

From WF

Pac 70 & 80
 (encl b ✓)

VANUATU '79

eng.
 R.J.

APPENDIX 3

POPULATION CENSUS (15/16 January 1979)	1	HOUSEHOLD FORM						
1. USUAL RESIDENCE - ISLAND:		For Port Vila and Luganville:						
PLACE:		Street No.						
Island	Census area	En. Place Household						
2. NAMES OF HEAD OF HOUSEHOLD • CUSTOM NAME(S) AT BIRTH • PRESENT CUSTOM NAME(S) • FIRST NAME(S) OR CHRISTIAN NAME(S) • NAME(S) ORIGINATING: <input type="checkbox"/> from father <input type="checkbox"/> or from mother <input type="checkbox"/> and/or from family line • IF A MARRIED WOMAN, HUSBAND'S FAMILY NAME		<table border="1"> <tr> <th colspan="2">No. OF FORMS COLLECTED</th> </tr> <tr> <td>N. 2 ..</td> <td>→ <input type="text"/></td> </tr> <tr> <td>N. 3 ..</td> <td>→ <input type="text"/></td> </tr> </table>	No. OF FORMS COLLECTED		N. 2 ..	→ <input type="text"/>	N. 3 ..	→ <input type="text"/>
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N. 2 ..	→ <input type="text"/>							
N. 3 ..	→ <input type="text"/>							

3. DWELLING CATEGORY:

Usual residence	}	<input type="checkbox"/> Ordinary dwelling	} individual questionnaires not to be issued. Complete page 2 of this form.
		<input type="checkbox"/> Separate room(s), provided or leased (e.g. servant's quarters). Indicate the principal dwelling to which the quarters are attached:	
		<input type="checkbox"/> Furnished room(s) in a hotel, boarding-house or lodgings	
		<input type="checkbox"/> Temporary construction used as a dwelling	
		<input type="checkbox"/> Makeshift dwelling. Specify:	
		<input type="checkbox"/> Vacant dwelling (unoccupied, whether or not for sale or rent)	
		<input type="checkbox"/> Secondary place of residence or holiday residence	
		<input type="checkbox"/> Caravan or mobile dwelling (do not complete page 2)	

4. LIST A - Persons RESIDENT IN THE DWELLING AT THE TIME OF ENUMERATION and/or present in the dwelling on the night of 15/16 January

No.	Names	Relationship to head of Household	Relationship code	Residents present in the dwelling		Residence situation code
				On the night of 15/16 January	On the day of your call	
		Head of Household				

GIVE THE WHITE SECTION OF FORM 2 TO THE ABOVE PERSONS

5. LIST B - Persons RESIDENT IN THE DWELLING BUT ABSENT AT THE TIME OF ENUMERATION and/or absent from the dwelling on the night of 15/16 January.

No.	Names	Relationship to head of Household	Relationship code	Residents ABSENT from the dwelling		Residence situation code
				On the night of 15/16 January	On the day of your call	

APPENDIX 3

6. For all persons listed in the two foregoing tables but ABSENT from their home on the night of 15/16 January, indicate below the place where they went:

Person No _____ Country, island, village _____
 Person No _____ Country, island, village _____
 Person No _____ Country, island, village _____
 Person No _____ Country, island, village _____
 Person No _____ Country, island, village _____

7. LIST C - VISITORS Staying in the dwelling

No.	Names	VISITORS staying in the dwelling		Residence situation code	Usual Residence	
		On the night of 15/16 January	On the day of your call		In the New Hebrides	Elsewhere

COMPOSITION AND FACILITIES OF THE DWELLING

1. (FOR PORT-VILA AND LUGANVILLE) ARE YOU:

- 1 The owner of this dwelling or of the house in which this dwelling is located?
- 2 Accommodated by your employer (either free or with rental)?
- 3 accommodated free of charge, e.g. by relatives?
- 4 Lessee or sub-lessee of unfurnished premises?
- 5 Lessee or sub-lessee of furnished premises or of hotel rooms or lodgings?

2. NUMBER OF ROOMS USED SOLELY by the household (not including the kitchen or rooms used exclusively for professional reasons) →

3. KITCHEN

- 1 Used solely by your household
- 2 Shared with other households
- 3 No kitchen

4. WATER SUPPLY

- 1 running water inside the dwelling
- 2 no running water inside the dwelling but water outlet within 100 meters
- 3 no running water

5. SANITARY INSTALLATIONS

Do you have a shower or bath complete with running water and drainage? YES 1 NO 2

6. TOILET FACILITIES

- 1 Located inside the dwelling
- 2 located outside the dwelling but inside the building
- 3 located externally
- 4 no facilities

7. MEANS OF LIGHTING

- electricity { mains system 1 generator 2
- other { gas lamp 4 kerosene lamp 5 other 10

8. HOUSEHOLD EQUIPMENT YES 10

Does the household equipment include the following

- 1 refrigerator
- 2 stove (gas or electricity)
- 4 transistor radio

9. DOES THE HOUSEHOLD POSSESS ONE OR MORE VEHICLES?

YES 1 NO 0

OR ONE OR MORE MOTOR BOATS?

YES 1 NO 0

CHARACTERISTICS OF THE BUILDING IN WHICH THE DWELLING IS LOCATED

10. TYPE OF CONSTRUCTION

- 0 Traditional
- 1 High covenant housing
- 2 Domestic quarters (adjacent or close to high covenant housing)
- 3 Low covenant housing including well-kept quonset huts
- 4 Makeshift dwelling, without running water or electricity, built with scrap materials
- 5 Farm, plantation
- 6 Building comprising a number of flats or apartments
- 7 Building that also contains industrial, commercial, administrative or public premises
- 8 Workers quarters
- 9 Other, to be specify

11. PRINCIPAL MATERIALS

WALLS		ROOFING	
Cement	<input type="checkbox"/> 1	Concrete or cement	<input type="checkbox"/> 1
Partly cement	<input type="checkbox"/> 2	Tiles, plastic	<input type="checkbox"/> 2
Wood, hardboard	<input type="checkbox"/> 3	Corrugated iron	<input type="checkbox"/> 3
Corrugated iron	<input type="checkbox"/> 4	wood	<input type="checkbox"/> 4
Vegetable matter	<input type="checkbox"/> 5	Vegetable matter	<input type="checkbox"/> 5
Other	<input type="checkbox"/> 6	Other	<input type="checkbox"/> 6

SO H C O IS WC ME

EM V B TI MDM MDT

NOUVELLES-HÉBRIDES RECENSEMENT DE LA POPULATION (15/16 JANVIER 1979)	BULLETIN INDIVIDUEL	2	INDIVIDUAL QUESTIONNAIRE	NEW HEBRIDES CENSUS 1979 (15/16 JANUARY 1979)
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1) DOMICILE PRINCIPAL - ILE : LIEU-DIT : Pour Port-Vila et Luganville : Rue _____ N° _____	1) USUAL RESIDENCE - ISLAND : PLACE : For Port-Vila and Santo : Street _____ N° _____
Ile <input type="text"/> Aire R.G.P. <input type="text"/> Eng. <input type="text"/> Lieu dit <input type="text"/> Ménage <input type="text"/> N. Ind. <input type="text"/> LP <input type="text"/> * SR <input type="text"/>	

2) NOMS COUTUMIER(S) A LA NAISSANCE • NOM(S) COUTUMIER(S) ACTUEL(S) • PRÉNOM(S) OU PRÉNOM(S) DU BAPTEME • NOM(S) PROVENANT : <input type="checkbox"/> du père <input type="checkbox"/> ou de la mère <input type="checkbox"/> et/ou de la lignée • S'IL S'AGIT D'UNE FEMME MARIÉE NOM DE FAMILLE DU MARI : _____	2) CUSTOM NAME(S) AT BIRTH • PRESENT CUSTOM NAME(S) • FIRST NAME(S) OR CHRISTIAN NAME(S) • NAME(S) ORIGINATING : <input type="checkbox"/> from father <input type="checkbox"/> or from mother <input type="checkbox"/> and/or from family line • IF A MARRIED WOMAN, HUSBAND'S FAMILY NAME
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4) SEXE 1 <input type="checkbox"/> Masculin 2 <input type="checkbox"/> Féminin	4) SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
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5) LIEU DE NAISSANCE : si vous êtes né(e) • aux Nouvelles-Hébrides, nom de l'île : _____ • ailleurs, nom du pays : _____	5) PLACE OF BIRTH : if you were born • in the New-Hebrides, name of island : _____ • elsewhere, name of country : _____
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6) POUR LES PERSONNES NÉES HORS DE L'ARCHIPEL, année d'arrivée aux Nouvelles-Hébrides : _____	6) FOR PERSONS BORN OUTSIDE NEW HEBRIDES, year of arrival in New Hebrides : _____
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7) DATE DE NAISSANCE : 1 <input type="checkbox"/> Si estimée année _____ 2 <input type="checkbox"/> Si bien connue (y compris les enfants nés en 78 et jusqu'au 15-1-1979) jour _____ mois _____ année _____	7) DATE OF BIRTH : 1 <input type="checkbox"/> If estimated year _____ 2 <input type="checkbox"/> If known exactly (including children born during 78 or before 15-1-1979) day _____ month _____ year _____
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8) SITUATION DE FAMILLE (Mettez une croix dans la seule case qui correspond à la situation actuelle de l'enquêté). 1 <input type="checkbox"/> Jamais marié(e) 4 <input type="checkbox"/> Divorcé(e) ou séparé(e) définitivement 2 <input type="checkbox"/> Marié(e) monogame 5 <input type="checkbox"/> Veuf(ve) 3 <input type="checkbox"/> Marié(e) polygame 6 <input type="checkbox"/> Autre : préciser _____	8) FAMILY SITUATION (Put a cross in the box that corresponds to the present situation of the respondent). 1 <input type="checkbox"/> Never married 4 <input type="checkbox"/> Divorced or permanently separated 2 <input type="checkbox"/> Married (monogamous) 5 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Married (polygamous) 6 <input type="checkbox"/> Other : please specify _____
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9) GROUPE ETHNIQUE 1 <input type="checkbox"/> Mélanésien Néo-Hébridais 16 <input type="checkbox"/> Vietnamiens 2 <input type="checkbox"/> Autre Mélanésien 32 <input type="checkbox"/> Micro et Polynésien 4 <input type="checkbox"/> Européen 64 <input type="checkbox"/> Autres 8 <input type="checkbox"/> Chinois TOTAL _____	9) ETHNIC GROUP 1 <input type="checkbox"/> Melanesian New Hebridean 16 <input type="checkbox"/> Vietnamese 2 <input type="checkbox"/> Other Melanesian 32 <input type="checkbox"/> Micro- and Polynesian 4 <input type="checkbox"/> European 64 <input type="checkbox"/> Others 8 <input type="checkbox"/> Chinese TOTAL _____
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10) VOS PARENTS SONT-ILS OU ÉTAIENT-ILS TOUS DEUX MÉLANÉSIENS NEO-HÉBRIDAIS ? 1 <input type="checkbox"/> Oui 0 <input type="checkbox"/> Non Etes-vous assujéti A LA LOI BRITANNIQUE ? Si oui, A LA LOI FRANÇAISE ? Si oui, 2 <input type="checkbox"/> Avez-vous un passeport britannique ? 5 <input type="checkbox"/> Avez-vous un passeport français ? 3 <input type="checkbox"/> Avez-vous un passeport du Commonwealth ? 6 <input type="checkbox"/> Etes-vous optant français ? 4 <input type="checkbox"/> Etes-vous optant ou «British protected persons» ? 7 <input type="checkbox"/> Autre : préciser _____	10) ARE OR WERE BOTH OF YOUR PARENTS MELANESIAN NEW HEBRIDEAN ? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No Are you subject to BRITISH LAW ? If yes, FRENCH LAW ? If yes, 2 <input type="checkbox"/> Do you have a British passport ? 5 <input type="checkbox"/> Do you have a French passport ? 3 <input type="checkbox"/> Do you have a Commonwealth passport ? 6 <input type="checkbox"/> Are you a French optant ? 4 <input type="checkbox"/> Are you an Optant or a «British protected persons» ? 7 <input type="checkbox"/> Other : please specify _____
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11) EN 1978, ÉTIEZ-VOUS ÉTUDIANT OU ÉCOLIER ? 1 <input type="checkbox"/> Oui 0 <input type="checkbox"/> Non 12) NIVEAU D'ÉTUDES • Etes-vous allé à l'école ? 1 <input type="checkbox"/> Oui 0 <input type="checkbox"/> Non SI OUI { • Nombre d'années complètes de scolarisation → _____ • Diplôme le plus élevé obtenu _____	11) DID YOU ATTEND SCHOOL DURING 1978 ? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 12) LEVEL OF EDUCATION • Have you attended school ? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No IF YES ← • Total number of years of schooling completed _____ • Highest qualification obtained _____
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13) (Facultatif) Quelle est votre religion ? _____	13) (Optional) What is your religion ? _____
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14) ACTIVITÉS RÉMUNÉRÉES OU NON PENDANT L'ANNÉE 1978 <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <th></th> <th>A votre propre compte</th> <th>Aide familial</th> <th>Salarié</th> </tr> <tr> <td>Exploitant agricole</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Coupeur de coprah</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Planteur de cacao</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Éleveur</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Cultivant un ou plusieurs jardins</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Autres (à préciser) _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Autres (à préciser) _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Étudiant-Élève</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sans profession (à préciser) _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		A votre propre compte	Aide familial	Salarié	Exploitant agricole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Coupeur de coprah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Planteur de cacao	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Éleveur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Cultivant un ou plusieurs jardins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autres (à préciser) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autres (à préciser) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Étudiant-Élève	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sans profession (à préciser) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14) OCCUPATIONS DURING 1978, WHETHER OR NOT REMUNERATED <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <th></th> <th>Self Employee</th> <th>Family Helper</th> <th>Employee</th> </tr> <tr> <td>Farmer</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Copra cutter</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Cocos farmer</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Livestock farmer</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Cultivator of one or more gardens</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other (specify) _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other (specify) _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Student</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>No profession (specify) _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Self Employee	Family Helper	Employee	Farmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Copra cutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Cocos farmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Livestock farmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Cultivator of one or more gardens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No profession (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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15) ACTIVITÉ PRINCIPALE : _____ • nom de l'employeur : _____ Si cette personne • nombre de salariés : _____	15) PRINCIPAL OCCUPATION _____ If this person • employer's name : _____ • number of employees : _____
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