

2010 HOUSEHOLD INCOME AND EXPENDITURE SURVEY

PLEASE PRINT CLEARLY IN CAPITAL LETTERS
AND NUMBERS USING A BLACK PEN

+ CONFIDENTIAL

+ PERSON QUESTIONNAIRE FORM (PQF)



Island EA -

Questionnaire of

Village

Vilcode
Office use only

HH.No

Enum ID

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SECTION A: HEALTH Ask all questions of <u>every</u> person in the household	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	P11	P12	P13	P14
Q1. Did you have a health problem in the <i>last 12 Months</i> ? 1) Yes, 2) No GO TO Q10	<input type="checkbox"/>													
Q2. Did you get help or care for the last health problem experienced? 1) Yes, 2) No GO TO Q6	<input type="checkbox"/>													
Q3. Where did you go to get help for the health problem last time you were sick? 1) Hospital 2) Health Center 3) Dispensary/Clinic 4) Aid post 6) Retired Nurse/Retired Doctor 7) Private Doctor 8) Traditional Healer 9) Use Prayer 10) Other If 1, 2, 3, 4 - GO TO Q5	<input type="text"/>													
Q4. If you did <u>not</u> get help from a health facility, what was the main reason? 1) Facility too far 2) Facility staff not friendly 3) Facility not nice 4) Facility staff not available 5) Close relative works at facility 6) No drugs at facility 7) Sick at night 8) Bad weather 9) Can't pay for facility 10) Can't pay for transport 11) No transport available 12) Too busy to go to facility 13) Illness not serious 14) Use traditional healer first 15) Use prayer first 16) Other reason	<input type="text"/>													
Q5. What was the diagnosed health problem? 1) Skin sores 2) Diarrhea 3) Stomach Complaint 4) Cold/Flu 5) Conjunctivitis 6) Malaria, fever 7) High blood pressure 8) Diabetes 9) Asthma 10) Sexually Transmitted Infections (STI) 11) Accident/Injury 12) Psychological/mental 13) Other GO TO Q7	<input type="text"/>													
Q6. If you did not seek care for the sickness/pain/health problem, what were the main reasons? 1) Facility too far 2) Facility staff not friendly 3) Facility not nice 4) Facility staff not available 5) Close relative works at facility 6) No drugs at facility 7) Sick at night 8) Bad weather 9) Can't pay for facility 10) Can't pay for transport 11) No transport available 12) Too busy to go to facility 13) Illness not serious 14) Use traditional healer first 15) Use prayer first 16) Other reason	<input type="text"/>													
Q7. How long were you sick? 1) 1 day 2) 2-3 days 3) 4-7 days 4) 1-4 weeks 5) > 4 weeks	<input type="checkbox"/>													
Q8. Did the health condition prevent you from undertaking your usual activities? 1) Yes, 2) No - GO TO Q10	<input type="checkbox"/>													
Q9. If currently working, does this health condition prevent you result in loss of earnings? 1) Yes, 2) No - GO TO Q10	<input type="checkbox"/>													
Q9B What is the estimate Value of Loss of Earnings 1) None 2) 1 - 5,000Vt, 3) 5,001Vt - 9,999 Vt 4) 10,001Vt - 14,999Vt, 5) 15,001Vt - 19,999Vt 6) > 20,000Vt	<input type="checkbox"/>													

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| SECTION B: EDUCATION. Ask all questions to every person age 6 years and over in the household | P. <input type="text"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Q10. Are you currently attending school (full time and part time)?
1) Yes 2) No GO TO Q19 | <input type="checkbox"/> |
| Q11. What level of school are you currently attending?
1) Year 1-8 2) Year 9 -12
3) Trade School (incl vocational, GRTs) 4) Teachers College +
5) University 6) Other | <input type="checkbox"/> |
| Q12. What type of school did you go to?
1) English 2) French 3) Bilingual 4) Other | <input type="checkbox"/> |
| Q13. What is the name of the school?
<i>Insert school code</i> | <input type="text"/> |
| Q14. What is your main mode of traveling to school?
1) Walk 2) Public Transport 3) Private Vehicle 4) Canoe 5) Other | <input type="checkbox"/> |
| Q15. What is the estimated time to go to school?
1) < 5 minutes 2) 5 – 30 minutes 3) 30 - 60 minutes
4) 1-2 hours 5) > 2 hours | <input type="checkbox"/> |
| Q16. How many hours each week do you attend school? | <input type="text"/> |
| Q17. Do you sometimes miss school in which you should be attending?
1) No, never GO TO Q20, 2) Yes, but rarely
3) Yes, sometimes 4) Yes, frequently | <input type="checkbox"/> |
| Q18. What is the main reason for missing school?
1) School fees problem 2) Sick 3) Distance to travel
4) Suspended 5) Family problems 6) Bad weather
7) Absence of teacher 8) Disaster 9) Needed at home
10) Custome event 11) Have to work 12) Other | <input type="text"/> |
| Q19. Why are you not currently attending school?
1) 18 years and over, finished school 2) Less than 18 yrs, but finished
3) School fees problem 4) Distance to travel 5) Didn't pass exams
6) Expelled from school 7) Family related issues 8) Disability
9) Needed at home 10) Other | <input type="text"/> |
| Q20. What is the highest level of qualification you have obtained?
1) None 2) Primary leaving certificate 3) Year 9 leaving cert.
4) Year 10 leaving cert. 5) Yr 12 leaving certificate
6) University Entrance/Baccalaureate 7) Certificate
8) Diploma 9) Degree 10) Post Graduate (PhD, Masters, etc)
11) Other training Certificate | <input type="text"/> |

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SECTION C: Economic Activity (Income) . Ask all questions to every person age 10 years and over in the household	P. <input type="text"/>				
Q21. Did you do any work in the <i>last 30 days</i> ? 1) Yes, 2) No GO TO Q33	<input type="checkbox"/>				
Q22. What type of work/activity does this person usually do? Work for pay: 1.Employee (government), 2. Employee (private), 3. Employer, 4. Self-Employed (no employees) 5. Voluntary work 6. Unpaid family work 7. Produce goods for sale 8. Produce goods for own consumption (Subsistence)	+ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q23 What is your main occupation in the <i>last 30 days</i> ?	<input type="text"/>				
<i>Office use only</i> =====>	<input type="text"/>				
Q24. Name of Employer (<i>in the last 30 days</i>)	<input type="text"/>				
Q25. Main activity at your work place (<i>in the last 30 days</i>)	<input type="text"/>				
+ <i>Office use only</i> =====>	<input type="text"/>				
Q26. What is the average number of hours worked each week (including overtime) <i>in the last 30 days</i> ?	<input type="text"/> hrs				
Q27. What sector are you working in? 1) Priv. Sector 2) Pub Sector 3) NGO 4) Religious 5) Subsistence GO TO Q35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> +
Q28. Gross cash pay for this job (including allowances) for the <i>last 30 days</i>	Vt <input type="text"/>				
Q29. Payment in kind for the <i>last 30 days</i> (est.)	Vt <input type="text"/>				
Q30. TOTAL (gross pay + payment in-kind) for the <i>last 30 days</i> [= Q28 + Q29]	Vt <input type="text"/>				
Q31. Less deductions in the <i>last 30 days</i> (VNPF, superannuation, medical insurances etc)	Vt <input type="text"/>				
Q32. NET TAKE HOME EARNINGS in the <i>last 30 days</i> [= Q30 - Q31] GO TO Q35	Vt <input type="text"/>				
Q33. What is the main reason for not working 1. Student 2. Retired 3. Disability 4. Do not want to work 5. Household work full time 6. Others 7. Are looking for work [GO TO Q34]	<input type="checkbox"/> If code 1 – 6, GO TO Q48	<input type="checkbox"/> If code 1 – 6, GO TO Q48	<input type="checkbox"/> If code 1 – 6, GO TO Q48	<input type="checkbox"/> If code 1 – 6, GO TO Q48	<input type="checkbox"/> If code 1 – 6, GO TO Q48
Q34 How long have you been looking for work? 1) 1 Week 2) 1 Months 3) 3 Months 4) 6 Months 5) 1 Year 6) > 1 year	<input type="checkbox"/>	<input type="checkbox"/> +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q34B. Are you <i>available</i> to work <i>in the last 30 days</i> ? 1) Yes 2) No	<input type="checkbox"/> GO TO Q48				

Ask these questions to persons who answered Yes to Q21

Q35. Do you currently have a second wage & salary job? 1) Yes 2) No GO TO P48

Q36. Main activity of second job at your place of work

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Q37. Number of hours worked a week (usual, including overtime)

Q38. Your wages/salary in the last 30 days for the second job?

Q39. Is this your gross or net wage / salary? 1) Gross 2) Net

Other Self Employed Activities and Businesses

Q40. Did you receive regular income from other commercial activities during the last 12 months, which weren't covered above? 1) Yes 2) No GO TO Q48

Q41. Number of persons involved in this activity

Q42. Number of persons paid for this activity

Q43. Type of industry

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Q44. Total Sales or gross earnings in the business for 1 month

P45. Total expenses (in. labor, material, transport) for 1 month

Q46. Estimated value of drawings from the business for 1 month (include items used for consumption at home)

Q47. Number of months the business has operated in the last 12 months.

Section D – MOBILE PHONE OWNERSHIP - Ask questions to all persons age 10 years and over

Q48. Do you own mobile phone (cell phone)? 1) Yes 2) NO - Go to next person

Q49. How many mobile phones do you own that are actually in working condition? Go to next person