

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8
Questions D13 – D18 for Money or other compensation workers only	D14. What is this person's occupation? Describe main task usually performed?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D15. a. Who does this person work for? (Company name, organization, self) b. What are the activities, services, products of this workplace?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	c. What is the location of this workplace?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D16. What is this person's employment status? 1. Employee 2. Employer 3. Self-employed 4. Unpaid family worker 5. Other specify	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D17. How is this person paid? 1. Daily 2. Weekly 3. Fortnightly 4. Monthly 5. By sale /job done 6 Volunteer with allowance 7. Other, specify	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D18. a]. Did this person actively look for work? Tick appropriate box.	1. <input type="checkbox"/> Yes (Go to D18c) 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes (Go to D18c) 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes (Go to D18c) 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes (Go to D18c) 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes (Go to D18c) 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes (Go to D18c) 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes (Go to D18c) 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes (Go to D18c) 2. <input type="checkbox"/> No
b] If 'no' why didn't this person actively look for work? 1. Fulltime homemaker 2. Fulltime student 3. Retired 4. Disabled 5. No intention 6. Believes no work available. 7. Other – specify	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c]. Was this person available to start work? Tick appropriate box.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

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

H1. TYPE OF LIVING QUARTERS. Which type of living quarters does this household live in?

1. One family house detached from any other house	6. Lodging house	<input type="text"/>
2. One family house attached to one or more houses	7. Hotel	
3. Building with two or more apartments	8. Other, specify	
4. Building with two or more households which share a kitchen or toilet		
5. Dwelling attached to a shop or other non-residential building		

H2[a]. CONSTRUCTION OF OUTER WALLS. Of what material are the outer walls of the living quarters of this household MAINLY constructed of?

1. Concrete, brick or cement	4. Traditional bure materials	<input type="text"/>
2. Wood	5. Makeshift or improvised materials	
3. Tin or corrugated iron	6. Other materials, specify	

H2[b]. What is the condition of the outer walls?

1. Good	2. Average	3. Poor	<input type="text"/>
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H3. NUMBER OF ROOMS. How many rooms does the living quarters of this household have?

H4[a]. MAIN WATER SUPPLY. What is this household's MAIN water supply?

1. Metered	5. River or creek	<input type="text"/>
2. Communal standpipe	6. FSC/EGM	
3. Roof tank	7. Borehole	
4. Well	8. Other supply, specify	

H4[b]. How often does the household's water supply run out or dry up?

1. Never	3. Often	<input type="text"/>
2. Sometimes		

H5. What is this household's MAIN electricity supply?

1. FEA	5. Village Diesel Plant	8. Own Plant	<input type="text"/>
2. FSC	6. Village Hydro Plant	9. None	
3. Vatukoula	7. Home Solar System	10. Other, specify	
4. PWD			

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

1. Electricity	3. Wick Lamp	<input type="text"/>
2. Pressure Lamp	4. Other, Specify	

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

1. Electricity	4. Wood Stove	7. Other, specify	<input type="text"/>
2. LPG (Fiji Gas, etc.)	5. Wood, Open Fire		
3. Kerosene	6. Biogas		

H8. TOILET FACILITIES. What type of toilet facilities does this household use?

1. Flush toilet for exclusive use	5. Pit latrine for exclusive use	<input type="text"/>
2. Flush toilet shared with other households	6. Shared pit latrine	
3. Water sealed privy for exclusive use	7. None	
4. Shared water sealed privy	8. Other, specify	

H9. TENURE: LIVING QUARTERS. State type of tenure of the living quarters occupied by the household?

1. Own or have a mortgage	5. Occupy by leave of employer	<input type="text"/>
2. Rent from private landlord	6. Caretaker	
3. Rent from Public Rental Board	7. Other, specify	
4. Occupy government or institutional housing		

H10. TENURE: LAND. What is the type of tenure of the land this household occupies?

1. Freehold	4. Occupy without legal arrangement, state or freehold land	<input type="text"/>
2. Lease from State	5. Occupy Native Land with formal or informal arrangement	
3. Lease from NLTB	6. Occupy through traditional village tenure	
	7. Other, specify	

H11[a]. LAND USE. Apart from this site being the residential quarters for this household, are there any other land uses or regular activities carried out on this site by this household? (Tick the appropriate box or boxes).

<input type="checkbox"/> 1. Run a shop/canteen	<input type="checkbox"/> 6. Offer professional service (e.g. accounting)	} Ans 11[b]
<input type="checkbox"/> 2. Farm for household (subs)	<input type="checkbox"/> 7. Offer flat for rent	
<input type="checkbox"/> 3. Farm produce for sale	<input type="checkbox"/> 8. Offer organised, community, religious & educational services	
<input type="checkbox"/> 4. Make objects for sale (clothes, food, art)	<input type="checkbox"/> 9. None	
<input type="checkbox"/> 5. Offer technical service (eg mech. garage)	<input type="checkbox"/> 10. Other, specify	

H11 [b]. LAND USE FOR FARMING : If response to H11 is 2 or 3 state main farming activity

H12. WASTE DISPOSAL. How is household waste disposed? (Tick appropriate box or boxes).

<input type="checkbox"/> 1. Collected by local authority/council	<input type="checkbox"/> 4. Disposed in river/creek	<input type="checkbox"/> 7. Compost Bin
<input type="checkbox"/> 2. Buried	<input type="checkbox"/> 5. Disposed in sea	<input type="checkbox"/> 8. Other, specify
<input type="checkbox"/> 3. Burnt	<input type="checkbox"/> 6. Disposed in backyard	<input type="checkbox"/>

H13. HOUSEHOLD DURABLES. Are any of the following items owned by members of this household? (State number of items in appropriate box. 0 if none).

<input type="text"/> 1. Car/Van	<input type="text"/> 7. Water pump	<input type="text"/> 13. Air conditioner	<input type="text"/> 19. Mobile Phone
<input type="text"/> 2. Carrier/Truck/Tractor	<input type="text"/> 8. Refrigerator/freezer	<input type="text"/> 14. Radio/Stereo	<input type="text"/> 20. Computer/Laptop
<input type="text"/> 3. Outboard motor	<input type="text"/> 9. Washing machine	<input type="text"/> 15. TV	<input type="text"/> 21. Internet
<input type="text"/> 4. Generator	<input type="text"/> 10. Clothes drier	<input type="text"/> 16. Video/ DVD	<input type="text"/> 22. IPad/Tablet
<input type="text"/> 5. Brush cutter/Lawn mower	<input type="text"/> 11. Gas/Electric stove	<input type="text"/> 17. Sky Pacific	<input type="text"/> 23. Smart Phone
<input type="text"/> 6. Home solar system	<input type="text"/> 12. Hot water system	<input type="text"/> 18. Telephone - Line/EasyTel	

REMITTANCES:

H14: DOES THIS H/HOLD RECEIVE MONEY FROM OVERSEAS? TICK APPROPRIATE BOXES.

If YES, continue If NO, end interview

H15 [a]: If YES, give a rough estimate of how much was received within the last 12 months: F\$ _____

H15 [b]: What is the country of residence of the sender?	H15 [c]: What is the relationship of sender to the head of h/hold? [enter relationship code inside of front cover of questionnaire]	H15 [d]: What is the occupation of sender?	H15 [e]: How is the money usually received? [enter mode of transfer inside front cover of questionnaire]
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>