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HOUSING AND POPULATION CENSUS

Enumerator :	_____		
Island :	_____	<input type="text"/>	<input type="text"/>
Enumeration Area :	_____	<input type="text"/>	<input type="text"/>
Village/Town:	_____	<input type="text"/>	<input type="text"/>
Place:	_____	<input type="text"/>	<input type="text"/>
Household Number :	_____	<input type="text"/>	<input type="text"/>

CONFIDENTIAL

APPENDIX A - MAIN CENSUS QUESTIONNAIRE

Person Number	Full name of Person Woman and Child	Relationship CODE NUMBER
01		1
02		
03		
04		
05		
06		

*If more than 6, Person No. 7 upwards must fill up Part 2 EXTRA Form

07		
08		
09		
10		
11		
12		
13		
14		
15		
16		

Oi Kod Namba blong Bilehsensip:

- | | |
|------------------------------|---|
| 1 Head of Household (H of H) | 7 Mother of H of H |
| 2 Wife/Husband of H of H | 8 Father of H of H |
| 3 Daughter of H of H | 9 Grandmother /Grandfather of H of H |
| 4 Son of H of H | 10 Granddaughter /Grandson of H of H |
| 5 Adopted Daughter | 11 Other relation on H of H side of family |
| 6 Adopted Son | 12 Other relation on Wife/Husband of H of H side of family |
| | 13 Any man, woman or child who are not relations/friends / visitors |

H2 Which category best describes your (main) house ?

1. Traditional house
2. Make-shift house
3. Traditional house with some permanent house materials
4. Permanent house
5. Flats
6. Other

H3 Do you share this house with another household ?

1. Yes
2. No

H4 Year of construction of the house?

H5 No. of rooms in house ?

H6 Main Kitchen Facility ?

1. Kitchen inside the house
2. Bush Kitchen (outside)
3. There is a place to cook outside
4. There is no place to cook

H7 Cooking fuel most used ?

1. Electricity
2. Gas
3. Wood/ Coconut shells
4. Charcoal
5. Kerosine
6. Other

H8 Main source of drinking water for the household ?

1. Piped water inside or outside, private
2. Piped water outside, shared with other household
3. Village Standpipe, shared with whole village
4. Household Tank
5. Community Tank
6. River
7. Well
8. Spring
9. Other

H9 Main toilet facility used by household?

1. Flush toilet, private
2. Flush toilet, shared
3. Water Sealed Toilet, private
4. Water Sealed Toilet, shared
5. Ventilated Improved Pit Latrine (VIP), private
6. Ventilated Improved Pit Latrine (VIP), shared
7. Pit Latrine, private
8. Pit Latrine, shared
9. No toilet facility

H10 What is the main source of lighting the household uses at night ?

1. Electricity
2. Gas
3. Kerosine
4. Wood/Coconut shells
5. Candles
6. Torch Light
7. Other
8. None

**H11 Which of these things does your household use ?
(THEY MUST BE IN WORKING ORDER)**

A Radio

1. Yes, Private
2. Yes, Shared/Community owned
3. Do not use

B Shower/Bath/Place to wash

1. Yes, Private
2. Yes, Shared/Community owned
3. Do not use

C Canoe or Boat (without engine)

1. Yes, Private
2. Yes, Shared/Community owned
3. Do not use

D Speedboat

1. Yes, Private
2. Yes, Shared/Community owned
3. Do not use

E Car/Truck/Motorbike

1. Yes, Private
2. Yes, Shared/Community owned
3. Do not use

F Telephone

1. Yes, Private
2. Yes, Shared/Community owned
3. Do not use

H12 Does anyone in the household own any cattle?

1. Yes
2. No

H13 Does anyone in the household own any land?

1. Yes, on this island
2. Yes, on another island in Vanuatu
3. Yes, in another country
4. No

H14 Does this household have a food garden?

1. Yes, food for the family only
2. Yes, food for the family and for sale
3. Yes, food for sale only
4. No

H15 Does anyone in the household have any of the following Cash Crops?

A Cocoa

1. Yes
2. No

B Kava

1. Yes
2. No

If yes, how many plants?

C Coffee

1. Yes
2. No

D Coconuts

1. Yes
2. No

H16 Does anyone living in this household go fishing?

1. Yes, fish for the family only
2. Yes, fish for the family and for sale
3. Yes, fish for sale only
4. No

H17 If you had the choice, which kind of school would you like your children to go to?

1. English
2. French
3. Both English and French
4. No Preference

H18 What is the main language you use at home?

1. Local Language
2. Bislama
3. English
4. French
5. Other Language

H19 Does your household have any mosquito bednets?

1. Yes
2. No

If yes, how many of you slept under a net last night?

A

	Persen 01 [BOS]	Persen 02	Persen 03	Persen 04	Persen 05	Persen 06
Date of birth?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status ?						
1. Never Married	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
2. Married	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
3. Separated	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
4. Defacto	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>
5. Divorced	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>
6. Widowed	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>
Where do you live ?						
1. Same as front page of booklet	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
2. Another village/town in Vanuatu	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
3. Another Country	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
If you live in another village/town, which village/town ?						
Name of village/town →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Island →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Island Code Number →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of birth?						
1. Vanuatu	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
2. Australia	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
3. New Zealand	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
4. UK	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>
5. France	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>
6. Fiji	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>
7. New Caledonia	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>
8. Solomons	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>
9. PNG	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>
10. America	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>
11. Other Pacific Country	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>
12. Other European Country	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>
13. Africa	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>
14. Asia	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>
15. Other	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>



What is your work status ? 1. Work for pay/salary/profit 2. Helping the family business (no pay) 3. Subsistence Farmer 4. Other work (no pay) 5. Do not work	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Did you do any work in the last 7 days ? 1. Yes 2. No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
What is the main reason that you do not work? 1. Student 2. Retired 3. Disabled 4. Do not want to work 5. Are looking for work 6. Housework full time 7. Other reason	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
What is the main reason you did not work last week? 1. On holiday 2. Sick/ other family member was sick 3. Other reason	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
What is your Occupation? Write the answer in this space →						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>What is your position at work?</p> <ol style="list-style-type: none"> 1. Businessman 2. Government Employee 3. Other Employee 4. Working in garden 5. Helping family business (no pay) 6. Voluntary/Community Worker 7. Pastor/Religious Leader 8. Other position, no money 	<ol style="list-style-type: none"> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 	<ol style="list-style-type: none"> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 	<ol style="list-style-type: none"> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 	<ol style="list-style-type: none"> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 	<ol style="list-style-type: none"> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 	<ol style="list-style-type: none"> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>
<p>What does the organization that you work for do?</p> <p>OR</p> <p>What kind of business do you have ?</p> <p>Write the answer in this space →</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>How many days out of the last 7 did you spend doing this job?</p> <p>Write how many days in this box →</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>Have you worked in the food garden or been fishing in the last 7 days ?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	<ol style="list-style-type: none"> 1 <input type="text"/> 2 <input type="text"/> 	<ol style="list-style-type: none"> 1 <input type="text"/> 2 <input type="text"/> 	<ol style="list-style-type: none"> 1 <input type="text"/> 2 <input type="text"/> 	<ol style="list-style-type: none"> 1 <input type="text"/> 2 <input type="text"/> 	<ol style="list-style-type: none"> 1 <input type="text"/> 2 <input type="text"/> 	<ol style="list-style-type: none"> 1 <input type="text"/> 2 <input type="text"/>

APPENDIX A - MAIN CENSUS QUESTIONNAIRE

D

ASK THE FOLLOWING QUESTIONS TO ALL FEMALES AGED 15 AND OVER
FINISH THE INTERVIEW FOR EVERY ONE ELSE

Page 05

<p>Have you had any children born to you ?</p> <p>1. Yes 2. No</p>	<p>1 <input type="text"/> 2 <input type="text"/></p>	<p>1 <input type="text"/> 2 <input type="text"/></p>	<p>1 <input type="text"/> 2 <input type="text"/></p>	<p>1 <input type="text"/> 2 <input type="text"/></p>	<p>1 <input type="text"/> 2 <input type="text"/></p>	<p>1 <input type="text"/> 2 <input type="text"/></p>
<p>How many of the children born to you live in this household ?</p> <p>1. How many males? 2. How many females?</p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>
<p>How many of the children born to you live in another household ?</p> <p>1. How many males? 2. How many females?</p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>
<p>How many of the children born to you have died ?</p> <p>1. How many males? 2. How many females?</p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>	<p>Raetem namba</p> <p>1 <input type="text"/> 2 <input type="text"/></p>
<p>How many children in total were born to you ?</p> <p>Write number of children in this box →</p>	<p><input type="text"/></p>	<p><input type="text"/></p>	<p><input type="text"/></p>	<p><input type="text"/></p>	<p><input type="text"/></p>	<p><input type="text"/></p>
<p>When was your last child born?</p> <p>Write date of birth in this box →</p>	<p>Deit</p> <p><input type="text"/><input type="text"/><input type="text"/></p>	<p>Deit</p> <p><input type="text"/><input type="text"/><input type="text"/></p>	<p>Deit</p> <p><input type="text"/><input type="text"/><input type="text"/></p>	<p>Deit</p> <p><input type="text"/><input type="text"/><input type="text"/></p>	<p>Deit</p> <p><input type="text"/><input type="text"/><input type="text"/></p>	<p>Deit</p> <p><input type="text"/><input type="text"/><input type="text"/></p>
<p>Is the last child born to you still alive ?</p> <p>1. Yes 2. No</p>	<p>1 <input type="text"/> 2 <input type="text"/></p>	<p>1 <input type="text"/> 2 <input type="text"/></p>	<p>1 <input type="text"/> 2 <input type="text"/></p>	<p>1 <input type="text"/> 2 <input type="text"/></p>	<p>1 <input type="text"/> 2 <input type="text"/></p>	<p>1 <input type="text"/> 2 <input type="text"/></p>
<p>Was the last child born to you alive when they were born ?</p> <p>1. Yes 2. No</p>	<p>1 <input type="text"/> 2 <input type="text"/></p>	<p>1 <input type="text"/> 2 <input type="text"/></p>	<p>1 <input type="text"/> 2 <input type="text"/></p>	<p>1 <input type="text"/> 2 <input type="text"/></p>	<p>1 <input type="text"/> 2 <input type="text"/></p>	<p>1 <input type="text"/> 2 <input type="text"/></p>