

PAPUA NEW GUINEA HOUSEHOLD SURVEY 1996

Household Questionnaire

Province: \_\_\_\_\_

Census Division: \_\_\_\_\_

Census Unit: \_\_\_\_\_

Village Name: \_\_\_\_\_

Name of  
Household Head: \_\_\_\_\_

Interviewer(s): \_\_\_\_\_

\_\_\_\_\_

Province Number:
Census Division Number:
Census Unit Number:
Dwelling Number:
Date of Interview: ___/___/1996

DESCRIBE (OR SKETCH) THE LOCATION OF THE HOUSEHOLD

**SUPERVISOR CHECK**

Sign only after visiting the household described on this sheet and confirming that they were interviewed on the day

indicated.

SUPERVISOR \_\_\_\_\_

Section 1. Household Roster

Person No.	1. NAME  What are the names of all the people who usually live in this household?  <i>Start with the HEAD of the household. If a baby has no name yet, enter as "BABY".</i>	2.  SEX         M/F	3.  AGE  How old is (Name)?         <i>[Only need approximate age if greater than 15]</i>  years
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			

16			
17			
18			






			0								
			0								
			0								
			0								












**INSTRUCTIONS** Questions in Section 5 to Section 7 deal with the household as a whole. Where individuals are referred to, reference them by their person number from the household roster.

Section 5. Foods in the Diet

25a. WHAT DID THE FAMILY EAT YESTERDAY?

MORNING:

MIDDAY:

AFTERNOON:

**FOR CODING USE ONLY**

Circle 1 if the food was eaten yesterday, 2 otherwise.  
Do NOT use the list of foods to prompt the household.

	Yes	No
Banana	1	2
Biscuit/Bread/Flour/Scone	1	2
Coconut	1	2
Rice	1	2
Sago	1	2
Sweet Potato	1	2
Tapiok (Cassava)	1	2
Taro and Chinese Taro	1	2
Yams and Mamis	1	2
Greens	1	2
Legumes	1	2
Bush Meat	1	2
Chicken	1	2
Fresh Fish, Shellfish etc	1	2

Lamb and Mutton	1	2
Other Meat (Pork, Beef, etc.)	1	2
Tinned Fish	1	2
Tinned Meat	1	2

25b. ARE YOU SHORT OF FOOD NOW?

Yes

 1

No

 2

25c. HOW LONG AGO WAS THE LAST FOOD SHORTAGE?

 months years

Section 6. Housing Conditions

<p>26. WHAT IS THE MAIN SOURCE OF DRINKING WATER YOUR HOUSEHOLD USES? <i>[Tick a box]</i></p> <p>Piped into household/yard 6 Q.29 <input type="checkbox"/> 1</p> <p>Piped into neighbourhood <input type="checkbox"/> 2</p> <p>Piped supply outside neighbourhood <input type="checkbox"/> 3</p> <p>Well in yard 6 Q.29 <input type="checkbox"/> 4</p> <p>Public well <input type="checkbox"/> 5</p> <p>Rain water tank 6 Q.29 <input type="checkbox"/> 6</p> <p>River lake creek spring <input type="checkbox"/> 7</p> <p>Tanker truck 6 Q.29 <input type="checkbox"/> 8</p> <p>Other (Specify) <input type="checkbox"/> 9</p>	<p>30. HOW MUCH WAS THE LATEST PAYMENT FOR WATER?</p> <p><i>kina</i> <input type="text"/></p>
<p>27. HOW LONG DOES IT TAKE TO GO TO THE WATER SOURCE, GET WATER AND COME BACK?</p> <p><i>minutes</i> ..... <input type="text"/><input type="text"/></p> <p><i>hours</i> ..... <input type="text"/><input type="text"/></p>	<p>31. HOW LONG DID THIS WATER LAST?</p> <p><i>days</i> <input type="text"/></p>
<p>28a. WHO USUALLY GOES TO FETCH WATER?</p> <p><i>[Enter person number from household roster]</i></p> <p><input type="text"/><input type="text"/></p>	<p>32. DOES YOUR HOUSEHOLD HAVE THE USE OF</p> <p>Yes from mains supply/town generator <input type="checkbox"/> 1</p> <p>Yes from own generator <input type="checkbox"/> 2</p> <p>No <input type="checkbox"/> 3</p>
<p>28b. HOW MANY TRIPS DO THEY MAKE?</p> <p><i>Number of return trips per day</i></p> <p><input type="text"/><input type="text"/></p>	<p>33. DOES YOUR HOUSEHOLD HAVE THE USE OF A TOILET FACILITY?</p> <p>Yes ..... <input type="checkbox"/> 1</p> <p>No 6 Q.35 ..... <input type="checkbox"/> 2</p>
	<p>34. WHAT TYPE OF TOILET FACILITY DOES YOUR HOUSEHOLD USUALLY USE?</p> <p>Own flush toilet ..... <input type="checkbox"/> 1</p> <p>Shared flush toilet ..... <input type="checkbox"/> 2</p> <p>Household pit ..... <input type="checkbox"/> 3</p> <p>Household bucket ..... <input type="checkbox"/> 4</p> <p>Communal pit toilet ..... <input type="checkbox"/> 5</p> <p>Closet over sea or water ..... <input type="checkbox"/> 6</p> <p>Other (Specify) ..... <input type="checkbox"/> 7</p>
<p>29. DO YOU HAVE TO PAY MONEY FOR YOUR</p> <p>Yes <input type="checkbox"/> 1</p>	<p>35. DO YOU HAVE A SEPARATE COOK HOUSE</p> <p>Yes <input type="checkbox"/> 1</p>

No. 6032

2

No.

2

Questions on this page answered by person number

*INTERVIEWER: Complete questions 37-43 for the main dwelling*

<p>36. WHAT KIND OF FUEL IS <u>USUALLY</u> USED BY YOUR HOUSEHOLD FOR COOKING? <i>[Tick a box]</i></p> <p>Wood (incl. coconut shells) <input type="checkbox"/> 1</p> <p>Kerosene <input type="checkbox"/> 2</p> <p>Gas <input type="checkbox"/> 3</p> <p>Electricity <input type="checkbox"/> 4</p> <p>Other (Specify) <input type="checkbox"/> 5</p>	<p>38. WHAT IS THE <u>MAIN</u> MATERIAL OF THE FLOOR?</p> <p>Cement, ceramic tiles, carpet <input type="checkbox"/> 1</p> <p>Timber (sawn and finished) <input type="checkbox"/> 2</p> <p>Traditional materials (bamboo, palms, etc) <input type="checkbox"/> 3</p> <p>Earth, mud, sand <input type="checkbox"/> 4</p> <p>Other (Specify) <input type="checkbox"/> 5</p>
---	--

<p>37. WHAT IS THE <u>MAIN</u> MATERIAL OF THE OUTSIDE WALLS?</p> <p>Fibro-cement, brick, concrete, masonry <input type="checkbox"/> 1</p> <p>Timber (sawn) <input type="checkbox"/> 2</p> <p>Corrugated iron or sheet metal <input type="checkbox"/> 3</p> <p>Traditional material (bamboo, matting, etc) <input type="checkbox"/> 4</p> <p>Other (Specify) <input type="checkbox"/> 5</p>	<p>39. WHAT IS THE <u>MAIN</u> MATERIAL OF THE ROOF?</p> <p>Corrugated iron or sheet metal <input type="checkbox"/> 1</p> <p>Fibro-cement or tiles <input type="checkbox"/> 2</p> <p>Traditional material (kumai, sago, thatch, etc) <input type="checkbox"/> 3</p> <p>Other (Specify) <input type="checkbox"/> 4</p>
---	---

<p>40. WHEN WAS YOUR HOUSE BUILT?</p> <p style="text-align: center;"><i>year</i> <input style="width: 50px;" type="text"/></p>	<p>41. HOW MUCH DID IT COST TO BUILD OR BUY THIS HOUSE?</p> <p style="text-align: center;"><i>kina</i> <input style="width: 50px;" type="text"/></p>
--	--

<p>42. WAS ANY UNPAID LABOUR (INCLUDING FROM YOUR OWN FAMILY) USED TO BUILD THIS HOUSE?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	<p>43. HOW MANY DAYS OF UNPAID LABOUR WERE USED TO BUILD THIS HOUSE?</p> <p style="text-align: center;"><i>days</i> <input style="width: 50px;" type="text"/></p>
--	---

<p>44. NOW I WOULD LIKE TO MEASURE THE AREA OF YOUR HOUSE . . .</p>	<p><i>INTERVIEWER: Make a sketch of the main dwelling and any structures occupied by the household that are nearby (e.g., cook houses), measure the perimeter and indicate all dimensions on the sketch. Exclude toilets, uncovered platforms, terraces and balconies.</i></p> <p><i>How was the area measured?</i></p> <p>Inside . . . . . <input style="width: 50px;" type="text"/></p> <p>Outside . . . . . <input style="width: 50px;" type="text"/></p>
---	--

*How many rooms are inside the  
measured area?*

---

SUPERVISOR: Floor area ..... m<sup>2</sup>

Section 8. Anthropometrics

*INTERVIEWER: Ask questions 51-58 only if (Name) is less than five years old*

Person No.	51.	52.		53.	54.	55.	56.	57.	58.
	SEX	When was (Name) born?		Source of birth date information?  e.g. hospital records, baptismal records, birth card, mother's recall  [record all sources if several available]	Length	Was (Name) measured lying down or standing up?  1=Lying down 2=Standing up	Weight	What was (Name) wearing when he/she was weighed?	What time of day was (Name) weighed?
	M/F	Month	Year	list	cm	code	kg	list	time
					□		□		
					□		□		
					□		□		
					□		□		
					□		□		
					□		□		

**NOTES TO INTERVIEWERS FOR ANTHROPOMETRIC MEASUREMENTS**

**Length**

- Place the measuring board on a hard, flat surface.
- Remove any hats and footwear.

**Weight**

- Adjust the scale to zero with the weighing pants or infant sling attached.

- *Encourage the child to remove as much clothing as possible and take note of any clothing that remains.*
- *Gently lift the child into the sling or pants. DO NOT carry or lift the child by the strap of the weighing pants.*
- *Wait for the child to become still before reading the weight.*

Section 7. Agricultural Assets, Inputs and Services

<p>45. DOES ANYONE IN THIS HOUSEHOLD GROW <i>[Tick a box]</i> ANY CROPS OR RAISE LIVESTOCK?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2 <i>Go to Next Section</i></p>	<p>47. IN 1995, DID AGRICULTURAL EXTENSION OFFICERS (<i>DIDIMEN/DIDIMERIS</i>) PROVIDE TECHNICAL ADVICE TO ANYONE IN THIS HOUSEHOLD?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>
--	---

<p>46. HOW MANY (<i>Animal Name</i>) ARE OWNED BY THE MEMBERS OF THIS HOUSEHOLD?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><i>Animal Name</i></th> <th style="text-align: left;"><i>Number</i></th> </tr> </thead> <tbody> <tr> <td>Pigs .....</td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Chickens .....</td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Cattle .....</td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Goats .....</td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Sheep .....</td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Other (<i>Specify</i>) .....</td> <td><input style="width: 30px;" type="text"/></td> </tr> </tbody> </table>	<i>Animal Name</i>	<i>Number</i>	Pigs .....	<input style="width: 30px;" type="text"/>	Chickens .....	<input style="width: 30px;" type="text"/>	Cattle .....	<input style="width: 30px;" type="text"/>	Goats .....	<input style="width: 30px;" type="text"/>	Sheep .....	<input style="width: 30px;" type="text"/>	Other ( <i>Specify</i> ) .....	<input style="width: 30px;" type="text"/>	<p>48. WHICH CROPS WAS THIS ADVICE GIVEN FOR?</p> <table style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>Cocoa .....</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Coconuts/Copra .....</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Coffee .....</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>Oil Palm .....</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td>Vegetables .....</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Poultry and livestock .....</td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td>Other (<i>Specify</i>) .....</td> <td><input type="checkbox"/> 7</td> </tr> </tbody> </table>	Cocoa .....	<input type="checkbox"/> 1	Coconuts/Copra .....	<input type="checkbox"/> 2	Coffee .....	<input type="checkbox"/> 3	Oil Palm .....	<input type="checkbox"/> 4	Vegetables .....	<input type="checkbox"/> 5	Poultry and livestock .....	<input type="checkbox"/> 6	Other ( <i>Specify</i> ) .....	<input type="checkbox"/> 7
<i>Animal Name</i>	<i>Number</i>																												
Pigs .....	<input style="width: 30px;" type="text"/>																												
Chickens .....	<input style="width: 30px;" type="text"/>																												
Cattle .....	<input style="width: 30px;" type="text"/>																												
Goats .....	<input style="width: 30px;" type="text"/>																												
Sheep .....	<input style="width: 30px;" type="text"/>																												
Other ( <i>Specify</i> ) .....	<input style="width: 30px;" type="text"/>																												
Cocoa .....	<input type="checkbox"/> 1																												
Coconuts/Copra .....	<input type="checkbox"/> 2																												
Coffee .....	<input type="checkbox"/> 3																												
Oil Palm .....	<input type="checkbox"/> 4																												
Vegetables .....	<input type="checkbox"/> 5																												
Poultry and livestock .....	<input type="checkbox"/> 6																												
Other ( <i>Specify</i> ) .....	<input type="checkbox"/> 7																												

<p>49. DOES ANYONE IN THIS HOUSEHOLD OWN A:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><i>Yes</i></th> <th style="text-align: center;"><i>No</i></th> </tr> </thead> <tbody> <tr> <td>Copra drier .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Cocoa drier .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Coffee pulper .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		<i>Yes</i>	<i>No</i>	Copra drier .....	<input type="checkbox"/>	<input type="checkbox"/>	Cocoa drier .....	<input type="checkbox"/>	<input type="checkbox"/>	Coffee pulper .....	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><i>Yes</i></th> <th style="text-align: center;"><i>No</i></th> </tr> </thead> <tbody> <tr> <td>Sprayer .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Tractor .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		<i>Yes</i>	<i>No</i>	Sprayer .....	<input type="checkbox"/>	<input type="checkbox"/>	Tractor .....	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Yes</i>	<i>No</i>																				
Copra drier .....	<input type="checkbox"/>	<input type="checkbox"/>																				
Cocoa drier .....	<input type="checkbox"/>	<input type="checkbox"/>																				
Coffee pulper .....	<input type="checkbox"/>	<input type="checkbox"/>																				
	<i>Yes</i>	<i>No</i>																				
Sprayer .....	<input type="checkbox"/>	<input type="checkbox"/>																				
Tractor .....	<input type="checkbox"/>	<input type="checkbox"/>																				

**INTERVIEWER INSTRUCTIONS:** Ask Q.50a for each input. For those where the answer is 'Yes', ask Q.50b and Q.50c.

<p>50a. IN 1995, DID ANYONE IN THIS HOUSEHOLD SPEND MONEY ON:</p>			<p>50b. WHICH CROPS WAS THE INPUT USED ON?</p>	<p>50c. HOW MUCH WAS THE COST?</p>
Fertiliser .....	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>
Pesticides .....	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>
Seeds and seedlings .....	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>
Bags and tarpaulins .....	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>
Farm tools .....	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>
Fuel for drying crops .....	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>
Tractor hire .....	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>

Hire of other equipment . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Cartage and freight . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Agricultural loan repayment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>




Yam (kg)		
Cassava (kg)		
Sago (kg)		
Coconut (number)		

**\*\*\* End of Questions \*\*\***