

FOR ALL PERSONS BORN IN 1997 OR BEFORE		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	
Questions D20 – D23 for Money or other compensation workers only	(Questions D19 – D24 refer to Last Week) D19. a. Did this person do any work? (For money, payment in kind or subsistence). Tick appropriate box. IMPORTANT: For those temporarily absent from their work: tick 'yes'. b. If 'yes', what type of work did this person do? (If applicable, select more than one option) 1. Work for money 2. Work to support household by producing goods for sale 3. Work to support household by producing goods for own consumption	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (Go to D24)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (Go to D24)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (Go to D24)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (Go to D24)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (Go to D24)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (Go to D24)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (Go to D24)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (Go to D24)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (Go to D24)
	D20. 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"/>	<input type="text"/>	<input type="text"/>
	D21. 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"/>	<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"/>	<input type="text"/>	<input type="text"/>
	D22. 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"/>	<input type="text"/>	<input type="text"/>
	D23. 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 (Go to F1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D24. a. Did this person actively look for work? Tick appropriate box. 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 c. Was this person available to start work? Tick appropriate box.	1. <input type="checkbox"/> Yes (Go to D24c) 2. <input type="checkbox"/> No <input type="text"/>	1. <input type="checkbox"/> Yes (Go to D24c) 2. <input type="checkbox"/> No <input type="text"/>	1. <input type="checkbox"/> Yes (Go to D24c) 2. <input type="checkbox"/> No <input type="text"/>	1. <input type="checkbox"/> Yes (Go to D24c) 2. <input type="checkbox"/> No <input type="text"/>	1. <input type="checkbox"/> Yes (Go to D24c) 2. <input type="checkbox"/> No <input type="text"/>	1. <input type="checkbox"/> Yes (Go to D24c) 2. <input type="checkbox"/> No <input type="text"/>	1. <input type="checkbox"/> Yes (Go to D24c) 2. <input type="checkbox"/> No <input type="text"/>	1. <input type="checkbox"/> Yes (Go to D24c) 2. <input type="checkbox"/> No <input type="text"/>	1. <input type="checkbox"/> Yes (Go to D24c) 2. <input type="checkbox"/> No <input type="text"/>

FOR ALL WOMEN BORN IN 1992 OR BEFORE																											
F1. How many children of each sex did this female give birth to that are still alive and were staying on census night a. In this household (If none, write 0) b. Elsewhere (In Fiji or overseas) (If none, write 0)	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
F2. How many live born children of each sex, this female has given birth to have died? (If none, write 0)																											
F3. How many live born children of each sex have in total been born to this female? (If none, write 0)																											
F4. What is the date of birth of this female's last child born alive? (Including a child that may have died later)	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year
F5. What is the sex of this last born child? (Tick appropriate box)	1. <input type="checkbox"/> Male	2. <input type="checkbox"/> Female	<input type="text"/>	1. <input type="checkbox"/> Male	2. <input type="checkbox"/> Female	<input type="text"/>	1. <input type="checkbox"/> Male	2. <input type="checkbox"/> Female	<input type="text"/>	1. <input type="checkbox"/> Male	2. <input type="checkbox"/> Female	<input type="text"/>	1. <input type="checkbox"/> Male	2. <input type="checkbox"/> Female	<input type="text"/>	1. <input type="checkbox"/> Male	2. <input type="checkbox"/> Female	<input type="text"/>	1. <input type="checkbox"/> Male	2. <input type="checkbox"/> Female	<input type="text"/>	1. <input type="checkbox"/> Male	2. <input type="checkbox"/> Female	<input type="text"/>			
F6. Is this last born child still alive? (Tick appropriate box.)	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	<input type="text"/>	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	<input type="text"/>	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	<input type="text"/>	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	<input type="text"/>	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	<input type="text"/>	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	<input type="text"/>	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	<input type="text"/>	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	<input type="text"/>			

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
2. One family house attached to one or more houses
3. Building with two or more apartments
4. Building with two or more households which share a kitchen or toilet
5. Dwelling attached to a shop or other non-residential building
6. Lodging house
7. Hotel
8. Other, specify

H2. 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
2. Wood
3. Tin or corrugated iron
4. Traditional bure materials
5. Makeshift or improvised materials
6. Other materials, specify

H2A. What is the condition of the outer walls?
1. Good
2. Average
3. Poor

H3. NUMBER OF ROOMS. How many rooms does the living quarters of this household have?

H4. MAIN WATER SUPPLY. What is this household's MAIN water supply?
1. Metered
2. Communal standpipe
3. Roof tank
4. Well
5. River or creek
6. FSC/EGM
7. Borehole
8. Other supply, specify

H4A. How often does the household's water supply run out or dry up?
1. Never
2. Sometimes
3. Often

H5. What is this household's MAIN electricity supply?
1. FEA
2. FSC
3. Vatukoula
4. PWD
5. Village Diesel Plant
6. Village Hydro Plant
7. Home Solar System
8. Own Plant
9. None
10. 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 does this household MAINLY use for cooking?
1. Electricity
2. LPG (Fiji Gas, etc.)
3. Kerosene
4. Wood Stove
5. Wood, Open Fire
6. Biogas
7. Other, specify

H8. TOILET FACILITIES. What type of toilet facilities does this household use?
1. Flush toilet for exclusive use
2. Flush toilet shared with other households
3. Water sealed privy for exclusive use
4. Shared water sealed privy
5. Pit latrine for exclusive use
6. Shared pit latrine
7. None
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
2. Rent from private landlord
3. Rent from Public Rental Board
4. Occupy government or institutional housing
5. Occupy by leave of employer
6. Caretaker
7. Other, specify

H10. TENURE: LAND. What is the type of tenure of the land this household occupies?
1. Freehold
2. Lease from State
3. Lease from NLTB
4. Occupy without legal arrangement, state or freehold land
5. Occupy Native Land with formal or informal arrangement
6. Occupy through traditional village tenure
7. Other, specify

H11. 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).
 1. Run a shop/canteen
 2. Farm for household (subs)
 3. Farm produce for sale
 4. Make objects for sale (clothes, food, art)
 5. Offer technical service (eg mech. garage)
 6. Offer professional service (e.g. accounting)
 7. Offer flat for rent
 8. Offer organised, community, religious & educational services
 9. None
 10. Other, specify

H12. WASTE DISPOSAL. How is household waste disposed? (Tick appropriate box or boxes).
 1. Collected by local authority/council
 2. Buried
 3. Burnt
 4. Disposed in river/creek
 5. Disposed in sea
 6. Disposed in backyard
 7. Other, specify

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).
 1. Car/Van
 2. Carrier/Truck/Tractor
 3. Outboard motor
 4. Generator
 5. Brush cutter/Lawn mower
 6. Home solar system
 7. Water pump
 8. Refrigerator/freezer
 9. Washing machine
 10. Clothes drier
 11. Gas/Electric stove
 12. Hot water system
 13. Air conditioner
 14. Radio/Stereo
 15. TV
 16. Video/ DVD
 17. Sky Plus
 18. Sky Pacific / PBS
 19. Telephone (L/line / E/tel)
 20. Mobile Phone
 21. Computer/Laptop
 22. Internet
 23. Energy saver light bulbs

H14. LIVESTOCK & PETS. How many of the following livestock and pets does this household own? (State number)
 1. Cows
 2. Pigs
 3. Goats
 4. Horses
 5. Poultry
 6. Dogs
 7. Cats

REMITTANCES:

H15. Does this household receive money from overseas? Tick appropriate box.
 1. Yes (Go to H15A) 2. No (Go to Disability Section)

H15A. If yes, give a rough estimate how much is received within last 12 months : F\$

H15B. What is the country of residence of sender.	H15C. What is the relationship of sender to head of household (Enter relationship inside front cover)	H15D. What is the occupation of sender	H15E. How is the money usually received? (Enter mode of transfer inside front cover)
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"/>

DISABILITY

C1. Does anyone in this household have difficulty with seeing, hearing, speaking, learning, behavior, mobility, personal care, etc. Tick appropriate box.
 1. Yes (Go to C2) 2. No (End of questions)

C2. If "yes", which type of difficulty does this /do these person(s) have?

Types:	Person No.	Type
1. Seeing	<input type="text"/>	<input type="text"/>
2. Hearing	<input type="text"/>	<input type="text"/>
3. Speaking	<input type="text"/>	<input type="text"/>
4. Learning	<input type="text"/>	<input type="text"/>
5. Behavior	<input type="text"/>	<input type="text"/>
6. Mobility	<input type="text"/>	<input type="text"/>
7. Personal care	<input type="text"/>	<input type="text"/>
8. Other: Specify	<input type="text"/>	<input type="text"/>

Persons enumerated in this household							Name	Signature	Date
Tot	Total Pop			Citizen Pop Age 21+			Interview completed: (Enumerator)		
	P	M	F	P	M	F			
Fij							Form checked: (Supervisor)		
Ind									
Rot									
Oth							Form checked: (Area Coordinator)		