

H1. Type of building (main building) <i>Nāem 2008</i>	01 <input type="checkbox"/> Permanent - single housing unit 02 <input type="checkbox"/> Permanent - more than single unit 03 <input type="checkbox"/> Building with two or more apartments 04 <input type="checkbox"/> Dwelling attached to shop or other non-residential building 05 <input type="checkbox"/> Lodging house 06 <input type="checkbox"/> Traditional 07 <input type="checkbox"/> Improvised 08 <input type="checkbox"/> Institutions 09 <input type="checkbox"/> Other (specify) _____	H8. Main source of lighting 01 <input type="checkbox"/> Electricity 02 <input type="checkbox"/> Gas 03 <input type="checkbox"/> Kerosene 04 <input type="checkbox"/> Other (specify) _____															
H2. Materials of outer walls	01 <input type="checkbox"/> Concrete (permanent) 02 <input type="checkbox"/> Wood (permanent) 03 <input type="checkbox"/> Tin/corrugated iron/other improvised 04 <input type="checkbox"/> Other materials (specify) _____ 05 <input type="checkbox"/> _____	H9. Main fuel for cooking 01 <input type="checkbox"/> Electricity 02 <input type="checkbox"/> Gas 03 <input type="checkbox"/> Kerosene 04 <input type="checkbox"/> Wood/open fire 05 <input type="checkbox"/> Other (specify) _____															
H3. Period building first constructed?	01 <input type="checkbox"/> Less than two years ago 02 <input type="checkbox"/> 2-5 years ago 03 <input type="checkbox"/> 6-10 years ago 04 <input type="checkbox"/> 11-20 years ago 05 <input type="checkbox"/> 21-50 years ago 06 <input type="checkbox"/> More than 50 years ago	H10. Who supplies your electricity? 01 <input type="checkbox"/> Government supplied 02 <input type="checkbox"/> Own generator 03 <input type="checkbox"/> Solar 04 <input type="checkbox"/> No electricity Other (specify) _____															
H4. Do the occupants of this house:	01 <input type="checkbox"/> Own these living quarters 02 <input type="checkbox"/> Rent them from a private landlord 03 <input type="checkbox"/> Rent them from a housing authority/corporation 04 <input type="checkbox"/> Occupy housing belonging to employer 05 <input type="checkbox"/> Occupy government housing 06 <input type="checkbox"/> Live here as squatters 07 <input type="checkbox"/> Occupy living quarters in some other way 08 <input type="checkbox"/> Other (specify) _____	H11. Does this house have access to drinking water? 01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO															
H5. How many rooms does this house have? (Do not include toilets, bathrooms, storerooms, garage, halls, laundries)	<table border="0"> <tr> <td></td> <td style="text-align: center;">No. of rooms</td> <td></td> </tr> <tr> <td>01 <input type="checkbox"/> Bedrooms</td> <td></td> <td>_____</td> </tr> <tr> <td>02 <input type="checkbox"/> Dining room</td> <td></td> <td>_____</td> </tr> <tr> <td>03 <input type="checkbox"/> Kitchen</td> <td></td> <td>_____</td> </tr> <tr> <td>04 <input type="checkbox"/> Other rooms (specify)</td> <td></td> <td>_____</td> </tr> </table>		No. of rooms		01 <input type="checkbox"/> Bedrooms		_____	02 <input type="checkbox"/> Dining room		_____	03 <input type="checkbox"/> Kitchen		_____	04 <input type="checkbox"/> Other rooms (specify)		_____	H12. Where does drinking water supply from this house come from? 01 <input type="checkbox"/> Water dispatcher/desalination plant 02 <input type="checkbox"/> Well/underground water 03 <input type="checkbox"/> Rain catchment 04 <input type="checkbox"/> Other source (specify) _____
	No. of rooms																
01 <input type="checkbox"/> Bedrooms		_____															
02 <input type="checkbox"/> Dining room		_____															
03 <input type="checkbox"/> Kitchen		_____															
04 <input type="checkbox"/> Other rooms (specify)		_____															
H6. Does this house have a shared bathroom/shower unit?	01 <input type="checkbox"/> YES, bathroom/shower unit shared by two or more household 02 <input type="checkbox"/> NO, one unit per household 03 <input type="checkbox"/> NO, only one family residing	H13. Where does the main water supply from this house come from? 01 <input type="checkbox"/> Cistern (tank) less than 3,000 gallons 02 <input type="checkbox"/> 3,000 - 5,000 gallon cistern 03 <input type="checkbox"/> 5,000 - 10,000 gallon cistern 04 <input type="checkbox"/> 10,000+ gallon cistern 05 <input type="checkbox"/> Well/Brackish 06 <input type="checkbox"/> Other source (specify) _____															
H7. Does this house have a shared kitchen unit?	01 <input type="checkbox"/> YES, kitchen is shared by two or more households 02 <input type="checkbox"/> NO, each household has its own kitchen 03 <input type="checkbox"/> NO, only one household residing	H14. Does this house share its main water supply with other households? 01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO															
		H15. Does this house's main water supply dry up? 01 <input type="checkbox"/> Never 02 <input type="checkbox"/> Sometimes 03 <input type="checkbox"/> Frequently															

<p>H16. What toilet facilities does this house have?</p>	<p>01 <input type="checkbox"/> Tank Flush - private/inside dwelling 02 <input type="checkbox"/> Tank Flush - private/outside dwelling 03 <input type="checkbox"/> Tank Flush - share with others 04 <input type="checkbox"/> Pour Flush - Private/inside dwelling 05 <input type="checkbox"/> Pour Flush - Private/outside dwelling 06 <input type="checkbox"/> Pour Flush - share with others 07 <input type="checkbox"/> None</p>	<p>H21. Does this house grow crops for sale?</p>	<p>01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (Go to H24)</p>																																																																																																		
<p>H17. Is the toilet flushed with:</p>	<p>01 <input type="checkbox"/> Fresh water 02 <input type="checkbox"/> Brackish water 03 <input type="checkbox"/> Fresh/well/brackish water 04 <input type="checkbox"/> Other (specify) _____</p>	<p>H22. What type of crop does this household grow for sale? (CAN TICK MORE THAN ONE)</p>	<p>01 <input type="checkbox"/> Pumpkin 02 <input type="checkbox"/> Mangoes 03 <input type="checkbox"/> Paw Paw 04 <input type="checkbox"/> Bread Fruit 05 <input type="checkbox"/> Cabbage (all) 06 <input type="checkbox"/> Other tropical crop 07 <input type="checkbox"/> Other foreign crop 08 <input type="checkbox"/> Other (specify) _____</p>																																																																																																		
<p>H18. Is the toilet flushed into:</p>	<p>01 <input type="checkbox"/> Sewerage system 02 <input type="checkbox"/> Septic tank 03 <input type="checkbox"/> Other (specify) _____</p>	<p>H23. Do the occupants of this household catch fish:</p>	<p>01 <input type="checkbox"/> For own use 02 <input type="checkbox"/> For sale 03 <input type="checkbox"/> Do not catch fish</p>																																																																																																		
<p>H19. Does this household own any of the following items in working order?</p>	<table border="0"> <thead> <tr> <th></th> <th>Tick box if yes</th> <th>Number</th> </tr> </thead> <tbody> <tr><td>01</td><td><input type="checkbox"/> Motor car</td><td>_____</td></tr> <tr><td>02</td><td><input type="checkbox"/> Land Rover</td><td>_____</td></tr> <tr><td>03</td><td><input type="checkbox"/> Truck/van/minibus</td><td>_____</td></tr> <tr><td>04</td><td><input type="checkbox"/> Motor bike</td><td>_____</td></tr> <tr><td>05</td><td><input type="checkbox"/> Bicycle</td><td>_____</td></tr> <tr><td>06</td><td><input type="checkbox"/> Motor boat - aluminium</td><td>_____</td></tr> <tr><td>07</td><td><input type="checkbox"/> Motor boat - fibreglass</td><td>_____</td></tr> <tr><td>08</td><td><input type="checkbox"/> Motor boat - wood</td><td>_____</td></tr> <tr><td>09</td><td><input type="checkbox"/> Traditional canoe</td><td>_____</td></tr> <tr><td>10</td><td><input type="checkbox"/> Outboard motor</td><td>_____</td></tr> <tr><td>11</td><td><input type="checkbox"/> Refrigerator</td><td>_____</td></tr> <tr><td>12</td><td><input type="checkbox"/> Deep freezer</td><td>_____</td></tr> <tr><td>13</td><td><input type="checkbox"/> Microwave oven</td><td>_____</td></tr> <tr><td>14</td><td><input type="checkbox"/> Television</td><td>_____</td></tr> <tr><td>15</td><td><input type="checkbox"/> Video tape recorder</td><td>_____</td></tr> <tr><td>16</td><td><input type="checkbox"/> Radio</td><td>_____</td></tr> <tr><td>17</td><td><input type="checkbox"/> Telephone</td><td>_____</td></tr> <tr><td>18</td><td><input type="checkbox"/> Air conditioning unit</td><td>_____</td></tr> <tr><td>19</td><td><input type="checkbox"/> Ceiling or free standing fans</td><td>_____</td></tr> <tr><td>20</td><td><input type="checkbox"/> Solar hot water system</td><td>_____</td></tr> <tr><td>21</td><td><input type="checkbox"/> Other hot water system</td><td>_____</td></tr> <tr><td>22</td><td><input type="checkbox"/> Garbage collection</td><td>_____</td></tr> <tr><td>23</td><td><input type="checkbox"/> Garage</td><td>_____</td></tr> </tbody> </table>		Tick box if yes	Number	01	<input type="checkbox"/> Motor car	_____	02	<input type="checkbox"/> Land Rover	_____	03	<input type="checkbox"/> Truck/van/minibus	_____	04	<input type="checkbox"/> Motor bike	_____	05	<input type="checkbox"/> Bicycle	_____	06	<input type="checkbox"/> Motor boat - aluminium	_____	07	<input type="checkbox"/> Motor boat - fibreglass	_____	08	<input type="checkbox"/> Motor boat - wood	_____	09	<input type="checkbox"/> Traditional canoe	_____	10	<input type="checkbox"/> Outboard motor	_____	11	<input type="checkbox"/> Refrigerator	_____	12	<input type="checkbox"/> Deep freezer	_____	13	<input type="checkbox"/> Microwave oven	_____	14	<input type="checkbox"/> Television	_____	15	<input type="checkbox"/> Video tape recorder	_____	16	<input type="checkbox"/> Radio	_____	17	<input type="checkbox"/> Telephone	_____	18	<input type="checkbox"/> Air conditioning unit	_____	19	<input type="checkbox"/> Ceiling or free standing fans	_____	20	<input type="checkbox"/> Solar hot water system	_____	21	<input type="checkbox"/> Other hot water system	_____	22	<input type="checkbox"/> Garbage collection	_____	23	<input type="checkbox"/> Garage	_____	<p>H24. What livestock does this household produce/have?</p>	<table border="0"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">Number</th> <th colspan="2">Number</th> </tr> <tr> <th>Penned</th> <th>Other</th> </tr> </thead> <tbody> <tr><td>01</td><td><input type="checkbox"/> Pigs</td><td>_____</td><td>_____</td></tr> <tr><td>02</td><td><input type="checkbox"/> Chicken</td><td>_____</td><td>_____</td></tr> <tr><td>03</td><td><input type="checkbox"/> Ducks</td><td>_____</td><td>_____</td></tr> <tr><td>04</td><td><input type="checkbox"/> Other (specify)</td><td>_____</td><td>_____</td></tr> <tr><td>05</td><td><input type="checkbox"/> None</td><td>_____</td><td>_____</td></tr> </tbody> </table>		Number	Number		Penned	Other	01	<input type="checkbox"/> Pigs	_____	_____	02	<input type="checkbox"/> Chicken	_____	_____	03	<input type="checkbox"/> Ducks	_____	_____	04	<input type="checkbox"/> Other (specify)	_____	_____	05	<input type="checkbox"/> None	_____	_____
	Tick box if yes	Number																																																																																																			
01	<input type="checkbox"/> Motor car	_____																																																																																																			
02	<input type="checkbox"/> Land Rover	_____																																																																																																			
03	<input type="checkbox"/> Truck/van/minibus	_____																																																																																																			
04	<input type="checkbox"/> Motor bike	_____																																																																																																			
05	<input type="checkbox"/> Bicycle	_____																																																																																																			
06	<input type="checkbox"/> Motor boat - aluminium	_____																																																																																																			
07	<input type="checkbox"/> Motor boat - fibreglass	_____																																																																																																			
08	<input type="checkbox"/> Motor boat - wood	_____																																																																																																			
09	<input type="checkbox"/> Traditional canoe	_____																																																																																																			
10	<input type="checkbox"/> Outboard motor	_____																																																																																																			
11	<input type="checkbox"/> Refrigerator	_____																																																																																																			
12	<input type="checkbox"/> Deep freezer	_____																																																																																																			
13	<input type="checkbox"/> Microwave oven	_____																																																																																																			
14	<input type="checkbox"/> Television	_____																																																																																																			
15	<input type="checkbox"/> Video tape recorder	_____																																																																																																			
16	<input type="checkbox"/> Radio	_____																																																																																																			
17	<input type="checkbox"/> Telephone	_____																																																																																																			
18	<input type="checkbox"/> Air conditioning unit	_____																																																																																																			
19	<input type="checkbox"/> Ceiling or free standing fans	_____																																																																																																			
20	<input type="checkbox"/> Solar hot water system	_____																																																																																																			
21	<input type="checkbox"/> Other hot water system	_____																																																																																																			
22	<input type="checkbox"/> Garbage collection	_____																																																																																																			
23	<input type="checkbox"/> Garage	_____																																																																																																			
	Number	Number																																																																																																			
		Penned	Other																																																																																																		
01	<input type="checkbox"/> Pigs	_____	_____																																																																																																		
02	<input type="checkbox"/> Chicken	_____	_____																																																																																																		
03	<input type="checkbox"/> Ducks	_____	_____																																																																																																		
04	<input type="checkbox"/> Other (specify)	_____	_____																																																																																																		
05	<input type="checkbox"/> None	_____	_____																																																																																																		
<p>H20. Does this house have a kitchen garden?</p>	<p>01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO</p>																																																																																																				