.

State: _____
Municipality: _____
Village: _____

If the usual residence is not within the FSM, enter the country.

Country: _____

NOTES:

NOTICE: You are required by Public Law No. 5-77 to answer the 1994 Census. Your answers will be kept confidential by that same law. Only sworn Census employees may see your answers. Your information will only be used for statistical purposes.

HOUSING QUESTIONS

H1. Which best describes this building? (Include all apartments even if vacant.)

- 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 2 apartments
- 4 A building with 3 or 4 apartments
- 5 A building with 5 to 9 apartments
- 6 A building with 10 to 19 apartments
- 7 A building with 20 or more apartments
- 8 Other
- 9 Don't know

H2. When did (person listed in line 1 of question 1a on page 1) move to this house/apartment?

- 1 1993 - 1994
- 2 1990 - 1992
- 3 1986 - 1989
- 4 1980 - 1984
- 5 1970 - 1979
- 6 1960 - 1969
- 7 1940 - 1959
- 8 1939 or earlier
- 9 Don't know

H3. What is the MAIN type of material used for the walls of this building? (Read each category and write ONE ID#.)

- 1 Poured concrete
- 2 Concrete blocks
- 3 Metal/Tin
- 4 Plywood
- 5 Thatch
- 6 Local wood or bamboo
- 7 Other
- 8 No walls

H4. What is the MAIN type of material used for the roof of this building? (Read each category and write ONE ID#.)

- 1 Poured concrete
- 2 Metal/Tin
- 3 Wood
- 4 Thatch
- 5 Bamboo
- 6 Other

H5. What is the MAIN type of material used for the foundation of this building?

- 1 Concrete
- 2 Wood pier or piling
- 3 Coral
- 4 Stone
- 5 Other

H6. About when was this building first built?

- 1 1993 - 1994
- 2 1990 - 1992
- 3 1986 - 1989
- 4 1980 - 1984
- 5 1970 - 1979
- 6 1960 - 1969
- 7 1940 - 1959
- 8 1939 or earlier
- 9 Don't know

H7. How many rooms do you have in this house/apartment? (Count living room, dining room, kitchen, bedroom, bathroom, counting all rooms, balconies, porches, or halls.)

Room(s). If 9 or more rooms enter 9.

H8. How many rooms are devoted primarily for sleeping?

Room(s). If 9 or more rooms enter 9.

H9. Do you have piped water?

- 1 Yes, hot and cold in this unit
- 2 Yes, cold only in this unit
- 3 Yes, cold only outside this unit
- 4 No piped water

SKIP TO H9c

H9b. What type of energy do you use to heat your home?

- 1 Electricity
- 2 Gas
- 3 Solar power
- 4 Other fuels

H9c. Do you have a bathtub or shower?

- 1 Yes, in this unit
- 2 Yes, in this building but not in unit
- 3 Yes, outside this building
- 4 No

H9d. Do you have a flush toilet?

- 1 Yes, in this unit
- 2 Yes, in this building but not in unit
- 3 Yes, outside this unit
- 4 No, outhouse, privy, or benjo
- 5 No, other or none

H10. Does this Unit have electric power?

- 1 Yes, public utility
- 2 Yes, generator
- 3 Yes, solar power
- 4 No

H11. Do you have a telephone or CB radio in this unit?

- 1 Yes, both
- 2 Yes, telephones only
- 3 Yes, CB radio only
- 4 None

H12. Do you have a battery operated radio, Count car radio, transistor radio, and other battery operated sets in working order or needing only new batteries for operation?

- 1 Yes, 1 or more
- 2 No

H13. Do you have a television set, VCR, Carcette recorder, VCR?

- 1 Yes, Both TV and VCR
- 2 Yes, TV only
- 3 Yes, VCR only
- 4 No

H14. Do you have air conditioning?

- 1 Yes, central air conditioning system
- 2 Yes, 1 individual room unit
- 3 Yes, 2 or more individual room units
- 4 No

H15. Where do you get water for drinking water only? (Read each category and write ONE ID#.)

- 1 A public system only
- 2 A community system only
- 3 A public system and catchment
- 4 A community system and catchment
- 5 An individual well
- 6 A catchment, tanks, or drums only
- 7 A public standpipe or steel hydrant
- 8 Purchased bottled water
- 9 Some other source such as spring, river, creek, etc.

H16. Is this building connected to a public sewer?

- 1 Yes, connected to a public sewer
- 2 No, connected to a septic tank or cesspool
- 3 No, use other means

H17a. Are your MAIN cooking facilities made or outside this unit?

- 1 Inside this unit
- 2 Outside this unit
- 3 No cooking facilities-- SKIP TO H17c

H17b. What are your MAIN cooking facilities?

- 1 Electric range
- 2 Kerosene stove
- 3 Gas stove
- 4 Microwave oven
- 5 Portable electric stove
- 6 Wood stove
- 7 Open fire
- 8 Other

H17c. Do you have a refrigerator in this unit?

- 1 Yes, electric
- 2 Yes, gas
- 3 Yes, kerosene
- 4 No refrigerator

H17d. Do you have a separate trash in this unit?

- 1 Yes
- 2 No

H17e. Do you have a sink in this unit?

- 1 Yes
- 2 No

H18. How many automobiles are the principal means of transport for any member of the household?

If 9 or more enter 9

H19. How many bicycles are the principal means of transport for any member of the household?

If 9 or more enter 9

H20. What do you pay for the electricity used in this unit?

- 1 Included in rent
- 2 No charge or electricity not used

POPULATION QUESTIONS

INTERVIEWER INSTRUCTIONS: Ask questions 1 - 11b for all household members.

1. PERSON NUMBER [] [] [] (FROM QUESTION 1a ON PAGE 1)

Last Name

First Name

2. How is ... related to the Householder? Mark (X) ONE box. If "Other relative" of householder mark (X) box 7 below and print exact relationship, such as wife's mother, sister's son, etc.

- | | |
|--|---|
| 1 <input type="checkbox"/> Householder | 7 <input type="checkbox"/> Other relative |
| 2 <input type="checkbox"/> Husband/wife | |
| 3 <input type="checkbox"/> Natural born son/daughter | <input type="checkbox"/> OFFICE USE |
| 4 <input type="checkbox"/> Adopted son/daughter | |
| 5 <input type="checkbox"/> Brother/sister | |
| 6 <input type="checkbox"/> Father/mother | 14 <input type="checkbox"/> Nonrelative |

3. Is ... male or female?

- 1 Male 2 Female

4a. What is ...'s date of birth? If unknown, say -- Please give me your best estimate. Print the date in the boxes.

MM / DD / YY

4b. How old is ...? Age should be in complete years as of September 18, 1994. Print age in the boxes.

Age in years

5. Is ... now married, widowed, divorced, separated, or has ... never been married? Mark (X) ONE box.

- | | |
|--|--|
| 1 <input type="checkbox"/> Now married | 4 <input type="checkbox"/> Separated |
| 2 <input type="checkbox"/> Widowed | 5 <input type="checkbox"/> Never married |
| 3 <input type="checkbox"/> Divorced | |

6. What is ...'s ethnic origin? For example: Japanese, Polynesian, Mordlockese, Korean, Satawatese, Filipino, etc. Print no more than two groups.

OFFICE USE

7. What is ...'s religion?

- | | |
|---|--|
| 1 <input type="checkbox"/> Roman Catholic | 7 <input type="checkbox"/> Refused |
| 2 <input type="checkbox"/> Congregational | 8 <input type="checkbox"/> No religion |
| 3 <input type="checkbox"/> Letter Day Saints (Mormon) | |
| 4 <input type="checkbox"/> Seventh Day Adventist | <input type="checkbox"/> OFFICE USE |
| 5 <input type="checkbox"/> Baptist | |
| 6 <input type="checkbox"/> Other religion, specify: _____ | |

8. Where was ... born? Print the name of the village/island, municipality, FSM State, or other country in the space below. If ... was born in a hospital, record the place of usual residence of the mother just before she went to the hospital.

Village/Island: OFFICE USE
Municipality: OFFICE USE
FSM State: OFFICE USE
Other Country: OFFICE USE

9. If ... is a FSM citizen, What is ...'s legal residence? Print the name of the municipality and the FSM state in the space below. If not, state the country of citizenship.

Municipality: OFFICE USE
FSM State: OFFICE USE
Country of Citizenship: OFFICE USE

10. Is ... a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time Military Reserve or National Guard? "Active duty" does NOT include training for the military Reserve or National Guard.

- 1 Yes, dependent of active-duty member of the Armed Forces.
2 Yes, dependent of retired member of the Armed Forces, or dependent of an active duty or retired member of the National Guard or Armed Forces Reserve.
3 No

11a. Since when has ... lived continuously in this municipality?

- 1 Since birth - SKIP TO NEXT INTERVIEWER CHECK ITEM (ICI)
2 Since [] / [] / 19 [] [] - ASK 11b

11b. Where was the previous place of residence?

Municipality: OFFICE USE
FSM State: OFFICE USE
Other Country: OFFICE USE

INTERVIEWER CHECK ITEM (ICI). Mark (X) based on question 4.

- 1 Born before September 19, 1991 - ASK Q12
2 Born September 19, 1991 or later - GO TO NEXT PERSON

12. Since September 1, 1994, has ... attended regular school or college? Include only pre-kindergarten, pre-school, kindergarten, elementary school, and school which leads to a high school diploma or a college.

- 1 No, never attended school -- SKIP TO 14.
2 No, attended in the past, but not since September 1, 1994
3 Yes, public school, public college
4 Yes, private school

13. How much school has ... COMPLETED? Read categories. If person is unsure, Mark (X) ONE box for the highest grade COMPLETED or degree received. If currently enrolled, mark the previous grade attended or highest grade completed.

- 30 No school completed
31 Pre-school, head start, or kindergarten
 1 1st 2 2nd 3 3rd 4 4th 5 5th 6 6th 7 7th 8 8th 9 9th 10 10th
12 12th grade, NO DIPLOMA
13 HIGH SCHOOL GRADUATE-High school equivalent (for example: GED)
14 Some college but no degree
15 Associate degree in college - Occup. program
16 Associate degree in college - Acad. program
17 Bachelor's degree (for example: BA, AB, BS)
18 Master's degree (for example: M.A., M.S., MEng, MEd, MSW, MBA)
19 Professional school degree (for example: MD, DDS, DVM, LLB, JD)
20 Doctorate degree (for example: Ph.D., EdD)

14. Does ... know how to read and write in any language?

- 1 Yes 2 No

15a. What languages does ... speak? List in order of usage with the most used language first and the least used last?

1 _____ OFFICE USE
2 _____ OFFICE USE
3 _____ OFFICE USE

15b. What is the language that ... usually speaks at home?

OFFICE USE

INTERVIEWER CHECK ITEM (ICI). Mark (X) based on question 4.

- 1 Born before September 19, 1989 - ASK Q16a
2 Born September 19, 1989 or later - GO TO NEXT PERSON

16a. Did ... live in this municipality 5 years ago? (September 18, 1990)

- 1 Yes - SKIP TO NEXT INTERVIEWER CHECK ITEM (ICI)
2 No - ASK 16b

16b. What is the name of the municipality, FSM state, or other country where ... lived 5 years ago?

Municipality: OFFICE USE
FSM State: OFFICE USE
Other Country: OFFICE USE

INTERVIEWER CHECK ITEM (ICI). Mark (X) based on questions 3 and 4.

- 1 Females born before September 19, 1981 - ASK 17
2 All others - SKIP TO NEXT INTERVIEWER CHECK ITEM (ICI)

17a. What is the number of children ever born alive to ... that are living at home, living elsewhere, or who have died? Include all natural children even if they have been adopted by somebody or are living away from home. Do not count stepchildren or children ... have adopted. Enter the information in the categories below.

	Male	Female
Living at home:	<input type="checkbox"/>	<input type="checkbox"/>
Living elsewhere:	<input type="checkbox"/>	<input type="checkbox"/>
Died:	<input type="checkbox"/>	<input type="checkbox"/>
Total number of children:	<input type="checkbox"/>	<input type="checkbox"/>

IF NONE, ENTER 00 AND SKIP TO NEXT ICI

17b. What is the date of birth of the last child born alive?

Month / Day / Year

17c. Was the last child born alive male or female?

- 1 Male 2 Female

17d. Is that child still alive?

- 1 Yes 2 No

INTERVIEWER CHECK ITEM (ICI). Mark (X) on Question 4.

- 1 Born before September 19, 1979 - ASK Q18
2 Born September 19, 1979 or later - GO TO NEXT PERSON

18. Has ... completed the requirements for a vocational training program in a trade school, business school, hospital, some other kind of school for occupational training, or "at place of work"? Do not include academic college courses.

If "Yes" ask -- Was training received in the FSM?

- 1 No 3 Yes, outside FSM
2 Yes, in FSM 4 Both FSM and Outside FSM

19. Has ... ever been on active duty military service in the Armed Forces of the United States? "Active duty" does NOT include training for the military Reserve or National Guard.

- 1 Yes, now on active duty
2 Yes, on active duty in past, but not now
3 No

POPULATION QUESTIONS

20a. Did ... work at any time **LAST WEEK**, either full-time or part-time? Work includes part-time or full-time work such as helping without pay in a family business or farm; it also includes active duty in the Armed Forces. Work does **NOT** include unpaid volunteer work. Read each category and mark(X) in the **ONE** box that applies.

- | | |
|---|------------|
| 1 <input type="checkbox"/> Yes, worked full-time or part-time at a job or business and did NO farming or fishing | SKIP TO 21 |
| 2 <input type="checkbox"/> Yes, worked full-time or part-time at a job or business and did SOME farming and fishing | |
| 3 <input type="checkbox"/> Yes, worked MAINLY in farming or fishing | ASK 20b |
| 4 <input type="checkbox"/> Yes, did MAINLY housework and SOME farming, fishing, production of handicrafts, etc. | |
| 5 <input type="checkbox"/> No, HOUSEWORK ONLY | SKIP TO 25 |
| 6 <input type="checkbox"/> No, School work/Student | |
| 7 <input type="checkbox"/> No, retired | |
| 8 <input type="checkbox"/> No, Unpaid Volunteer work | |
| 9 <input type="checkbox"/> No, other reason, specify: | |

20b. What did ... mainly do?

- | | |
|--|---|
| 1 <input type="checkbox"/> Gardening | 5 <input type="checkbox"/> Gardening and cash-crops |
| 2 <input type="checkbox"/> Fishing | 6 <input type="checkbox"/> Other cash-crops |
| 3 <input type="checkbox"/> Animal raising | 7 <input type="checkbox"/> Other |
| 4 <input type="checkbox"/> Gardening and fishing | |

20c. The food ... produced, fish ... caught, and animals ... raised were they for ... own and ... family consumption, or did ... sell some?

- | | |
|---|------------|
| 1 <input type="checkbox"/> Own/family consumption - never sells | SKIP TO 25 |
| 2 <input type="checkbox"/> Own/family consumption-never sells/sometimes give away | |
| 3 <input type="checkbox"/> Occasionally sells | |
| 4 <input type="checkbox"/> Regularly sells | |

21. How many hours did ... work **LAST WEEK** at all jobs, excluding subsistence activity? Subtract any time off and add any overtime or extra hours worked.

_____ Number of hours

22. Where did ... usually work **LAST WEEK**?

If ... worked at more than one location, ask -- Where did ... work most last week? Print the village/island, municipality, FSM state or other country where worked.

Village/Island: _____

Municipality: _____

FSM State: _____

Other Country: _____

OFFICE USE

23a. What type of transportation did ... usually use to get to work **LAST WEEK**? If more than one method of transportation usually used during the trip, mark (X) for the one used for most of the distance.

- | | |
|--|---|
| 1 <input type="checkbox"/> Car, truck or private van/bus | 6 <input type="checkbox"/> Bicycle |
| 2 <input type="checkbox"/> Boat | 7 <input type="checkbox"/> Walked |
| 3 <input type="checkbox"/> Public Van or Bus | 8 <input type="checkbox"/> Worked at home |
| 4 <input type="checkbox"/> Taxicab | 9 <input type="checkbox"/> Other methods |
| 5 <input type="checkbox"/> Motorcycle | |
- SKIP TO 26

ASK ONLY IF 1 OR 2 MARKED IN 23 a

23b. How many people including ... usually rode together to work **LAST WEEK**?

_____ Persons

24a. What time did ... leave home most days to go to work **LAST WEEK**?

____:____ 1 | AM OR 2 | PM
 Hour Minutes

24b. How many minutes did it usually take ... to get from home to work **LAST WEEK**?

_____ Number of minutes

INTERVIEWER INSTRUCTIONS - If this person was working for Income LAST WEEK, SKIP TO 28a.

25. Was ... on vacation, away sick, or temporarily absent from a job last week for any other reason?

- | | |
|--|------------|
| 1 <input type="checkbox"/> Yes, Reason for temporary absence; specify: | OFFICE USE |
| 2 <input type="checkbox"/> No | |

26a. Has ... been looking for work to earn money during the last 4 weeks?

- | | |
|--------------------------------|-------------------------------|
| 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
|--------------------------------|-------------------------------|

26b. Could ... have taken a job **LAST WEEK** if one had been offered?

If NO, Ask - For what reason?

- | | |
|--|--|
| 1 <input type="checkbox"/> No, already has a job | 3 <input type="checkbox"/> No, other reasons (In school, etc.) |
| 2 <input type="checkbox"/> No, temporarily ill | 4 <input type="checkbox"/> Yes, could have taken a job |

27. When did ... last work at a job, business, or farm, even for a few days?

- | | | |
|---|--|-------------|
| 1 <input type="checkbox"/> 1984 | 5 <input type="checkbox"/> 1985 to 1989 | SKIP TO 28a |
| 2 <input type="checkbox"/> 1993 | 6 <input type="checkbox"/> 1980 to 1984 | |
| 3 <input type="checkbox"/> 1992 | 7 <input type="checkbox"/> 1979 or earlier | SKIP TO 32a |
| 4 <input type="checkbox"/> 1990 to 1991 | 8 <input type="checkbox"/> Never worked: or did subsistence only | |

INTERVIEWER INSTRUCTIONS FOR QUESTIONS 28 TO 30: Questions 28-30 ask about the job worked last week. If ... had more than one job, describe the one ... worked the most hours. If ... did not work, the questions refer to the most recent job or business since 1990.

28a. For whom did ... usually work? Print the name of the company, business or employer.

28b. What kind of business or industry was this? Describe the activity at location where employed. For example: hospital, garment factory, retail bakery, etc.

_____ OFFICE USE

29a. What kind of work was ... doing? For example: registered nurse, industrial machinery mechanic, cake baker, etc.

29b. What were ...'s most important activities or actual duties? For example: patient care, repair machines, icing cakes, etc.

_____ OFFICE USE

30. Was ... Read list. Mark (X) ONE box

- | |
|--|
| 1 <input type="checkbox"/> Employee of PRIVATE FOR PROFIT company, business or individual, for wages, salaries, or commissions |
| 2 <input type="checkbox"/> Employee of PRIVATE NOT FOR PROFIT, tax exempt, or charitable organization |
| 3 <input type="checkbox"/> Municipal GOVERNMENT employee |
| 4 <input type="checkbox"/> State GOVERNMENT employee |
| 5 <input type="checkbox"/> National GOVERNMENT employee |
| 6 <input type="checkbox"/> FOREIGN/FEDERAL employee |
| 7 <input type="checkbox"/> SELF EMPLOYED |
| 8 <input type="checkbox"/> Working WITHOUT PAY in a family business or farm |

31a. Last year (1993), did ... work, even for a few days, at a paid job or in a business or a farm, excluding subsistence activity?

- | | |
|--------------------------------|---|
| 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No - SKIP TO 32a |
|--------------------------------|---|

31b. How many weeks did ... work in 1993, excluding subsistence activity? Count paid vacation, paid sick leave, and military service.

_____ Number of weeks

The following questions are about income received in 1993.

If an exact amount not known, accept a best estimate. If net income in 32b, 32c, or question 33 was a loss, write "loss" above the dollar amount.

32a. Did ... earn income from wages, salary, commissions, bonuses, or tips? Report amount before deductions for taxes, bonds, dues, or other items.

- | |
|---|
| 1 <input type="checkbox"/> Yes, ask - How much? |
| \$ _____
Enter ANNUAL amount in dollars |
| 2 <input type="checkbox"/> No |

32b. Did ... earn income from (his/her) own farm or non-farm business, proprietorship, or partnership? Report net income after business expenses.

- | |
|---|
| 1 <input type="checkbox"/> Yes, ask - How much? |
| \$ _____
Enter ANNUAL amount in dollars |
| 2 <input type="checkbox"/> No |

32c. Did ... receive any interest, dividends, net rental or royalty income, or income from estates or trusts? Include even small amounts credited to an account.

- | |
|---|
| 1 <input type="checkbox"/> Yes, ask - How much? |
| \$ _____
Enter ANNUAL amount in dollars |
| 2 <input type="checkbox"/> No |

32d. Did ... receive any social security payments, or any pension payments from retirement, survivor, or disability?

- | |
|---|
| 1 <input type="checkbox"/> Yes, ask - How much? |
| \$ _____
Enter ANNUAL amount in dollars |
| 2 <input type="checkbox"/> No |

32e. Did ... receive any remittances from relatives outside the household in FSM?

- | |
|---|
| 1 <input type="checkbox"/> Yes, ask - How much? |
| \$ _____
Enter ANNUAL amount in dollars |
| 2 <input type="checkbox"/> No |

32f. Did ... receive any remittances from relatives outside FSM, including the military?

- | |
|---|
| 1 <input type="checkbox"/> Yes, ask - How much? |
| \$ _____
Enter ANNUAL amount in dollars |
| 2 <input type="checkbox"/> No |

32g. Did ... receive any income from Veterans' (VA) payments, unemployment compensation, child support, alimony, or any other regular source of income? Do NOT include lump sum payments such as money from an inheritance or the sale of a home?

- | |
|---|
| 1 <input type="checkbox"/> Yes, ask - How much? |
| \$ _____
Enter ANNUAL amount in dollars |
| 2 <input type="checkbox"/> No |

Do not ask question 33 if questions 32a through 32g are complete. Instead, sum these entries and enter the amount below.

33. What was ...'s total income in 1993?

- | |
|---|
| 1 <input type="checkbox"/> Yes, ask - How much? |
| \$ _____
Enter ANNUAL amount in dollars |
| 2 <input type="checkbox"/> No |

INTERVIEWER: Please turn to the next page and ask the questions of the next person listed in question 1a. If this is the last person listed in question 1a on page 1, go to the back of the form.

