





# HOUSEHOLD QUESTIONS

F(1)

**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
<b>M1. Producing cash crops</b>	- 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"/>
<b>M2. Raising livestock</b>	- Cattle	<input type="checkbox"/>	<input type="checkbox"/>
	- Pigs	<input type="checkbox"/>	<input type="checkbox"/>
	- Poultry	<input type="checkbox"/>	<input type="checkbox"/>
<b>M3. Catching/Collecting</b>	- 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"/>
<b>M4. Running</b>	- Store, Bakery	<input type="checkbox"/>	<input type="checkbox"/>
	- Truck/Taxi/Carrier	<input type="checkbox"/>	<input type="checkbox"/>
	- Boat	<input type="checkbox"/>	<input type="checkbox"/>
<b>M5. Making</b>	- 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"/>
<b>M6. Other business or activity? Specify</b>			

**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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating, mixing with others or socialising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other activity that people his/ her age usually do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR									
No difficulty with any of these	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 lime 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 tank  
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. PVD  
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 Slate  
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.  
1. collected by local authority/council or contractor  
2. buried  
3. burnt  
4. disposed into rivers/seas  
5. disposed in backyard  
6. other, specify \_\_\_\_\_

H13. ARE ANY OF THE FOLLOWING ITEMS AVAILABLE FOR USE BY MEMBERS OF THIS HOUSEHOLD?  
Yes Tick appropriate box if yes.  
1. Car  
2. Carner/ Truck  
3. Refrigerator  
4. Video/ TV  
5. Washing machine  
6. Gas/ Electric stove  
7. Telephone  
8. Outboard motor  
9. Water pump

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

Enumerator Supervisor