QUESTIONNAIRE

2010 CENSUS OF POPULATION
AND HOUSING

FEDERATED STATES OF MICRONESIA
The 2010 Census must count every person at his/her usual residence. “Usual residence” means the place where the person lives and sleeps most of the time.

**INCLUDE**
- Everyone who usually lives here such as family members, housemates and roommates, foster children, roomers, boarders, and live-in employees.
- Persons who are temporarily away on a business trip, on vacation, or in a hospital.
- Persons with no home who were staying here on April 4, 2010.
- Students who live here while attending school or college
- Newborn babies born on or before April 4, 2010.
- Persons who stay here most of the week, even if they have a home somewhere else.

**DO NOT INCLUDE**
- Persons who usually live somewhere else.
- Persons who are confined to an institution.
- Students who live somewhere else while attending school.
- Persons in the Armed Forces who live somewhere else.
- Persons who stay somewhere else most of the week.

**NOTICE:** You are required by Public Law No. 5-77 to answer the 2010 Census. Your answers will be kept confidential by the same law. Only sworn Census employees may see your answers. Your information will only be used for statistical purposes.

1a. Please give me the name of each person living here (whose usual residence is this household) on April 4, including all persons staying here who have no other home. Begin with the household member in whose name the home is owned, being bought, or rented. If there is no such person, start with any adult household member. [If ANYONE is staying here temporarily and usually lives somewhere else, get the name of the person and note his/her place of usual residence in the usual home elsewhere (UHE) column.]

<table>
<thead>
<tr>
<th>FIRST NAME and LAST NAME</th>
<th>SEX</th>
<th>AGE</th>
<th>UHE (State, Municipality)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>8</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

1b. When you told me the names of the persons living here on April 4, did you leave anyone out because you were not sure if the persons should be listed – for example, someone temporarily away on a business trip or vacation, a person who stays here once in a while and has no other home, or a newborn baby still in the hospital?

If “Yes”, determine if you should include the person(s) based on instructions for question 1a. If so, include the person.

1c. When you told me the names of the persons living here on April 4, did you include anyone even though you were not sure if the persons should be listed – for example, a visitor who is staying here temporarily or a person who usually live somewhere else?

If “Yes”, determine if you should include the person(s) based on the instructions for questions 1a, if so, circle the person’s name, if not, draw a line through any entry.
## HOUSING and HOUSEHOLD QUESTIONS

### H1. Type of Living quarter
1. One family house detached from any other house
2. One family house attached to one or more houses
3. Building with 3 or more apartment
4. Building w/ 2 or more HH sharing kitchen/toilet
5. Dwelling attached to a business or non-residential building
6. Other (yacht, trailer, etc)

### H2. Type of walls
1. Concrete
2. Wood
3. Thatch
4. Metal/tin
5. Other

### H3. Type of roof
1. Concrete
2. Wood
3. Thatch
4. Metal/tin
5. Coral
6. Thatch
7. None
8. Other

### H4. Type of floor
1. Concrete
2. Wood pier/pilings
3. Coral
4. Other

### H5. Number of rooms (count living rooms, dining rooms, kitchens and bedrooms; do NOT count bathrooms, balconies, foyers, or halls)

### H6. When was building completed?
(state the YEAR in the boxes, 0 if not known)

### H7. MAIN source of drinking water
1. Public utility water supply
2. Community water supply
3. Household tank
4. Water truck

### H8. MAIN source of washing water
1. Public utility water supply
2. Community water supply
3. Household tank
4. Water truck

### H9. Bathtub or shower connected to piped running water
1. Yes
2. No

### H10. MAIN toilet facility
1. Flush toilet, in this unit
2. Flush toilet, in building
3. Flush toilet, outside building
4. Outhouse, ventilated improved pit (VIP)
5. Outhouse- pit (not VIP)
6. Outhouse - sea (not VIP)
7. None

### H11. MAIN form of sewage disposal
1. Connected to sewer line
2. Connected to septic tank

### H12. MAIN source of lighting
1. Electric range
2. Microwave oven
3. Kerosene stove
4. Gas stove
5. Wood stove
6. Other

### H13. MAIN cooking facility
1. Electric range
2. Microwave oven
3. Kerosene stove
4. Gas stove
5. Wood stove
6. Other

### H14. Durables (write number of items in WORKING condition in boxes)

<table>
<thead>
<tr>
<th>Item</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio</td>
<td></td>
</tr>
<tr>
<td>Car</td>
<td></td>
</tr>
<tr>
<td>Bus/truck</td>
<td></td>
</tr>
<tr>
<td>Motorbike</td>
<td></td>
</tr>
<tr>
<td>Boat with engine</td>
<td></td>
</tr>
<tr>
<td>Canoe/boat (no engine)</td>
<td></td>
</tr>
<tr>
<td>Air conditioner</td>
<td></td>
</tr>
<tr>
<td>Generator</td>
<td></td>
</tr>
<tr>
<td>Fridge/freezer</td>
<td></td>
</tr>
<tr>
<td>Sink</td>
<td></td>
</tr>
<tr>
<td>VCR/DVD player</td>
<td></td>
</tr>
<tr>
<td>TV (no cable)</td>
<td></td>
</tr>
<tr>
<td>TV (w/cable)</td>
<td></td>
</tr>
<tr>
<td>Generator</td>
<td></td>
</tr>
<tr>
<td>Fridge/freezer</td>
<td></td>
</tr>
<tr>
<td>Cellphone</td>
<td></td>
</tr>
<tr>
<td>Sink</td>
<td></td>
</tr>
<tr>
<td>VCR/DVD player</td>
<td></td>
</tr>
<tr>
<td>TV (no cable)</td>
<td></td>
</tr>
<tr>
<td>TV (w/cable)</td>
<td></td>
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<td>TV (no cable)</td>
<td></td>
</tr>
<tr>
<td>TV (w/cable)</td>
<td></td>
</tr>
</tbody>
</table>

### H15. Housing tenure
1. Owned by HH member free and clear - loan paid up
2.Owned by HH member WITH a loan
3. Rented for cash
4. Occupied with cash rent
5. Other

### H16. Land tenure
1. Owned by HH member
2. Leased by HH member
3. Occupied w/ legal arrangement
4. Occupied w/ informal arrangements
5. Other

### H17. Does this household have these livestock and pet, and how are they being used? Call off each item and ask how used.

#### Grow/have/catch
1. Yak
2. Chicken
3. Goat
4. Pig
5. Sea cucumber
6. Reef fish
7. Clam
8. Lobster
9. Other

### H18. Does this household grow the following crops and how are crops being used? Call off each item and ask how used.

#### Grow
1. Sakau
2. Coconut
3. Tobacco
4. B/fruit
5. Citrus
6. Yam
7. Vegetable
8. Betelnut
9. Other

### H19. Does this household catch these fish/shell fish and how are they being used? Call off each item and ask how used.

#### Catch
1. Tuna
2. Chicken
3. Pig
4. Dog
5. Lobster
6. Crab
7. Clam
8. Trochus
9. Other

### H20. How many (read out categories below and write number in the boxes),

#### Smoking
1. Smoke Only
2. Chew Only
3. Doing both

### H21. Have any members of this household died during the last 12 months?
1. Yes
2. No - GO TO H22a

### H21a. Please provide these persons sex, age and date of death?

#### Sex codes
1. Male
2. Female
3. Other

#### Date of death (mm/dd/yyy)

### H22a. Do you have immediate family members (spouse, sons, daughters) living outside the FSM?
1. Yes
2. No - GO TO H22c

### H22b. In what country do these immediate family members live?

1. US mainland
2. Hawaii
3. Guam
4. CNMI
5. Palau
7. Other Pac.Is.
8. Asian countries
9. Other

### H22c. Do you have other relatives (parent, sibling) living outside the FSM?
1. Yes
2. No
### PERSON QUESTIONS

If there are more than 8 people in the household, use additional form(s) for person 9 onward.

#### Person No. (Copy from roster on page 1)

0 1

#### P1. What is ...’s name?

**First name:**

**Last name:**

#### P2. How is ... related to the Householder?

- Householder
- Grandchild
- Spouse
- Brother/Sister
- Natural-born child
- Parent
- Other (specify)

#### P3. What is ...’s sex?

- Male
- Female

#### P4a. What is ...’s date of birth?

- mm
- dd
- yyyy

#### P4b. How old is ...?

Age in complete years as of April 4, 2010.

#### P5. What is ...’s ethnic origin?

List 2 main groups. Write “None” on the second line if ... has only one ethnicity.

- Asian
- South Pacific
- Other (specify)

#### P6a. What is ...’s citizenship?

- FSM by birth
- FSM by naturalization
- Other (specify)

#### P6b. What is ...’s legal residence?

- State:
- Municipality:
- Village/Section:

#### P7. What is ...’s marital status?

- Now married
- Divorced
- Separated
- Widowed
- Never married

#### P8. What is ...’s religion?

- Roman Catholic
- Baptist
- Congreg./Protestant
- SDA
- Assembly of God
- Mormon
- Pentecostal
- Apostolic
- Other (specify)

#### P9. Where was ... born?

- In FSM: State
- Municipal
- Other country (specify)

#### P10. Does ... have difficulty in (read out the types listed below and code as appropriate) because of a health problem?

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No difficulty</td>
</tr>
<tr>
<td>1</td>
<td>Some difficulty</td>
</tr>
<tr>
<td>2</td>
<td>A lot of difficulty</td>
</tr>
<tr>
<td>3</td>
<td>Cannot do at all</td>
</tr>
</tbody>
</table>

#### P12. Can ... read, write with understanding a simple sentence in any language?

- Yes
- No

#### P13. What language ... MAINLY speak at home?

- English
- Other

#### P14. Is ... now attending formal educational institution?

- Full-time
- Part-time
- Never been

#### P15a. What level of education is ... attending?

- Preschool/Kindergarten
- Elementary/high school - grade 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- 13. College
- 14. Post-school (diplomas, apprenticeship)
- 15. Other (specify)

#### P15b. What type of educational institution is ... attending?

- Government/public
- 3. Other (specify)
- Private/church

#### P16. What is the highest level of education has ... completed?

- Preschool/Kindergarten
- Elementary/high school - grade 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- 13. College
- 14. Post-school (diplomas, apprenticeship)
- Associate degree in college - Occup program
- Associate degree in college - Acad program
- Bachelor’s degree (e.g. BS, BA)
- Master’s degree (e.g. MA, MBA)
- Professional school degree (e.g. MD, LLB)
- Doctorate degree
- Other (specify)

#### P17a. Does ... use the internet?

- Yes
- No

#### P17b. How often does ... use it?

- Everyday
- 2-3 times a week
- Once a month
- 4-5 times a week
- 6+ times a month
- Other

#### P18. Has ... ever been on active-duty military service of the Armed Forces of the USA? “Active duty” does NOT include training for the Military Reserves or National Guard.

- Yes, now on active duty
- No
- Yes, on active duty in the past

#### P19. Did ... work at any time LAST WEEK, either full-time or part-time (for cash pay, payment in kind or home production activities) for pay?

- Yes
- No

#### P20. During LAST WEEK, did ... have a job at which ... did not work?

- Yes
- No

#### P21. What kind of work does ... usually do?

- Work at a job or business and does home production activity
- Work at a job or business AND does home production activity
- Does home production activity ONLY

#### P22. How are the goods produced from home production activities used?

- For sale
- Own consumption
- Both

#### P23. How many hours did ... work LAST WEEK?

- Subtract any time off and add any overtime hours.

#### P24. What industry does ... work in?

- Example: general hospital, mechanic shop, retail store, Post Office, etc.

#### P25. What is ...’s occupation?

- Example: registered nurse, industrial machine mechanic, stock-room clerk, postal clerk, etc.

#### P26. For whom did ... work?

- Private FOR PROFIT company
- Private FOR NON-PROFIT company
- Public CORPORATION
- State GOVT
- Municipal GOVT
- Federal GOVT
- National GOVT
- UNPAID family worker
- Home production activities for own use/sale

#### P27. Did ... actively look for work to earn money in the last 4 weeks?

- Yes
- No

#### P28. Why was ... not looking for work?

- Didn’t want to work
- Full-time homemaker
- 3. in school
- 4. Retired/disabled
- 5. Unemployed
- 6. Other (specify)

#### P29. Would ... have taken a job if offered?

- Yes
- No

#### P30a. Did ... receive remittances from outside of the FSM in the last 12 months?

- Yes
- No

#### P30b. How much did you receive? $ |

#### P31. Was ... state of health in the last 12 months?

- Good
- Fair
- Poor

#### P32. Is ...’s vision corrected?

- Yes
- No

#### P33. Is ...’s hearing corrected?

- Yes
- No

#### P34. Is ...’s hearing corrected?

- Yes
- No

#### P35. Is ...’s hearing corrected?

- Yes
- No

#### P36. Is ...’s hearing corrected?

- Yes
- No

#### P37. Is ...’s hearing corrected?

- Yes
- No

#### P38. Is ...’s hearing corrected?

- Yes
- No

#### P39. Is ...’s hearing corrected?

- Yes
- No

#### P40. Is ...’s hearing corrected?

- Yes
- No

#### P41. Is ...’s hearing corrected?

- Yes
- No

#### P42. Is ...’s hearing corrected?

- Yes
- No

#### P43. Is ...’s hearing corrected?

- Yes
- No

#### P44. Is ...’s hearing corrected?

- Yes
- No

#### P45. Is ...’s hearing corrected?

- Yes
- No

#### P46. Is ...’s hearing corrected?

- Yes
- No

#### P47. Is ...’s hearing corrected?

- Yes
- No

#### P48. Is ...’s hearing corrected?

- Yes
- No

#### P49. Is ...’s hearing corrected?

- Yes
- No

#### P50. Is ...’s hearing corrected?

- Yes
- No
Person No. (Copy from roster on page 1)  
P1. What is ...’s name? 

First name: ____________________________

Last name: ____________________________

P2. How is ... related to the Householder? 


P3. What is ...’s sex? 

1. Male 2. Female

P4a. What is ...’s date of birth? 

If unknown, please give your best estimate

mm / dd / yyyy

P4b. How old is ...? 

Age in complete years as of April 4, 2010.

P5. What is ...’s ethnic origin? 

Example: Yapese, Satawalese, Pohnpeian, Mortlockese, American, etc.

List 2 main groups. Write “None” on the second line if ... has only one ethnicity.

1. ____________________________ 2. ____________________________

P6. What is ...’s citizenship? 

1. FSM by birth 2. FSM by naturalization 3. Other country (specify) 

P7. What is ...’s marital status? 


P8. What is ...’s religion? 


P9. Where was ... born? 

1. In FSM: State ____________________________ 2. Municipal ____________________________ 3. Other country (specify) ____________________________

P10. Does ... have difficulty in (read out the types listed below and code as appropriate) because of a health problem? 

[Codes: 0 = No difficulty 1 = Some difficulty 2 = A lot of difficulty 3 = Cannot do at all]

Seeing, even with eyeglasses? 

Hearing, even with hearing aid? 

Walking, climbing steps, or use of arms? 

Remembering or concentrating? 

Other (specify) ____________________________

P11. Where was ...’s residence 5 years ago? 

1. In FSM: State ____________________________ 2. Municipal ____________________________ 3. Other country (specify) ____________________________

P12. Can ... read, write with understanding a simple sentence in any language? 

1. Yes 2. No - GO TO P13

If “Yes”, ASK - In what language? 

English: 1. Yes 2. No

Other (specify): ____________________________

P13. What language ... MAINLY speak at home? 


P14. Is ... now attending formal educational institution? 

1. Full-time 2. Part-time 3. In the past but not now - GO TO P16

P15a. What level of education is ... attending? 

30. Preschool/Kindergarten 

Elementary/high school - grade 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th 

College 14. Post-school (diplomas, apprenticeship) 

Other (specify) ____________________________

P15b. What type of educational institution is ... attending? 

1. Government/public 2. Private/church 3. Other (specify) ____________________________

P16. What is the highest level of education has ... completed? 

30. Preschool/Kindergarten 

Elementary/high school - grade 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th 

High sch. graduate - high school equivalent (GED prog) 13. Some college but no degree 

Some college but no degree 14. Bachelor’s degree 15. Associate degree in college - Occup program 16. Associate degree in college - Acad program 17. Bachelor’s degree (e.g. BS, BA) 18. Master’s degree (e.g. MA, MBA) 19. Professional school degree (e.g. MD, LLB) 20. Doctorate degree 21. Other (specify) ____________________________

P17a. Does ... use the internet? 

1. Yes 2. No - GO TO P18

P17b. How often does ... use it? 

1. Everyday 2. 3-2 times a wk 3. Once a month 4. 2-3 times a month 5. 2-3 times a month 6. Other

P18. Has ... ever been on active-duty military service of the Armed Forces of the USA? “Active duty” does NOT include training for the Military Reserves or National Guard. 

1. Yes, now on active duty 2. Yes, on active duty in the past 

P19. Did ... work at any time LAST WEEK, either full-time or part-time (for cash pay, payment in kind or home production activities)? 

1. Yes, worked at a job or business and did home production activity - GO TO P23 

2. Yes, worked at a job or business AND did home production activity - GO TO P22 

3. Yes, did home production activity ONLY - GO TO P22 

4. No

P20. During LAST WEEK, did ... have a job at which ... did not work? 

1. Yes 2. No - GO TO P27

P21. What kind of work does ... usually do? 

1. Work at a job or business and does home production activity - GO TO P23 

2. Work at a job or business AND also does home production activity 

3. Does home production activity ONLY

P22. How are the goods produced from home production activities used? 

1. For sale 2. Own consumption 3. Both

P23. How many hours did...work LAST WEEK? 

Subtract any time off and add any overtime hours. 

If did not work last week, the question refers to the week ... last worked.

At paid job/business

At home production activities

P24. What industry does ... work in? 

Example: general hospital, mechanic shop, retail store, Post Office, etc

P25. What is ...’s occupation? 

Example: registered nurse, industrial machine mechanic, stock-room clerk, postal clerk, etc

P26. For whom did ... work? 


** IF ANSWERED TO P26, SKIP TO P30a **

P27. Did ... actively look for work to earn money in the last 4 weeks? 

1. Yes - GO TO P29 2. No

P28. Why was ... not looking for work? 


P29a. How much did you receive? $ 

P30a. Did ... receive remittances from outside of the FSM in the last 12 months? 

1. Yes 2. No - GO TO P30a

P30aa. How much did you receive? $ 

P30b. How is this money usually received? 


P30c. From which country is MOST of this money coming from? 

ICl 2: If AGE < 15 years, GO TO NEXT PERSON

ICl 3: IfSEX = Male, GO TO NEXT PERSON

F1. Has ... ever given birth to a live child, even if the child later died? 

1. Yes 2. No - GO TO NEXT PERSON

F2a. How many children born alive to ...? 

Living a. In this household b. Elsewhere in FSM c. Overseas Dead d. Total

F3. What is the date of birth of the last child born alive to ...? 

mm dd yyyy

F4. What is the sex of the last child born alive to ...? 

1. Male 2. Female

F5. Is this child still alive? 

1. Yes 2. No
PERSON QUESTIONS
If there are more than 8 people in the household, use additional form(s) for person 9 onward.

Person No. (Copy from roster on page 1)
P1. What is ...’s name?

First name: ____________________________
Last name: ____________________________

P2. How is ... related to the Householder?

1. Householder 5. Grandchild
2. Spouse 6. Brother/Sister
3. Natural-born child 7. Parent  Other relative (specify)

P3. What is ...’s sex?

1. Male 2. Female

P4a. What is ...’s date of birth?

If unknown, please give your best estimate

mm | dd | yyyy

P4b. How old is ...?

Age in complete years as of April 4, 2010.

P5. What is ...’s ethnic origin? Example: Yapese, Satawalese, Pohnpeian, Mortlockese, American, etc.

List 2 main groups. Write “None” on the second line if ... has only one ethnicity.

1. ____________________________
2. ____________________________

P6a. What is ...’s citizenship?

1. FSM by birth
2. FSM by naturalization
3. Other country (specify)

P6b. What is ...’s legal residence?

State: ____________________________
Municipality: ____________________________
Village/Section: ____________________________

P7. What is ...’s marital status?

1. Now married 3. Divorced
2. Separated 4. Widowed
5. Never married

P8. What is ...’s religion?

1. Roman Catholic
2. Congreg./Protestant
3. Assembly of God
4. Pentecostal
5. Apostolic
6. Baptist
7. SDA
8. Mormon
9. No religion
10. Other (specify)

P9. Where was ... born?

1. In FSM: State ____________________________
Municipal ________________
2. Other country ____________________________

P10. Does ... have difficulty in (read out the types listed below and code as appropriate) because of a health problem?

Codes:
0 = No difficulty 2 = A lot of difficulty
1 = Some difficulty 3 = Cannot do at all

Seeing, even with eyeglasses?
Hearing, even with hearing aid?
Walking, climbing steps, or use of arms?
Remembering or concentrating?

Other (specify)

P11. Where was ...’s residence 5 years ago?

1. In FSM: State ____________________________
Municipal ________________
2. Other country ____________________________

P12. Can ... read, write with understanding a simple sentence in any language?

1. Yes 2. No

If “Yes”, ASK - In what language?

English: 1. Yes 2. No
Other (specify):
Other (specify):

P13. What language ... MAINLY speak at home?

1. English
2. FSM (Oceanic)
3. Sere
d. Other (specify)

P14. Is ... now attending formal educational institution?

1. Full-time 3. In the past but not now - GO TO P16
2. Part-time 4. Never been

P15a. What level of education is ... attending?

1. Preschool/Kindergarten
2. Elementary/Kindergarten - grade
3. Elementary/High school - grade
4. High sch. graduate - high school equivalent (GED prog)
5. College
6. Associate degree in college - Occup program
7. Associate degree in college - Acad program
8. Bachelor’s degree (e.g. BS, BA)
9. Master’s degree (e.g. MA, MBA)
10. Professional school degree (e.g. MD, LLB)
11. Doctorate degree
12. Other (specify)

P15b. What type of educational institution is ... attending?

1. Government/public
2. Private/church
3. Others (specify)

P16. What is the highest level of education has ... completed?

1. Preschool/Kindergarten
2. Elementary/High school - grade
3. High sch. graduate - high school equivalent (GED prog)
4. College
5. Associate degree in college - Occup program
6. Associate degree in college - Acad program
7. Bachelor’s degree (e.g. BS, BA)
8. Master’s degree (e.g. MA, MBA)
9. Professional school degree (e.g. MD, LLB)
10. Doctorate degree
11. Other (specify)

P17a. Does ... use the internet?

1. Yes 2. No

P17b. How often does ... use it?

1. Everyday
2. 2-3 times a week
3. Once a month
4. 4-5 times a week
5. 2 or less
6. Other

P18. Has ... ever been on active-duty military service of the Armed Forces of the USA? “Active duty” does NOT include training for the Military Reserves or National Guard.

1. Yes, now on active duty
2. Yes, on active duty in the past
3. No

P19. Did ... work at any time LAST WEEK, either full-time or part-time (for cash pay, payment in kind of the Armed Forces of the USA)?

1. Yes, worked at a job or business and did home production activities
2. Yes, worked at a job or business AND did home production activity - GO TO P22
3. Yes, did home production activity ONLY - GO TO P22
4. No

P20. During LAST WEEK, did ... have a job at which ... did not work?

1. Yes 2. No

P21. What kind of work does ... usually do?

1. Work at a job or business and does home production activities
2. Work at a job or business AND does home production activity
3. Does home production activity ONLY

P22. How are the goods produced from home production activities used?

For sale 2. Own consumption 3. Both

P23. How many hours did...work LAST WEEK? Subtract any time off and add any overtime hours.

If did not work last week, the question refers to the week ... last worked.

At paid job/business
At home production activities

P24. What industry does ... work in?

Example: general hospital, mechanic shop, retail store, Post Office, etc.

P25. What is ...’s occupation?

Example: registered nurse, industrial machine mechanic, stock-room clerk, postal clerk, etc.

P26. For whom did ... work?

1. Private FOR PROFIT company
2. Private for NON-PROFIT company
3. Public CORPORATION
4. Municipal GOVT
5. State GOVT
6. National GOVT
7. Foreign/federal GOVT
8. UNPAID family worker
9. UNEMPLOYED
10. Home production activities for own use/sale

P27. Did ... actively look for work to earn money in the last 4 weeks?

1. Yes - GO TO P29
2. No

P28. Why was ... not looking for work?

1. Didn’t want to work
2. Full-time homemaker
3. In school
4. Retired/disabled
5. Weather/no transport

P29. Could ... have taken a job if offered?

1. Yes 2. No

P30a. Did ... receive remittances from outside of the FSM in the last 12 months?

1. Yes 2. No - GO TO F1

P30aa. How much did you receive? $

P30b. How is this money usually received?

1. Western Union/Money Gram
2. Shop/store
3. Bank
4. Post Office
5. Other

P30c. From which country is MOST of this money coming from?

P31. Has ... ever given birth to a live child, even if the child later died?

1. Yes 2. No

F2a. How many children born alive to ...?

F3. What is the date of birth of the last child born alive to ...?

F4. What is the sex of the last born child alive to ...?

F5. Is this child still alive?

1. Yes 2. No
**PERSON QUESTIONS**

If there are more than 8 people in the household, use additional form(s) for person 9 onward.

<table>
<thead>
<tr>
<th>Person No. (Copy from roster on page 1)</th>
<th></th>
</tr>
</thead>
</table>

**P1. What is ...’s name?**

- First name: __________________________
- Last name: __________________________

**P2. How is ... related to the Householder?**

- 1. Householder 5. Grandchild
- Other relative (specify) 8. Non-relative

**P3. What is ...’s sex?**

- 1. Male 2. Female

**P4a. What is ...’s date of birth?**

<table>
<thead>
<tr>
<th>mm</th>
<th>dd</th>
<th>yyyy</th>
</tr>
</thead>
</table>

**P4b. How old is ...?**

Age in complete years as of April 4, 2010.

**P5. What is ...’s ethnic origin?**

Example: Yapese, Satawalese, Pohnpeian, Mortlockese, American, etc.

List 2 main groups. Write “None” on the second line if ... has only one ethnicity.

<table>
<thead>
<tr>
<th>Ethnicity 1</th>
<th>Ethnicity 2</th>
</tr>
</thead>
</table>

**P6a. What is ...’s citizenship?**

- 1. FSM by birth
- 2. FSM by naturalization
- 3. Other country (specify)

**P6b. What is ...’s legal residence?**

- State: ____________________________
- Municipality: ______________________
- Village/Section: ____________________

**P7. What is ...’s marital status?**

- 1. Now married 3. Divorced

**P8. What is ...’s religion?**

- 1. Roman Catholic
- 2. Congreg./Protestant
- 3. Assembly of God
- 4. Pentecostal
- 5. Apostolic
- Other (specify): ____________________

**P9. Where was ... born?**

- 1. In FSM: State ____________________
- 2. Other country ____________________

**P10. Does ... have difficulty in (read out the types listed below and code as appropriate) because of a health problem?**

<table>
<thead>
<tr>
<th>Codes:</th>
<th>0 = No difficulty</th>
<th>2 = A lot of difficulty</th>
<th>3 = Cannot do at all</th>
<th>4 = Never do</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Seeing, even with eyeglasses</td>
<td>Hearing, even with hearing aid</td>
<td>Walking, climbing steps, or use of arms</td>
<td>Remembering or concentrating</td>
</tr>
</tbody>
</table>

**P11. Where was ...’s residence 5 years ago?**

- 1. In FSM: State ____________________
- 2. Other country ____________________

**P12. Can ... read, write with understanding a simple sentence in any language?**

- 1. Yes 2. No - GO TO P13

**P13. What language ... MAINLY speak at home?**

- English: 1. Yes 2. No
- Other (specify): ____________________
- Other (specify): ____________________

**P14. Is ... now attending formal educational institution?**

- 1. Full-time 3. In the past but not now - GO TO P16
- 2. Part-time 4. Never been - GO TO ICI 2

**P15a. What level of education is ... attending?**

- 30. Preschool/Kindergarten
- 15. Other (specify): ____________________

**P15b. What type of educational institution is ... attending?**

- 1. Government/public
- 2. Private/church
- 3. Other (specify): ____________________

**P16. What is the highest level of education has ... completed?**

- 30. Preschool/Kindergarten
- 15. Other (specify): ____________________

**P17a. Does ... use the internet?**

- 1. Yes 2. No - GO TO P18

**P17b. How often does ... use it?**

- 1. Everyday 3. 2-3 times a week 5. Once a month
- 2. 4-5 times a week 4. 2-3 times a month 6. Other __________

**P18. Has ... ever been on active-duty military service of the Armed Forces of the USA? “Active duty” does NOT include training for the Military Reserves or National Guard.**

- 1. Yes, now on active duty 3. No
- 2. Yes, on active duty in the past

**P19. Did ... work at any time LAST WEEK, either full-time or part-time (for cash pay, payment in kind or home production activities)?**

- 1. Yes, worked at a job or business and did
- 2. Yes, worked at a job or business AND did home production activity
- 3. Yes, did home production activity ONLY
- 4. No

**P20. During LAST WEEK, did ... have a job at which ... did not work?**

- 1. Yes 2. No - GO TO P27

**P21. What kind of work does ... usually do?**

- 1. Work at a job or business and does
- 2. Work at a job or business AND also does home production activity
- 3. Does home production activity ONLY

**P22. How are the goods produced from home production activities used?**

- 1. For sale 2. Own consumption 3. Both

**P23. How many hours did ... work LAST WEEK?**

Subtract any time off and add any overtime hours. If did not work last week, the question refers to the week ... last worked.

- At paid job/business
- At home production activities

**P24. What industry does ... work in?**

Example: general hospital, mechanic shop, retail store, Post Office, etc.

<table>
<thead>
<tr>
<th>Industry 1</th>
<th>Industry 2</th>
<th>Industry 3</th>
<th>Industry 4</th>
<th>Industry 5</th>
<th>Industry 6</th>
<th>Industry 7</th>
<th>Industry 8</th>
<th>Industry 9</th>
<th>Industry 10</th>
</tr>
</thead>
</table>

**P25. What is ...’s occupation?**

Example: registered nurse, industrial machine mechanic, stock-room clerk, postal clerk, etc.

<table>
<thead>
<tr>
<th>Occupation 1</th>
<th>Occupation 2</th>
<th>Occupation 3</th>
<th>Occupation 4</th>
<th>Occupation 5</th>
<th>Occupation 6</th>
<th>Occupation 7</th>
<th>Occupation 8</th>
<th>Occupation 9</th>
<th>Occupation 10</th>
</tr>
</thead>
</table>

**P26. For whom did ... work?**

- 1. Private FOR PROFIT company
- 2. Private for NON-PROFIT company
- 3. Public CORPORATION
- 4. Municipal GOVT
- 5. State GOVT
- 6. National GOVT
- 7. Foreign/federal GOVT
- 8. SELF-employed
- 9. UNPAID family worker
- 10. Home production activities for own use/sale

**P27. Did ... actively look for work to earn money in the last 4 weeks?**

- 1. Yes - GO TO P29
- 2. No

**P28. Why was ... not looking for work?**

- 1. Didn’t want to work
- 2. Full-time homemaker
- 3. In school
- 4. Retired/disabled
- 5. Weather/no transport

**P29. How much of a job offer did ... have a take if offered?**

- 1. Yes 2. No

**P30a. Did ... receive remittances from outside of the FSM in the last 12 months?**

- 1. Yes 2. No - GO TO F1

**P30b. How much did you receive?**

$|___|___|___|,|___|___|___|

**P31. From which country is MOST of this money coming from?**

**ICI 1: If AGE < 3 years, GO TO NEXT PERSON**

**ICI 2: If AGE = 3 or 4 years, GO TO P13**

**ICI 3: If SEX = Male, GO TO NEXT PERSON**

**F1. Has ... ever given birth to a live child, even if the child later died?**

- 1. Yes 2. No - GO TO NEXT PERSON

**F2a. How many children born alive to ...?**

**F2b. How many of these children, by sex, are (Read out options and enter information the categories below).**

<table>
<thead>
<tr>
<th>Gender</th>
<th>0-5</th>
<th>6-11</th>
<th>12-17</th>
<th>18+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**F3. What is the date of birth of the last child born alive to ...?**

<table>
<thead>
<tr>
<th>mm</th>
<th>dd</th>
<th>yyyy</th>
</tr>
</thead>
</table>

**F4. What is the sex of the last born child alive to ...?**

- 1. Male 2. Female

**F5. Is this child still alive?**

- 1. Yes 2. No
### PERSON QUESTIONS

If there are more than 8 people in the household, use additional form(s) for person 9 onward.

### PERSON No. (Copy from roster on page 1)

**P1.** What is ...'s name?

- First name: ____________________________
- Last name: ____________________________

### P2. How is ... related to the Householder?

- 1. Householder
- 2. Spouse
- 3. Natural-born child
- 4. Adopted child

### P3. What is ...'s sex?

- 1. Male
- 2. Female

### P4a. What is ...'s date of birth?

- If unknown, please give your best estimate

- mm / dd / yyyy

### P4b. How old is ...?

Age in complete years as of April 4, 2010.

### P5. What is ...'s ethnic origin?

- Example: Yapese, Micronesian, Chinese, etc.

List 2 main groups. Write “None” on the second line if ... has only one ethnicity.

- 1. ____________________________
- 2. ____________________________

### P6a. What is ...’s citizenship?

- 1. FSM by birth
- 2. FSM by naturalization
- 3. Other country (specify)

### P6b. What is ...’s legal residence?

- State: ____________________________
- Municipality: ____________________________
- Village/Section: ____________________________

### P7. What is ...’s marital status?

- 1. Now married
- 2. Separated
- 3. Divorced
- 4. Widowed
- 5. Never married

### P8. What is ...’s religion?

- 1. Roman Catholic
- 2. Baptist
- 3. Congreg./Protestant
- 4. Pentecostal
- 5. Mormon
- 6. Other (specify)

### P9. Where was ... born?

- 1. In FSM: State ____________________________
- 2. Municipal ____________________________
- 3. Other country (specify)

### P10. Does ... have difficulty in (read out the types listed below and code as appropriate) because of a health problem?

- 0 = No difficulty
- 1 = Some difficulty
- 2 = A lot of difficulty
- 3 = Cannot do at all

<table>
<thead>
<tr>
<th>Type of Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeing, even with eyeglasses</td>
<td>1</td>
</tr>
<tr>
<td>Hearing, even with hearing aid</td>
<td>2</td>
</tr>
<tr>
<td>Walking, climbing steps, or use of arms</td>
<td>3</td>
</tr>
<tr>
<td>Remembering or concentrating</td>
<td>4</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>5</td>
</tr>
</tbody>
</table>

### ICI 1: If AGE < 3 years, GO TO NEXT PERSON

If AGE = 3 or 4 years, GO TO P13

### ICI 2: If AGE < 15 years, GO TO NEXT PERSON

If AGE = 15 or greater, GO TO P17a

### P11. Where was ...’s residence 5 years ago?

- 1. In FSM: State ____________________________
- 2. Municipal ____________________________
- 2. Other country ____________________________

### P12. Can ... read, write with understanding a simple sentence in any language?

- 1. Yes
- 2. No

If “Yes”, ASK - In what language?

- English
- Other (specify)

### P13. What language ... MAINLY speak at home?

- English
- Other (specify)

### P14. Is ... now attending formal educational institution?

- 1. Full-time
- 2. Part-time
- 3. Never been

**GO TO P15a**

### P15a. What level of education is ... attending?

**Example:** Grade 10, diploma, Apprenticeship.

- 1. Elementary/Kindergarten (grade)
- 2. High school/college (grade)
- 3. Professional school degree (e.g. MD, LLB)
- 4. Associate degree in college - Occup program
- 5. Associate degree in college - Acad program
- 6. Bachelor’s degree (e.g. BS, BA)
- 7. Master’s degree (e.g. MA, MBA)
- 8. Doctorate degree
- 9. No degree
- 10. Other (specify)

### P15b. What type of educational institution is ... attending?

- 1. Governmental
- 2. Private
- 3. Church
- 4. Other (specify)

**GO TO P16**

### P16. What is the highest level of education has ... completed?

- 1. Elementary/Kindergarten
- 2. High school/college (grade)
- 3. Professional school degree (e.g. MD, LLB)
- 4. Associate degree in college - Occup program
- 5. Associate degree in college - Acad program
- 6. Bachelor’s degree (e.g. BS, BA)
- 7. Master’s degree (e.g. MA, MBA)
- 8. Doctorate degree
- 9. No degree
- 10. Other (specify)

### P17a. Does ... use the internet?

- 1. Yes
- 2. No

**GO TO P17b**

### P17b. How often does ... use it?

- 1. Everyday
- 2. 2-3 times a wk
- 3. Once a month
- 4. 2-3 times a wk
- 5. 4-5 times a wk
- 6. 4-5 times a month
- 7. Never
- 8. Other (specify)

### P18. Has ... ever been on active-duty military service of the Armed Forces of the USA? “Active duty” does NOT include training for the Military Reserve or National Guard.

- 1. Yes
- 2. No

**GO TO P19**

### P19. Did ... work at any time LAST WEEK, either full-time or part-time (for cash pay, payment in kind or home production activities)?

- 1. Yes
- 2. No

**GO TO P20**

### P20. During LAST WEEK, did ... have a job at which ... did not work?

- 1. Yes
- 2. No

**GO TO P21**

### P21. What kind of work does ... usually do?

- 1. Work at a job or business and does work at home production activities
- 2. Work at a job or business AND does home production activities
- 3. Does home production activity

**GO TO P22**

### P22. How are the goods produced from home production activities used?

- 1. For sale
- 2. Own consumption
- 3. Both

**GO TO P23**

### P23. How many hours did ... work LAST WEEK?

Subtract any time off and add any overtime hours.

- If did not work last week, the question refers to the week ... last worked.

**GO TO P24**

### P24. What industry does ... work in?

**Example:** general hospital, mechanic shop, retail store, Post Office, etc

**GO TO P25**

### P25. What is ...’s occupation?

**Example:** registered nurse, industrial machine mechanic, stock-room clerk, postal clerk, etc

**GO TO P26**

### P26. For whom did ... work?

- 1. Private FOR PROFIT company
- 2. Private FOR NON-PROFIT company
- 3. Public CORPORATION
- 4. Municipal GOVT
- 5. State GOVT
- 6. Federal GOVT
- 7. Foreign/federal GOVT
- 8. National GOVT
- 9. Unpaid family worker
- 10. Home production activities

**GO TO P27**

### P27. Did ... actively look for work to earn money in the last 4 weeks?

- 1. Yes
- 2. No

**GO TO P28**

### P28. Why was ... not looking for work?

- 1. Didn’t want to work
- 2. Full-time homemaker
- 3. In school
- 4. Retired/disabled
- 5. Weather/no transport
- 6. Believe no work is available
- 7. Discouraged
- 8. Other (specify)

**GO TO P29**

### P29. Could ... have taken a job if offered?

- 1. Yes
- 2. No

**GO TO P30a**

### P30a. Did ... receive remittances from outside of the FSM in the last 12 months?

- 1. Yes
- 2. No

**GO TO P30b**

### P30b. How much did you receive? $

**GO TO P31**

### P31. From which country is MOST of this money coming from?

**GO TO P32**

### P32. How many of these children, by sex, are (read out options and enter information the categories below)

**Male**
- a. In this household
- b. Elsewhere in FSM
- c. Overseas

**Female**
- a. In this household
- b. Elsewhere in FSM
- c. Overseas

**GO TO P33**

### P33. What is the date of birth of the last child born alive to ...?

**GO TO P34**

### P34. How many children born alive to ...?

**GO TO P35**

### P35. Is this child still alive?

- 1. Yes
- 2. No

**GO TO P36**

### P36. Did ... receive remittances from outside of the FSM in the last 12 months?

- 1. Yes
- 2. No

**GO TO P37**

### P37. How much did you receive? $

**GO TO P38**

### P38. From which country is MOST of this money coming from?

**GO TO P39**

### P39. How many of these children, by sex, are (read out options and enter information the categories below)

**Male**
- a. In this household
- b. Elsewhere in FSM
- c. Overseas

**Female**
- a. In this household
- b. Elsewhere in FSM
- c. Overseas

**GO TO P40**

### P40. Did ... receive remittances from outside of the FSM in the last 12 months?

- 1. Yes
- 2. No

**GO TO P41**

### P41. How much did you receive? $

**GO TO P42**

### P42. From which country is MOST of this money coming from?

**GO TO P43**

### F1. Has ... ever given birth to a live child, even if the child later died?

- 1. Yes
- 2. No

**GO TO P44**

### F2a. How many children born alive to ...?

**GO TO P45**

### F2b. How many of these children, by sex, are (read out options and enter information the categories below)

**Male**
- a. In this household
- b. Elsewhere in FSM
- c. Overseas

**Female**
- a. In this household
- b. Elsewhere in FSM
- c. Overseas

**GO TO P46**

### F3. What is the sex of the last child born alive to ...?

- 1. Male
- 2. Female

**GO TO P47**

### F4. Is this child still alive?

- 1. Yes
- 2. No

**GO TO P48**
### PERSON QUESTIONS
If there are more than 8 people in the household, use additional form(s) for person 9 onward.

#### PERSON No. (Copy from roster on page 1)

| First name: | | |
| Last name: | | |

#### P1. What is ...’s name?

#### P2. How is ... related to the Householder?
1. Householder 5. Grandchild
2. Spouse 6. Brother/Sister

#### P3. What is ...’s sex?
1. Male 2. Female

#### P4a. What is ...’s date of birth?
If unknown, please give your best estimate

<table>
<thead>
<tr>
<th>mm</th>
<th>dd</th>
<th>yyyy</th>
</tr>
</thead>
</table>

#### P4b. How old is ...?
Age in complete years as of April 4, 2010.

#### P5. What is ...’s ethnic origin?
Example: Yapese, Satawalese, Pohnpeian, Mortlockese, American, etc.
List 2 main groups. Write “None” on the second line if ... has only one ethnicity.

| 1. | 2. |

#### P6a. What is ...’s citizenship?
1. FSM by birth 2. FSM by naturalization 3. Other country (specify)

#### P6b. What is ...’s legal residence?
State: ____________________________
Municipality: ______________________
Village/Section: _____________________

#### P7. What is ...’s marital status?

#### P8. What is ...’s religion?

#### P9. Where was ... born?
1. In FSM: State __________________________
   Municipal __________________________
2. Other country ________________________

#### P10. Does ... have difficulty in (read out the types listed below and code as appropriate) because of a health problem?

**Codes:**
0 = No difficulty
1 = Some difficulty
2 = A lot of difficulty
3 = Cannot do at all

#### P11. Where was ...’s residence 5 years ago?
1. In FSM: State __________________________
   Municipal __________________________
2. Other country ________________________

#### P12. Can ... read, write with understanding a simple sentence in any language?

1. Yes 2. No - GO TO P13

**If ‘Yes’, ASK - In what language?**

1. English: 1. Yes 2. No
2. Other (specify): 1. Yes 2. No

#### P13. What language ... MAINLY speak at home?

1. English: 1. Yes 2. No
2. Other (specify): 1. Yes 2. No

#### P14. Is ... now attending formal educational institution?
1. Full-time 3. In the past but not now - GO TO P16
2. Part-time 4. Never been - GO TO ICI 2

#### P15a. What level of education is ... attending?
30. Preschool/Kindergarten
   Elementary/high school - grade
   1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th
   12.5th grade, no diploma
   13. High school graduate - high school equivalent (GED prog)
   14. Some college but no degree
   15. Associate degree in college - Occup program
   16. Associate degree in college - Acad program
   17. Bachelor’s degree (e.g. BS, BA)
   18. Master’s degree (e.g. MA, MBA)
   19. Professional school degree (e.g. MD, LLB)
   20. Doctorate degree 21. Other (specify)

#### P15b. What type of educational institution is ... attending?
2. Private/church

#### P16. What is the highest level of education has ... completed?
30. Preschool/Kindergarten
   Elementary/high school - grade
   1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th
   12.5th grade, no diploma
   13. High school graduate - high school equivalent (GED prog)
   14. Some college but no degree
   15. Associate degree in college - Occup program
   16. Associate degree in college - Acad program
   17. Bachelor’s degree (e.g. BS, BA)
   18. Master’s degree (e.g. MA, MBA)
   19. Professional school degree (e.g. MD, LLB)
   20. Doctorate degree 21. Other (specify)

#### P17a. Does ... use the internet?
1. Yes 2. No - GO TO P18

#### P17b. How often does ... use it?
1. Everyday 2. 3-2 times a week 3. Once a month 4. 4-2 times a week 5. 6-Other

#### P18. Has ... ever been on active-duty military service of the Armed Forces of the USA? “Active duty” does NOT include training for the Military Reserves or National Guard.
1. Yes, now on active duty 3. No
2. Yes, on active duty in the past

#### P19. Did ... work at any time LAST WEEK, either full-time or part-time (for cash pay, payment in kind or home production activities)?
1. Yes, worked at a job or business and did home production activity - GO TO P22
2. Yes, did home production activity ONLY - GO TO P22 4. No

#### P20. During LAST WEEK, did ... have a job at which ... did not work?
1. Yes 2. No - GO TO P27

#### P21. What kind of work does ... usually do?
1. Work at a job or business and does home production activity - GO TO P22
2. Work at a job or business AND also does home production activity
3. Does home production activity ONLY

#### P22. How are the goods produced from home production activities used?
1. For sale 2. Own consumption 3. Both

#### P23. How many hours did ... work LAST WEEK?
Subtract any time off and add any overtime hours.

**If did not work last week, the question refers to the week ... last worked.**

At paid job/business
At home production activities

#### P24. What industry does ... work in?
Example: general hospital, mechanic shop, retail store, Post Office, etc

#### P25. What is ...’s occupation?
Example: registered nurse, industrial machine mechanic, stock-room clerk, postal clerk, etc

#### P26. For whom did ... work?

#### P27. Did ... actively look for work to earn money in the last 4 weeks?
1. Yes - GO TO P29 2. No

#### P28. Why was ... not looking for work?
1. Didn’t want to work 6. Believe no work is available
2. Full-time homemaker 7. Discouraged
3. In school 8. Other (specify)
4. Retired/disabled
5. Weather/no transport

#### P29a. Could ... have taken a job if offered?
1. Yes 2. No

#### P30a. Did ... receive remittances from outside of the FSM in the last 12 months?
1. Yes 2. No - GO TO F1

#### P30b. How much did you receive? $

#### P30c. From which country is MOST of this money coming from?

#### ICI 1: IF AGE < 3 years, GO TO NEXT PERSON

<table>
<thead>
<tr>
<th>Age</th>
<th>1=Some difficulty</th>
<th>2=A lot of difficulty</th>
<th>3=Cannot do at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeing, even with eyeglasses?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing, even with hearing aid?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking, climbing steps, or use of arms?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remembering or concentrating?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
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</tr>
</tbody>
</table>

#### ICI 1: IF AGE = 3 or 4 years, GO TO P13

<table>
<thead>
<tr>
<th>Age</th>
<th>1=Some difficulty</th>
<th>2=A lot of difficulty</th>
<th>3=Cannot do at all</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Remembering or concentrating?</td>
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<td></td>
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<tr>
<td>Other (specify)</td>
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</tbody>
</table>

#### ICI 2: IF AGE < 15 years, GO TO NEXT PERSON

<table>
<thead>
<tr>
<th>Age</th>
<th>1=Some difficulty</th>
<th>2=A lot of difficulty</th>
<th>3=Cannot do at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does ... use the internet?</td>
<td></td>
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<tr>
<td>1. Yes 2. No - GO TO P18</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. How often does ... use it?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1. Everyday 2. 3-2 times a week 3. Once a month 4. 4-2 times a week 5. 6-Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### ICI 3: IF SEX = Male, GO TO NEXT PERSON

<table>
<thead>
<tr>
<th>Sex</th>
<th>1=Some difficulty</th>
<th>2=A lot of difficulty</th>
<th>3=Cannot do at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has ... ever given birth to a live child, even if the child later died?</td>
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</tr>
<tr>
<td>1. Yes 2. No - GO TO NEXT PERSON</td>
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</tr>
<tr>
<td>2. How many children born alive to ...?</td>
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</tbody>
</table>
INSTRUCTIONS TO ENUMERATOR:

-BEFORE YOU LEAVE THIS HOUSING UNIT, BE SURE YOU HAVE RECORDED ON PAGE 1 OF THE QUESTIONNAIRE-

1. Information in items A, B, C, D, E, F, and G.

2. The respondent’s name in item H and the respondent’s telephone number (if any) in item I.

3. Information in items J, K, and L.

   Also, be sure you have –

4. Completed as many of the census questions as possible.

5. Entered the required information on the List of Regular Households pages in the Listing Book

6. Update the ED Map, if needed.

7. Written ALL entries clearly and legibly.

After you complete items 1-7 above, be sure to enter your signature and date in the certification box below.

THANK THE RESPONDENT FOR HIS/HER COOPERATION

- CERTIFICATION -

Enumerator:
I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge.

 Enumerator’s Name (PRINT)  
 Enumerator’s Signature  Date

Crew leader:
I have reviewed and certify that the entries made on this questionnaire are true and correct.

 Crewleader’s Name (PRINT)  
 Crewleader’s Signature  Date