

CPH FORM 2
JUNE 1, 1999

Republic of the Marshall Islands
OFFICE OF PLANNING
AND STATISTICS

CONFIDENTIALITY:

This census is authorized by
Census Act No. 1985

All information is held
strictly CONFIDENTIAL.

1999
CENSUS OF POPULATION
AND HOUSING

HOUSEHOLD QUESTIONNAIRE

GEOGRAPHIC IDENTIFICATION

Booklet _____ of _____ booklets

Atoll/Island _____

Enumeration Area No. _____

Islet _____

Building Serial No. _____

Housing Unit Serial No. _____

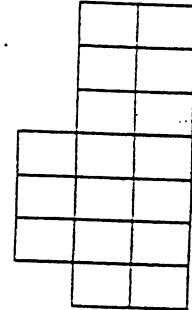
Household Serial No. _____

Line Number of Respondent _____

Name of Household Head _____

Address _____

(Post Office Box No. and/or Name of Village)



INTERVIEW RECORD

Visit Number	1	2	3	Summary
Date of Visit	_____	_____	_____	Total No. of Visits _____
Time Began	_____	_____	_____	Final Result of Visit _____
Time Ended	_____	_____	_____	Total Hh Members _____
Result of Visit	_____	_____	_____	Total Males _____
Next Visit	_____	_____	_____	Total Females _____
Date	_____	_____	_____	
Time	_____	_____	_____	

CERTIFICATION

*I hereby certify that the data set forth were
obtained/reviewed by me personally and in accordance
with the instruction.*

Signature Over Printed
Name of Enumerator

Date Accomplished

Signature Over Printed
Name of Census Supervisor

Date Reviewed

Result of Visit

- 1 Completed
- 2 Partly Completed
- 3 Refused
- 4 Postponed
- 5 Household Not Around/
No Respondent Around
- 6 Other, specify

RT01

NAME		POPULATION																											
		ALL																											
		Relationship to HH Head	Present on June 1, 1999	Age		Sex	Marital Status	Religious Affiliation																					
LINE NUMBER	<p>Who is the head of this household? Who are the persons usually residing here as of June 1, 1999?</p> <p>Please include babies and elderly persons and members of households temporarily away on vacation, on business, in the hospital, etc.</p> <p>LIST IN THIS ORDER (FAMILY NAME FIRST)</p> <p>Head Spouse of the head Never-married children of head/spouse (oldest to youngest) Ever-married children of head/spouse and their families (oldest to youngest) Other relatives of head Non-relative of head</p> <p>ENCIRCLE LINE NO. OF RESPONDENT</p>	<p>What is _____'s relationship to the household head?</p> <p>ENTER APPROPRIATE CODE LISTED BELOW.</p>	<p>Where did _____ sleep on the night of June 1, 1999?</p> <p>ENTER APPROPRIATE CODE LISTED BELOW.</p>	<p>What was _____'s date of birth?</p> <p>ENTER MONTH AND YEAR.</p>	<p>What is _____'s age as of his/her last birthday?</p> <p>IF AGE IS LESS THAN ONE YEAR ENTER "00".</p>	<p>Is _____ male or female?</p> <p>1 Male 2 Female</p>	<p>What is _____'s marital status?</p> <p>ENTER CODE.</p> <p>1 Never Married 2 Legally Married 3 Widowed/ Separated 4 Divorced 5 Common-law/live-in 6 Unknown</p> <p>FOR PERSONS BELOW 10 YEARS OLD ENTER "1".</p>	<p>What is _____'s religious affiliation?</p> <p>ENTER APPROPRIATE CODE LISTED BELOW.</p> <p>IF OTHERS, SPECIFY.</p>																					
	(P1)	(P2)	(P3)	(P4)	(P5)	(P6)	(P7)	(P8)																					
	01	01		Mo _____ Yr _____																									
	02			Mo _____ Yr _____																									
	03			Mo _____ Yr _____																									
	04			Mo _____ Yr _____																									
	05			Mo _____ Yr _____																									
	06			Mo _____ Yr _____																									
	07			Mo _____ Yr _____																									
	08			Mo _____ Yr _____																									
09			Mo _____ Yr _____																										
10			Mo _____ Yr _____																										
<p>ARE THERE MORE THAN 10 MEMBERS IN THIS HOUSEHOLD? IF SO, USE ANOTHER BOOKLET.</p>		<p>Codes for P2, Relationship to Household Head</p> <table border="0"> <tr><td>01 Head</td><td>12 Mother</td></tr> <tr><td>02 Spouse</td><td>13 Brother</td></tr> <tr><td>03 Son</td><td>14 Sister</td></tr> <tr><td>04 Daughter</td><td>15 Uncle</td></tr> <tr><td>05 Steppson</td><td>16 Aunt</td></tr> <tr><td>06 Stepdaughter</td><td>17 Nephew</td></tr> <tr><td>07 Son-in-law</td><td>18 Niece</td></tr> <tr><td>08 Daughter-in-law</td><td>19 Other Relative</td></tr> <tr><td>09 Grandson</td><td>20 Non-relative</td></tr> <tr><td>10 Granddaughter</td><td></td></tr> <tr><td>11 Father</td><td></td></tr> </table>		01 Head	12 Mother	02 Spouse	13 Brother	03 Son	14 Sister	04 Daughter	15 Uncle	05 Steppson	16 Aunt	06 Stepdaughter	17 Nephew	07 Son-in-law	18 Niece	08 Daughter-in-law	19 Other Relative	09 Grandson	20 Non-relative	10 Granddaughter		11 Father		<p>Codes for P3, Place on June 1, 1999</p> <p>1 The same household</p> <p>2 Other household within the same Atoll/Island</p> <p>3 Foreign Country</p> <p>IF ANOTHER ATOLL/ISLAND, SPECIFY ATOLL/ISLAND.</p>		<p>Code for P8, Religious Affiliation</p> <p>00 None</p> <p>01 Roman Catholic</p> <p>02 Protestant</p> <p>03 Assembly of God</p> <p>Others, specify</p>	
01 Head	12 Mother																												
02 Spouse	13 Brother																												
03 Son	14 Sister																												
04 Daughter	15 Uncle																												
05 Steppson	16 Aunt																												
06 Stepdaughter	17 Nephew																												
07 Son-in-law	18 Niece																												
08 Daughter-in-law	19 Other Relative																												
09 Grandson	20 Non-relative																												
10 Granddaughter																													
11 Father																													

CENSUS QUESTIONS

PERSONS

Citizenship	Mother's Usual Residence	Language	Disability		LINE NUMBER
What country is _____ a citizen of?	Where was _____'s mother's usual residence at the time of his/her birth?	What language(s) does _____ speak?	Does _____ have any physical or mental disability?	What type of disability does _____ have?	
ENTER APPROPRIATE CODE LISTED BELOW. IF OTHERS, SPECIFY.	IF IN MARSHALL ISLANDS, SPECIFY ATOLL/ISLAND. OTHERWISE, ENTER APPROPRIATE CODE LISTED BELOW.	ENTER APPROPRIATE CODE(S) LISTED BELOW. (Multiple answers)	ENCIRCLE CODE. 1 Yes 2 No, GO TO NEXT HH MEMBER.	ENTER APPROPRIATE CODE LISTED BELOW. IF OTHERS, SPECIFY.	
(P9)	(P10)	(P11)	(P12)	(P13)	
[]	[]	_ / _ / _	1 Y 2 N	[]	01
[]	[]	_ / _ / _	1 Y 2 N	[]	02
[]	[]	_ / _ / _	1 Y 2 N	[]	03
[]	[]	_ / _ / _	1 Y 2 N	[]	04
[]	[]	_ / _ / _	1 Y 2 N	[]	05
[]	[]	_ / _ / _	1 Y 2 N	[]	06
[]	[]	_ / _ / _	1 Y 2 N	[]	07
[]	[]	_ / _ / _	1 Y 2 N	[]	08
[]	[]	_ / _ / _	1 Y 2 N	[]	09
[]	[]	_ / _ / _	1 Y 2 N	[]	10
Code for P9, Country of Citizenship	Code for P10, Mother's Usual Residence	Codes for P11, Language	Codes for P13, Types of Disability		
27 Marshall Islands 30 Micronesia 41 Australia 42 New Zealand 51 China 52 Japan 54 Philippines 54 Philippines 65 U.S.A Others, specify	30 Micronesia 41 Australia 42 New Zealand 51 China 52 Japan 54 Philippines 65 U.S.A Others, specify 98 Unknown	01 Marshallese 02 English 03 Micronesian 04 Kiribati 05 Tuvaluan 06 Fijian 07 Chinese 08 Japanese 09 Filipino 10 Others	01 Blindness 02 Deafness 03 Muteness 04 Deafness & Muteness 05 Speech Impairment 06 Mental illness 07 Mental Retardation 08 Orthopedic Handicap 09 Cancer-related disability 10 Multiple disability 00 Others, specify		

APPENDIX A

RT02

POPULATION						
5 YEARS OLD AND OVER						
LINE NUMBER	Previous Residence		Literacy	School Attendance	Place of School	Highest Educational Attainment
	<i>In what Atoll/Island did _____ live before moving to this place?</i>	<i>When did _____ move to this atoll/ island?</i>	<i>Can _____ read & write a simple message in any language or dialect?</i>	<i>Did _____ attend school at anytime from June 1, 1998 to May 31, 1999?</i>	<i>In what atoll/Island did _____ attend school?</i>	<i>What is the highest grade/year completed by _____?</i>
	ENTER CODE.	ENTER "0" IF SINCE BIRTH.	ENCIRCLE CODE.	ENCIRCLE CODE.	ENTER CODE.	ENTER APPROPRIATE CODE LISTED BELOW.
7	Foreign country		1 Yes	1 Yes	7 Foreign Country	
8	Same Atoll/Island	OTHERWISE, ENTER MONTH AND YEAR.	2 No	2 No, SKIP TO P19.	8 Same Atoll/Island	
9	Unknown				9 Unknown	
	IF ANOTHER ATOLL/ISLAND, SPECIFY ATOLL/ISLAND.				IF ANOTHER ATOLL/ISLAND, SPECIFY ATOLL/ISLAND.	
	(P14)	(P15)	(P16)	(P17)	(P18)	(P19)
01		Mo. _____ Yr. _____	1 Y 2 N	1 Y 2 N		
02		Mo. _____ Yr. _____	1 Y 2 N	1 Y 2 N		
03		Mo. _____ Yr. _____	1 Y 2 N	1 Y 2 N		
04		Mo. _____ Yr. _____	1 Y 2 N	1 Y 2 N		
05		Mo. _____ Yr. _____	1 Y 2 N	1 Y 2 N		
06		Mo. _____ Yr. _____	1 Y 2 N	1 Y 2 N		
07		Mo. _____ Yr. _____	1 Y 2 N	1 Y 2 N		
08		Mo. _____ Yr. _____	1 Y 2 N	1 Y 2 N		
09		Mo. _____ Yr. _____	1 Y 2 N	1 Y 2 N		
10		Mo. _____ Yr. _____	1 Y 2 N	1 Y 2 N		

Codes for P19, Highest Educational Attainment

00 No Grade Completed		College
01 Pre-school/Nursery		41 Some College
02 Kindergarten	High School	42 Associate college- Occupational program
Elementary	21 9 th Grade	43 Associate college-Academic program
11 1 st Grade	22 10 th Grade	44 Bachelor's degree (BA, AB, BS)
12 2 nd Grade	23 11 th Grade	45 Master's degree (MA, MS, Med, MSW, MBA)
13 3 rd Grade	24 High School Graduate	46 Professional school degree (MD, DDS, LLB, JO)
14 4 th Grade	25 GED	47 Doctorate degree (PhD, EdD)
15 5 th Grade		
16 6 th Grade		
17 7 th Grade		
18 8 th Grade		

CENSUS QUESTIONS

10 YEARS OLD AND OVER

Employment Status	Occupation in Past Week	Industry in Past Week	Class of Worker	Place of Work	Availability for Work	Looking for Work	Reason for Not Looking For Work	LINE NUMBER
<i>Did ___ have a job or business during the past seven days?</i> ENCIRCLE CODE 1 Yes 2 No, skip to P25.	<i>What was ___'s activity/occupation during the past seven days?</i> DESCRIBE OCCUPATION AS FULLY AS POSSIBLE. Examples: Coconut Farmer Filing Clerk Fruit Vendor Student, etc.	<i>In what kind of business/industry did ___ work during the past seven days?</i> DESCRIBE INDUSTRY AS FULLY AS POSSIBLE. Examples: Coconut Farming Textile Manufacturing Fruit Retailing	<i>For whom/where did ___ work during the past seven days?</i> ENTER APPROPRIATE CODE LISTED BELOW.	<i>In what place did ___ work during the past seven days?</i> IF WITHIN MARSHALL ISLANDS, SPECIFY ATOLL/ISLAND OTHERWISE, ENTER APPROPRIATE CODE LISTED BELOW. GO TO NEXT HH MEMBER.	<i>Was ___ available for work during the past seven days?</i> ENCIRCLE CODE. 1 Yes 2 No, GO TO NEXT HH MEMBER	<i>Did ___ look for work during the past seven days?</i> ENCIRCLE CODE. 1 Yes, GO TO NEXT HH MEMBER 2 NO	<i>Why did ___ not look for work?</i> ENTER APPROPRIATE CODE LISTED BELOW. IF OTHERS, SPECIFY.	
(P20)	(P21)	(P22)	(P23)	(P24)	(P25)	(P26)	(P27)	
1 Y					1 Y	1 Y		01
2 N					2 N	2 N		
1 Y					1 Y	1 Y		02
2 N					2 N	2 N		
1 Y					1 Y	1 Y		03
2 N					2 N	2 N		
1 Y					1 Y	1 Y		04
2 N					2 N	2 N		
1 Y					1 Y	1 Y		05
2 N					2 N	2 N		
1 Y					1 Y	1 Y		06
2 N					2 N	2 N		
1 Y					1 Y	1 Y		07
2 N					2 N	2 N		
1 Y					1 Y	1 Y		08
2 N					2 N	2 N		
1 Y					1 Y	1 Y		09
2 N					2 N	2 N		
1 Y					1 Y	1 Y		10
2 N					2 N	2 N		

Codes for P23, Class of Worker

- 1 Worked for private employer
- 2 Worked for government/ Government corporation
- 3 Self-employed without any employee as defined in "4"
- 4 Employer in any own family-operated farm/business (with one or more regular paid employees)
- 5 Worked with pay on own family-operated farm or business
- 6 Worked without pay on own family-operated farm or business

Codes for P24, Place of Work

- 30 Micronesia
- 41 Australia
- 42 New Zealand
- 51 China
- 52 Japan
- 71 U.S.A. (mainland)
- 72 Guam
- 73 Hawaii
- 74 Saipan
- 90 Others

Codes for P27, Reasons for Not Looking for Work

- 1 Believe no job available
- 2 Awaiting results of previous job application
- 3 Temporary illness
- 4 Bad weather
- 5 Waiting for rehire/job recall
- 6 Too young, too old or retired, permanent disability
- 7 Housekeeping
- 8 Schooling
- 9 Others, specify

APPENDIX A

RT04

POPULATION CENSUS QUESTIONS				
FOR FEMALES 15-49 YEARS				
Fertility				
LINE NUMBER	How many children have ever been born alive to _____?	How many are still living?	How many children were born alive to _____ from June 1, 1998 to May 31, 1999?	What was _____'s age at first marriage?
	IF NONE ENTER "00" AND GO TO NEXT HH MEMBER	IF NONE ENTER "00"	ENTER ACTUAL NUMBER	ENTER AGE
	(P28)	(P29)	(P30)	(P31)
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
REMARKS				

HOUSING CENSUS QUESTION

B1 TO B4 ARE TO BE ANSWERED BY MERE OBSERVATION IF DOUBTFUL, ASK THE RESPONDENT **D1 IS TO BE ASKED FROM ANY HOUSEHOLD IN THIS HOUSING UNIT**

B1 TYPE OF BUILDING/HOUSE

- 1 Single house
- 2 Multi-unit residential (two units or more)
- 3 Commercial/Industrial/Agricultural (office, factory, ricemill, etc.)
- 4 Institutional living quarters (hotel, hospital, etc.)
- 5 Other housing unit (boat, trailer, etc)

ENTER CODE

D1 FLOOR AREA OF THE HOUSING UNIT.
What is the estimated floor area of this housing unit?

SQUARE FEET

01	Less than 108
02	108 - 209
03	210 - 317
04	318 - 532
05	533 - 748
06	749 - 963
07	964 - 1286
08	1287 - 1609
09	1610 - 2147
10	2148 and over

ENTER CODE

B2 CONSTRUCTION MATERIAL OF THE ROOF

- 1 Galvanized iron/Aluminum
- 2 Tile Concrete/Clay tile
- 3 Half galvanized iron and half concrete
- 4 Wood
- 5 Fiber glass
- 6 Thatch
- 7 Makeshift/Salvaged/Improvised materials
- 8 Others, Specify _____

ENTER CODE

H1 TO H4 ARE TO BE ANSWERED BY ALL HOUSEHOLDS

H1 FUEL FOR LIGHTING
What kind of fuel does this household use for lighting

- 1 Electricity
- 2 Kerosene
- 3 Solar energy
- 4 Others, Specify _____

ENTER CODE

B3 CONSTRUCTION MATERIALS OF THE OUTER/OUTSIDE WALLS

- 1 Concrete/Brick/Stone
- 2 Wood
- 3 Half concrete/brick/stone/and half wood
- 4 Galvanized iron/Aluminum
- 5 Fiber glass/glass
- 6 Thatch
- 7 Makeshift/Salvaged/Improvised materials
- 8 Others, Specify _____
- 9 No walls

ENTER CODE

H2 FUEL FOR COOKING
What fuel does this household use most of the time for cooking?

- 1 Electricity
- 2 Kerosene
- 3 Propane gas
- 4 Charcoal
- 5 Wood
- 6 Solar energy
- 7 Others, Specify _____
- 8 None

ENTER CODE

B4 STATE OF REPAIR
Determine the current condition of the building/house.

- 1 Needs no repair/needs minor repair
- 2 Needs Major repair
- 3 Dilapidated/Condemned
- 4 Under renovation/being repaired
- 5 Under construction
- 6 Unfinished construction

ENTER CODE

H3 MAIN SOURCE OF DRINKING WATER
What is this household's main source of drinking water?

- 1 Public piped water inside the dwelling
- 2 Public piped water outside the dwelling
- 3 Rain catchment, tanks, drums
- 4 Well
- 5 Bottled water
- 6 Others, Specify _____

ENTER CODE

B5 IS TO BE ASKED FROM ANY HOUSEHOLD IN THE BUILDING

B5 YEAR BUILDING/HOUSE WAS BUILT
When was this building/house built?

01	1999	07	1971-1980
02	1998	08	1961-1970
03	1997	09	1960 or earlier
04	1996	98	not applicable
05	1991-1995	99	Don't know
06	1981-1990		

ENTER CODE

H4 TENURE STATUS OF THE HOUSING UNIT
Do you own or amortize this housing unit occupied by your household or do you rent, rent-free with consent of owner or rent-free without consent of owner?

- 1 Owned/being amortized/mortgaged
- 2 Rented/Leased → GO TO H7 ↘
- 3 Rent-free with consent of owner → GO TO H7 ↘
- 4 Rent-free without consent of owner → GO TO H7 ↘

ENTER CODE

HOUSING CENSUS QUESTION

H5 TO H11 ARE TO BE ANSWERED BY ALL HOUSEHOLDS

H5 ACQUISITION OF HOUSING UNIT
How did you acquire this housing unit?

- 1 Purchased
- 2 Constructed by the owner/occupants with help of friend/relatives
- 3 Constructed by the owner/occupants without help of friends/relatives
- 4 Constructed by hired/skilled worker
- 5 Constructed by an organized contractor
- 6 Inherited → GO TO H7 ↘
- 7 Others (lottery, Gift) → GO TO H7 ↘

ENTER CODE

H9 USUAL MANNER OF GARBAGE DISPOSAL

How does your household usually dispose of your kitchen garbage such as left-over food, peeling of fruits and vegetables, fish and chicken entrails, etc.?

- 1 Picked up by garbage truck
- 2 Picked up by own truck
- 3 Dumping in individual pit (not burned)
- 4 Burning
- 5 Composting (later used as fertilizer)
- 6 Burying
- 7 Others, Specify _____

ENTER CODE

H6 SOURCE OF FINANCING
Do you avail of the following sources of financing in the construction/purchase of this housing unit?

- | | | | |
|-----------------------------|-------|------|---|
| A. Own resources | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| B. MIDB | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| C. USDA Rural Economic | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| D. Bank of Marshall Islands | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| E. Bank of Hawaii | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| F. Bank of Guam | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| G. Others, specify _____ | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |

ENTER CODE

H10 PRESENCE OF HOUSEHOLD CONVENIENCES
Does this household have the following household conveniences in working condition?

- | | | | |
|--------------------------|-------|------|---|
| A. Radio/Radio cassette | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| B. Television/VCR | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| C. Refrigerator/Freezer | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| D. Telephone/Cell Phone | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| E. Air Conditioning Unit | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| F. Microwave Oven | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| G. Motorcycle | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| H. Car/Van | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| I. Motorized Boat/Canoe | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| J. Two-way radio | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |

H7 TENURE STATUS OF THE LAND

Do you own or amortize this land occupied by your household or do you rent, rent-free with consent of owner, or rent-free without consent of owner?

- 1 Owned/Being amortized/mortgaged
- 2 Rented/Leased
- 3 Rent-free with consent of owner
- 4 Rent-free without consent of owner

ENTER CODE

H11 SOURCES OF INCOME

What are the sources of income of this household?

- | | | | |
|--|-------|------|---|
| A. Wages & salaries | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| B. Net receipts from businesses/profession | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| C. Commissions, tips bonuses, allowances | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| D. Interests, dividends, net rental, royalty, income from estates/trusts | Yes | 2 No | <input style="width: 20px;" type="text"/> |
| E. Social security, retirement, survivor and disability pensions | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| F. Remittances from abroad/domestic | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |
| G. Others, _____ | 1 Yes | 2 No | <input style="width: 20px;" type="text"/> |

Specify

H8 KIND OF TOILET FACILITY
What type of facility does this household use?

- 1 Flush toilet, inside the dwelling
- 2 Flush toilet, outside the dwelling
- 3 Water-sealed (without flush), inside the dwelling
- 4 Water-sealed (without flush), outside the dwelling
- 5 Pit latrine (without a water-sealed bowl and depository is constructed usually of large circular tubes made of concrete or clay covered on top and has a small opening)
- 6 Others
- 7 None

ENTER CODE

H12 HOUSEHOLD INCOME

How much is the total income of this household for the past 12 months?

Specify _____

CPH FORM 3
JUNE 1, 1999

Republic of the Marshall Islands
OFFICE OF PLANNING
AND STATISTICS

1999
CENSUS OF POPULATION
AND HOUSING
INSTITUTIONAL POPULATION

CONFIDENTIALITY:

This census is authorized by Census Act
No. 1985.

All information is held strictly
CONFIDENTIAL

GEOGRAPHIC IDENTIFICATION

Booklet _____ of _____ booklets

Atoll/Island _____

Enumeration Area No.

Islet _____

Building Serial No.

Housing Unit Serial No.

Institutional Living Quarter Serial No.

Type of Institutional Living Quarter

(SEE CODES INSIDE)

Name of Institutional Living
Quarter _____

Address _____

(Post Office No. or Name of Village)

INTERVIEW RECORD

Visit Number	1	2	3	Summary
Date of Visit	_____	_____	_____	Total No. of Visits _____
Time Began	_____	_____	_____	Final Result of Visit _____
Time Ended	_____	_____	_____	Total ILQ Members _____
Result of Visit	_____	_____	_____	Total Males _____
Next Visit	_____	_____	_____	Total Females _____
Date	_____	_____	_____	
Time	_____	_____	_____	

Result of Visit
 1 Completed 4 Postponed 6 No Respondent Around
 2 Partly Completed 5 SAQ 7 Other, specify
 3 Refused

CERTIFICATION

*I hereby certify that the data set forth were obtained/reviewed
by me personally and in accordance with the instruction.*

Signature Over Printed _____ Date Accomplished _____
Name of Enumerator

Signature Over Printed _____ Date Reviewed _____
Name of Census Supervisor

LINE NUMBER	NAME	POPULATION					
		ALL					
		Residence Status	Present on June 1, 1999	Age		Sex	Marital Status
	<p>Who are the persons residing in this institutional living quarter as of June 1, 1999?</p> <p>LIST IN THE NAMES (FAMILY NAME FIRST) OF ALL MEMBERS OF INSTITUTIONAL LIVING QUARTER IN THE ORDER LISTED IN THE CODES FOR P2.</p> <p>ENCIRCLE LINE NO. OF RESPONDENT</p>	<p>What is _____'s position or status?</p> <p>ENTER APPROPRIATE CODE LISTED BELOW.</p>	<p>Where did _____ sleep on the night of June 1, 1999?</p> <p>ENTER APPROPRIATE CODE LISTED BELOW.</p> <p>IF ANOTHER ATOLL/ISLAND, SPECIFY ATOLL/ISLAND</p>	<p>What was _____'s date of birth?</p> <p>ENTER MONTH AND YEAR.</p>	<p>What is _____'s age as of his/her last birthday?</p> <p>IF AGE IS LESS THAN ONE YEAR ENTER "00".</p>	<p>Is _____ male or female?</p> <p>ENTER CODE.</p> <p>1 Male 2 Female</p>	<p>What is _____'s marital status?</p> <p>ENTER CODE.</p> <p>1 Never Married 2 Legally Married 3 Widowed 4 Divorced/Separated 5 Common-law/live-in 6 Unknown</p> <p>FOR PERSONS BELOW 10 YEARS OLD ENTER "1".</p>
	(P1)	(P2)	(P3)	(P4)	(P5)	(P6)	(P7)
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

ARE THERE MORE THAN ONE MEMBERS IN THIS INSTITUTIONAL LIVING QUARTER?

YES _____

NO _____

- Codes for Type of Institutional Living Quarter**
- 1 Hotel, Lodging Houses, Dormitories
 - 2 Hospitals and Nurses' Home
 - 3 Welfare Institution
 - 4 Corrective and Penal Institutions
 - 5 Convents, Nunneries, Seminaries and Boarding Schools
 - 6 Military Camps and Stations
 - 7 Logging, Mining and Construction/ Public Work Camps
 - 8 Ocean-going and Inter-island/Coastal Vessels
 - 9 Refugee Camps
 - 0 Others

- Codes for P2, Residence Status**
- 01 Manager, director, in-charge
 - 02 Staff member/employee including physician and nurses
 - 03 Officer/enlisted man, trainee
 - 04 Officer/crew member in merchant vessel
 - 05 Priest, seminarian, nun
 - 06 Lodger or boarder
 - 07 Patient (hospital, sanitarium, etc.)
 - 08 Inmate, ward (Home for the aged, orphanage, etc.)
 - 09 Prisoner, detainee
 - 10 Others

- Codes for P3, Place on June 1, 1999**
- 1 The same institutional living quarter
 - 2 Other household within the same Atoll/Island
 - 3 Foreign Country

- Codes for P8, Religious Affiliation**
- 00 None
 - 01 Roman Catholic
 - 02 Protestant
 - 03 Assembly of God
 - Others, specify

CENSUS QUESTIONS

PERSONS

				3 YRS. OLD & OVER		L I N E N U M B E R
Religious Affiliation	Citizenship	Language	Disability		Educational Attainment	
<i>What is _____'s religious affiliation?</i> ENTER APPROPRIATE CODE LISTED BELOW. IF OTHERS, SPECIFY.	<i>What country is _____ a citizen of?</i> ENTER APPROPRIATE CODE LISTED BELOW. IF OTHERS, SPECIFY.	<i>What language(s) does _____ speak?</i> ENTER APPROPRIATE CODE(S) LISTED BELOW. (Multiple answers)	<i>Does _____ have any physical or mental disability?</i> ENCIRCLE CODE. 1 Yes 2 No, SKIP TO P13.	<i>What type of disability does _____ have?</i> ENTER APPROPRIATE CODE LISTED BELOW. IF OTHERS, SPECIFY.	<i>What is the highest grade/year completed by _____?</i> ENTER APPROPRIATE CODE LISTED BELOW.	
(P8)	(P9)	(P10)	(P11)	(P12)	(P13)	
			1 Y			01
			2 N			
			1 Y			02
			2 N			
			1 Y			03
			2 N			
			1 Y			04
			2 N			
			1 Y			05
			2 N			
			1 Y			06
			2 N			
			1 Y			07
			2 N			
			1 Y			08
			2 N			
			1 Y			09
			2 N			
			1 Y			10
			2 N			

Code for P9, Country of Citizenship		Codes for P10, Language		Codes for P12, Types of Disability		Codes P13, Highest Educational Attainment			
27	Marshall Islands	01	Marshallese	01	Blindness	00	No Grade Completed	43	Associate college-Academic program
30	Micronesia	02	English	02	Deafness	01	Pre-school/ Nursery	21	9 th Grade
41	Australia	03	Micronesian	03	Muteness	02	Kindergarten	22	10 th Grade
42	New Zealand	04	Kiribati	04	Deafness & Muteness	Elementary			
51	China	05	Tuvaluan	05	Speech Impairment	11	1 st Grade	23	11 th Grade
52	Japan	06	Fijian	06	Mental Illness	12	2 nd Grade	24	High School Graduate
54	Philippines	07	Chinese	07	Mental Retardation	13	3 rd Grade	25	GED
55	U.S.A.	08	Japanese	08	Orthopedic Handicap	14	4 th Grade	College	
65	Others, specify	09	Filipino	09	Cancer-related disability	15	5 th Grade	41	Some College
		10	Others	10	Multiple disability	16	6 th Grade	42	Associate college-Occupational program
				00	Others, specify	17	7 th Grade	44	Bachelor's degree (BA, AB, BS)
						18	8 th Grade	45	Master's degree (MA, MS, MEd, MSW, MBA)
								46	Professional school degree (MD, DDS, LLB.)
								47	Doctorate degree (PHD, EdD.)

APPENDIX A

PLEASE READ THESE CAREFULLY BEFORE FILLING-UP THE CENSUS QUESTIONNAIRE

The following are to be included as members of institution for each type of institutional living quarter:

Hotels, Lodging Houses, Dormitories, etc.

1. Proprietor, manager and employees living in the establishment, except those living with their own families and those who usually go home to their respective families at least once a week.
2. Permanent lodgers/boarders (those who have stayed or expect to stay for one year or longer) and those temporary boarders/lodgers who have stayed for six months or longer as of June 01, 1989, or have been away from their own families for the same period. However, exclude those who usually go home at least once a week.
3. Lodgers/boarders who are not residents of the Marshall Islands and who have been in the Marshall Islands for one year or longer as of June 01, 1989 or expect to stay in the Marshall Islands for one year or longer. However, exclude those who have temporary place of residence elsewhere in the Marshall Islands to where they usually go home. Exclude also diplomatic representatives or UN, ILO, or USAID officials who, like diplomatic representatives, are subject to reassignment to other countries after their tour of duty in the Marshall Islands and members of their families.

Hospitals and Nurse's Home

1. All Patients, including those confined, in mental hospitals, leprosaria or leper colonies, pavilions of tuberculosis sanitaria where patients stay more or less permanently and rehabilitation centers for drug addicts.
2. Patients who have been confined for six months or longer as of June 01, 1989 in other kinds of hospitals and in wards for temporary confinement in tuberculosis sanitaria.
3. Nurses in nurses' homes who do not usually go home at least once a week.
4. Staff members and employees living in hospitals/nurses' homes, except those living there in with their families and those who usually go home at least once a week.

Welfare Institutions (Home for the Aged and Infirm, Orphanage, Boy's Town, etc.)

1. All inmates or wards, including those who have just been confined.
2. Staff members and employees living in the institutions, except those living therein with their families and those who usually go home at least once a week.

Corrective and Penal Institutions

1. All prisoners in national prisons and reformatories (Welfareville).
2. Prisoners and detainees in jails who have been continuously confined for six months or longer (including confinement in another jail elsewhere) as of June 01, 1989, or those whose sentence is for six months or longer even if the sentence is on appeal.
3. Staff members and employees living in the institutions except those living therein with their own families and those who usually go home at least once a week.

Convents, Nunneries, Seminaries and Boarding Schools

1. Monks, priests, ministers, nuns, seminarians, etc. However, priests or ministers of sects other than the Roman Catholic Church who live with their own families are to be considered as members of households and are therefore excluded.
2. Students in boarding schools (schools where students are required to stay in the school campus).
3. Staff members, employees and helpers living the premises, except those living therein with their own families and those who usually go home at least once a week.

Military Camps Stations (Army, Air Force and Navy)

1. Officers and enlisted men, drafters, except those who live in the premises with their own families and those who usually sleep most nights with households or in hotels, lodging places or dormitories. Include those belonging to the unit in the camp or station but who are away on military operation or mission or aboard naval vessels, except those whose families are living in camp or station (their own families will report them).
2. Detainees who have been continuously confined for six months or longer, including confinement in another camp or station elsewhere as of June 01, 1989.
3. Civilian employees living in the camp or station, except those living therein with their own families and those who usually go home at least once a week.

Logging, Mining and Construction/Public Works Camps: Plantations and Agricultural, Fisheries Experimental or Breeding Stations, etc.

1. Proprietor, manager, contractor and employees who do not live with their families in the camp or station premises and supplied with lodging (beddings, etc.) and/or meals by the company, firm contractor or agency, except those who usually go home at least once a week.

Ocean-going and Interisland/Coastal Vessels or Deep-Sea Fishing Vessels

1. Marshallese crew members of ocean-going vessels (whose own families live in the Marshall Islands) at port as of 12:01 A.M. June 01, 1989, except those who usually go home to their own families in the Marshall Islands at least once for every six months.
2. Any crew members of the interisland/coastal vessel or deep-sea fishing vessel at port on any day during the enumeration, if the crew member has no home other than the vessel.

Refugee Camps

1. Marshallese citizens working and living inside the camps, except those living therein with their own families and those who usually go home to their respective families at least once a week.

Where to get help

- ♦ If you have any questions or if you need additional questionnaires, please ask the enumerator or the interviewer assigned in your area.
- ♦ Or call the Office of Planning and Statistics in Majuro at

Telephone Nos.: 625-3802

APPENDIX B

LIST OF FORMS USED IN THE 1999 CPH

Census Form No.	Title
1	Listing Sheet
2	Household Questionnaire (see Appendix A)
3	Institutional Population Questionnaire
4	Appointment Slip
5	Notice of Listing/Enumeration
6	Enumerator's Summary Report (by EA)
7	Census Area Supervisor Consolidated Report (By Atoll/EA)
8	OPS Consolidated Report by Atoll/Island by EA
9	Transmittal/Receipt Form
10	Certificate of Work Completed (for Census Area Supervisors)
11	List of Appointed Census Area Supervisors and Enumerators
12	Record of Services Rendered by Teachers
13	Certification of Atoll/Island/Enumeration Area Population by Enumerator
14	Mayor's Certification that Enumeration Area in his atoll has been enumerated
15	Master List of Atoll/Island/Islets and Enumeration Areas
16	Certification of Services Rendered
17	Census Area Supervisor Booklet
18	Record of Missing Questionnaires
19	Enumerator's Questionnaire Transmittal Record
20	Folio Cover for CPH Forms 2 and 3
21	Folio Cover for CPH Form 1
22	Folio Cover for CPH Form 6
23	Inventory Record of Census Materials

Mapping Form No.	Title
1	Listing Sheet for Mapping and Listing Operations
2	Mapper's Summary Report
3	Enumeration Area Delineation Report