

***QUESTIONNAIRE***  
***REFERENCE***  
***BOOK***



*2005 FSM*  
*Household Income And*  
*Expenditures Survey*

*June 01, 2005*

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## INTRODUCTION

The Questionnaire Reference Book (QRB) will help you to ---

Be more knowledgeable in your job.

Know how to complete the questionnaire.

Familiarize yourself with the arrangement of this book. It has two parts and three appendixes.

Part I        Explanations of Housing Questions, shows information concerning the housing questions.

Part II       Explanations of Population Questions, shows information concerning the population questions.

Part III      Explanations of General Expenditures Questions, shows information concerning the population questions.

Appendix A   Table of Residence Rules, gives characteristics of two groups of people -- those you list as occupants of the household and those you do not list (in instances in which this is not obvious).

Appendix B   Table of Unacceptable and Acceptable Entries for Business and Industry (Question 21).

Appendix C   Table of Unacceptable and Acceptable Occupation Descriptions (Questions 22).

Appendix D   Uses of Population Information.

Appendix E   Uses of Housing Information.

Study this book so that you know how to complete questionnaires and answer respondent's questions.

### QUESTION 1a ... NAMES OF HOUSEHOLD MEMBERS

|   |     |
|---|-----|
| <p><b>1a. Please give me the name of each person living here on June 1, including all persons staying here who have no other home. If EVERYONE is staying here temporarily and usually lives somewhere else, give me the name of each person. 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. Print last name, first name, and middle initial for each person.</b></p> |     |
| 1.  | 6.  |
| 2.  | 7.  |
| 3.  | 8.  |
| 4.  | 9.  |
| 5.  | 10. |

1. Who to List

List each person who usually lives in this household including those persons staying here who have no other home. If EVERYONE is staying in this household temporarily and usually lives somewhere else, follow the instructions in question 1b. See Appendix A for rules as to whether a person should be counted in this household or somewhere else.

2. How to List

Print the person's legal name, that is, the name used to sign checks and other important papers. Enter the last name, first name, and middle initial. If a person uses a first initial and a middle name, print it that way, for example, "Brown, G. Robert." For a newborn infant who does not yet have a given name, print "infant" for the first name, for example "Jones, infant."

3. Names on Page 1 – Question “1a”.

Ask at all households, using procedure A or B, as appropriate.

Procedure A (Non-response follow-up) - Ask at households with no names listed in question 1a or on page 1. Follow the same wording as in question H1a of the enumerator questionnaire.

If the household is owned, being bought, or rented by more than one person, print on line 1 the first name mentioned by the respondent. If no member of this household owns, is buying, or rents the household (that is, the mortgage or rent is paid by a person not living here), print the name on line 1 any adult household member at least 15 years old who is not a roomer, boarder, or live-in employee. For statistical purposes (to identify principal family groups), it is necessary to list an adult (15 years old or older) to whom all other household members, if any, may be related.

Then ask - "What are the names of the others?"

Print the name of each additional person, if any, in question 1a as instructed in 1 and 2, above.

Procedure B (Failed edit follow-up) - Ask at households with one or more names listed in question 1a or on page 1.

**CAUTION:** You must speak to a household member who is already listed on the questionnaire. Mentioning personal information recorded on a questionnaire to a person not listed is a violation of the confidentiality of HIES information.

"Thank you for completing your survey questionnaire. I would like to ask you some questions about it. We want to make sure that we have counted everyone who was residing at your home on Wednesday, June 1, the day we took the survey. We have listed as living here (read the name of each person listed on the questionnaire). Was anyone else living here or staying here who had no other home on June 1?"

- a. If the respondent answers "No," ask the next question required for follow-up.
- b. If the respondent answers "Yes," print the name of each additional person in question 1a as instructed in 1 and 2, above.

4. Names in Questions for "Individuals Characteristics", page 4 on...

On page 1, there are columns to list up to ten (10) persons.

- a. Non-response follow-up - If no names are listed in the individual questionnaire forms columns, copy the names from question 1a (page 1) to the column headings in the order that they appear in question 1a (page 1). That is, the name of the person who owns, is buying, or rents this household is listed as Person 1, the second person listed in question 1a is listed as Person 2, etc.
- b. Failed-edit follow-up - If one or more of the names in question 1a (page 1), are already listed in the column headings, make sure that the person's name is associated with the correct data. This will enable the failed edit follow-up enumerator to ask the questions more easily.

If more than ten (10) people are listed in question 1a (page 1), print the names of ten of the people in the individual questionnaire on pages 4 to 23 and then use another questionnaire (of the same type as the original) for the additional names. Change the person number on page 1 to 11 on and do the same with the individual questions. That is, begin the continuation questionnaire by printing the eleventh (11<sup>th</sup>) person in the column for Person 1, the twelfth person in place of person 2, etc. Also, fill in *K. Type of unit: 1. Occupied: Form \_\_\_ of \_\_\_* accordingly.

*NOTE FOR USUAL HOME ELSEWHERE (UHE)*

**QUESTION 1b ... USUAL HOME ELSEWHERE (UHE)**

- 1b. If EVERYONE listed above is staying here only temporarily and usually lives somewhere else, ask **Where do these people usually live?** Write where they usually live here:

Ask at all households -

"Does EVERYONE listed at this address stay here only temporarily and usually live somewhere else?"

- a. If the respondent answers "No," ask the next question required for follow-up.
- b. If the respondent answers "Yes," do not list such people in Question 1a, but ask:

"Where do these people usually live?"

Print the address in 1b, in the space provided. DO NOT print the address that is listed in item H on page 1 of the questionnaire.

If the respondents live in another house on FSM, they should not be included in the survey. However, if they have no other residence on FSM, and have lived in this housing unit for at least 6 months, record them, and report their income and expenditures.

**ITEM K ... TYPE OF UNIT**

|   |                          |
|---|--------------------------|
| <p><b>K. Type of unit:</b></p> <p>1. Occupied: Form _____ of _____</p> <p>2. Group quarters</p> <p>3. Vacant: Year round use</p> <p>4. Vacant: Seasonal use</p> <p>5. Vacant: UHE</p> | <input type="checkbox"/> |
|---|--------------------------|

Circle the appropriate (precoded) answer on the front cover of the questionnaire.

**OCCUPIED**

Circle item *1.Occupied* for housing units occupied by persons whose usual home is the living quarters you are enumerating.

1. First form

(a) Write in *1.Occupied*: "*Form 1 of 1*" if you use only one questionnaire at a housing unit.

(b) Also write in *1.Occupied*: "*Form 1 of 2*" on the first questionnaire for a housing unit occupied by more than 10 persons.

2. Continuation

If a housing unit has more than 10 persons, fill a "Continuation" questionnaire as: *1.Occupied*: "*Form 2 of 2*". Do not ask the housing questions again on the continuation form.

**ITEM L ... VACANCY STATUS**

|   |   |                          |
|---|---|--------------------------|
| L | Vacancy Status                          |                          |
|   | 1. For rent                             | <input type="checkbox"/> |
|   | 2. For sale only                        |                          |
|   | 3. Rented or sold, not occupied         |                          |
|   | 4. For seasonal/recreational/Occasional |                          |
|   | 5. For migrant workers                  |                          |
|   | 6. Other vacant                         |                          |

For VACANT unit/house, circle appropriate (precoded) answer.

1. HOW TO DETERMINE VACANCY STATUS

Report the status of the vacant unit as of the day of enumeration. Do not depend on signs. Some houses for sale are also for rent, and a house with a "For Sale" sign may have already been sold; some houses with a "For Sale" sign may be occupied. Ask a reliable respondent such as a rental agent, building manager, or neighbor about the present status.

2. VACANCY STATUS DEFINED

- a. "For rent" -- Includes vacant units which are for rent and vacant units offered either for rent or for sale.
- b. "For sale only" -- Includes vacant units which are for sale only.

The following instructions apply to vacant housing units in multi-unit buildings only:

(1) Individual units for sale in a multi-unit building:

In a cooperative or condominium apartment building, most units are offered "For sale only." Ask whether the unit is also for rent, and if it is, report it as being "For rent."

(2) Entire multi-unit building for sale. Mark the individual units in it as follows:

- (a) If the individual vacant unit is offered for rent, mark it "For rent."
- (b) If the individual vacant unit is intended to be occupied by the new owner, mark it "For sale only."
- (c) If the individual unit is vacant because it is being held for sale of the entire building, mark it "Other vacant."
- (d) If the entire building is vacant and rentals are not being sought, mark all units "Other vacant."
- c. "Rented or sold, not occupied" -- If any money rent has been paid or agreed upon, but the renter has not yet moved in, or if the unit has recently been sold but the new owner has not moved in, mark it "Rented or sold, not occupied."
- d. "For seas/rec/occ" (For seasonal/recreational/occasional use) -- Includes vacant housing units such as:
- (1) Units intended for occupancy during only certain seasons of the year, such as beach cottages, hunting cabins, etc.
- (2) Units for weekend or other occasional use throughout the year.
- (3) Shared ownership or time-sharing condominiums.

- (4) Units held for herders, loggers, fish packers, and other workers not employed in farm work.
- e. "For migrant workers" -- Includes vacant units intended for occupancy by migratory workers employed in farm work during the crop season. (Work in a cannery, a freezer plant, or a food processing plant is not farm work.)
- f. "Other vacant" -- Includes vacant units which do not fall into any of the above classifications such as:
- (1) Housing units held for settlement of an estate.
  - (2) Housing units held for occupancy of a caretaker, janitor or other employee.
  - (3) Housing units held for personal reasons of the owner or renter.

### ITEM M ... MONTHS VACANT

|                 |                          |
|-----------------|--------------------------|
| M Months vacant |                          |
| 1. Less than 1  |                          |
| 2. 1 up to 2    | <input type="checkbox"/> |
| 3. 2 up to 6    |                          |
| 4. 6 up to 12   |                          |
| 5. 12 up to 24  |                          |
| 6. 24 or more   |                          |

#### HOW TO COMPUTE THE TIME

Mark the time from the date the last occupants moved from the unit to the day of your first attempt at enumeration. For example, if the last occupants moved out on January 7 and you visit the unit on April 27, mark "2 up to 6" (2 up to 6 months). If the occupants moved out April 15, mark "less than 1" (less than 1 month).

1. FOR NEWLY CONSTRUCTED UNITS that have never been occupied, mark the time from the date construction was completed. Construction is considered to be completed when all the exterior windows and doors are in and final usable floors are in place.
2. FOR RECENTLY CONVERTED OR MERGED UNITS, report the time from the date conversion or merger was completed.
  - a. Conversion is the creation of two or more housing units from fewer units through structural alteration or change in use. For example, one unit may be divided into two units or three units.
  - b. Merger is the combining of two or more housing units into fewer units through structural alteration or change in use. For example, two units may be combined into one.
3. For vacant units which are entirely occupied by persons with a USUAL HOME ELSEWHERE (UHE), mark (X) the box "less than 1."

### ITEMS N and O ... POPULATION AND SUBSTITUTED HOUSE

|   |                          |
|---|--------------------------|
| N. Population:                            |                          |
| <input type="text"/> <input type="text"/> |                          |
| O. This house:                            |                          |
| 1. will be sub                            | <input type="checkbox"/> |
| 2. sub HH                                 |                          |

Item N: Record the total number of people living in the housing unit here. Use two digits, filling a zero in the first box if less than 10 people live in the housing unit.

Item O: You will use this items only if you must SUBSTITUTE a unit. A substitution occurs when no one is ever home at the housing unit when you visit, and you determine that the unit is vacant, or the respondents in the housing unit refuse to cooperate with the survey, and you have filled a refusal form. If one of these events occurs:

1. The next time you check in with you supervisor or at the general office, discuss the situation at the unit and the refusal form with your supervisor or the office staff. If you and they determine that a substitute housing unit is needed, a new unit/replacement will be assigned to you. Normally, this unit will be to the right or to the left of the original unit.
2. If a new unit is to be assigned, record "1" in the box for item N on the ORIGINAL questionnaire, to indicate that

- this unit is vacant, or a refusal.
3. If a new unit is assigned, record "2" in the box for item N on the NEW questionnaire to indicate that this unit is the substituted unit.

For item O, if you determine that the housing unit is vacant, or a refusal, fill as much information about the housing unit as possible, and mark the box in O to indicate that you are unable to conduct an interview. Return to the office with the form as you have completed it, and discuss with your supervisor whether a substitute house should be assigned.

## ITEM P ... HOUSING FORM STATUS

|                                  |                          |
|----------------------------------|--------------------------|
| <b>P. Household form status:</b> |                          |
| 1. Completed                     | <input type="checkbox"/> |
| 2. Last resort                   |                          |
| 3. On vacation/off island        |                          |
| 4. No longer exists              |                          |
| 5. Converted business            |                          |
| 6. Refusal                       |                          |

This item shows whether or not the questionnaire was completed. If the questionnaire was not completed, information about why the questionnaire was not completed must be noted.

1. *Completed.* Record "1" for "completed" if the questionnaire was completed – all parts, including the housing, population, and annual and general expenditures.
2. *Last Resort.* Record "2" for "last resort" if all efforts to complete the questionnaire were unsuccessful. The enumerator visited the unit 3 times and could not find anyone home, even though all evidence was that the housing unit is occupied. Return to the 2005 Household Survey Office to obtain a substituted unit.
3. *On vacation/off island.* Record "3" for "on vacation/off island" if you find from neighbors or relatives that the whole household is off island for vacation or other reasons. Return to the 2005 Household Survey Office to obtain a substituted unit.
4. *No longer exists.* Record "4" for "no longer exists" if the unit is in disrepair, or no longer exists at all. When this happens, return to the 2005 Household Survey Office to obtain a substituted unit.
5. *Converted business.* Record "5" for "converted business" if this unit used to be a housing unit, but has since been converted for use as a business. Return to the 2005 Household Survey Office to obtain a substituted unit.
6. *Refusal.* Record "6" for "refusal" if the housing unit respondents refuse to answer the questions. If the household members answer part of the questionnaire, and then refuse to answer the other items because of respondent fatigue or other reasons, and you find that you are unable to obtain the rest of the information at a later time, check with your supervisors to see whether enough information was gathered for this unit. If enough information is recorded, the unit will be accepted. If insufficient information was gathered, then the 2005 Household Survey Office will assign another, substituted unit.

## SECTION 1A. EXPLANATIONS OF HOUSING QUESTIONS

### GENERAL INSTRUCTIONS FOR HOUSING QUESTIONS

Housing units may be of many different types. Most people think of a housing unit as a single-family house surrounded by open space on all four sides. Some housing units are attached to other units such as row houses or townhouses. An apartment behind a store or a room above a garage may be a housing unit.

Mobile homes are also housing units if they are occupied or intended to be occupied on the site where they are situated. Occupied boats, vans, tents, and other types of shelter are also housing units if they are someone's usual place of residence or if they are occupied by someone who has no usual residence.

When you ask the census questions, use the appropriate term (house, apartment, mobile home, etc.) depending upon the type of housing unit you are enumerating.

### QUESTIONS H1a AND H1b ... PERSONS NOT LISTED OR ERRONEOUSLY LISTED

|  |  |
|--|--|
| <p><b>H1a When you told me the names of persons living here on June 1, did you leave anyone out because you were not sure if the person should be listed — for example, someone temporarily away on a business trip or vacation, a newborn baby still in the hospital, or a person who stays here once in a while and has no other home?</b></p> <p>1. Yes — Determine if you should add the person(s) based on the instructions for Question 1a.</p> <p>2. No</p> | <p><b>H1b When you told me the names of persons living here on June 1, did you include anyone even though you were not sure that the person should be listed — for example, a visitor who is staying here temporarily or a person who usually lives somewhere else?</b></p> <p>1. Yes Determine if you should delete the person(s) based on the instructions for Question 1a.</p> <p>2. No</p> |
|--|--|

Ask at each occupied housing unit. Do not ask these questions at institutional or non-institutional group quarters.

**H1a.** If the respondent answers that someone was left out because he or she was not sure if the person(s) should be listed, circle 1 for "Yes." For each person whose status is in doubt, determine if the person is a member of the household. Refer to the rules for question 1a on the questionnaire and Appendix A (Table of Residence Rules) in this manual.

- a. If the person(s) is a household member, list the name(s) in question 1a and complete all population questions for the person. (NOTE: This will require using a continuation questionnaire for the household if all ten person pages have been used.)
- b. If the person(s) is not a household member, determine if the person is a visitor who has a "Usual home elsewhere" (UHE).

- (1) If the person is a visitor who has a UHE, but has no one at the UHE who will report him or her, complete an Individual Census Report (ICR) for the visitor and write the address of the UHE in the space provided in question 1b on the ICR.

- (2) If the person is a visitor without a UHE, list the name(s) in question 1a and complete all population questions for the person.

**H1b.** If the respondent answers that someone was listed although he or she was not sure if the person(s) should be listed, circle 1. Yes. If you are not sure if the person(s) should be included, refer to the rules for question 1a on

the questionnaire and Appendix A (Table of Residence Rules) in this manual.

- a. If the person(s) is a household member, verify that the person is listed in question 1a and a person column has been completed for this person. All other population questions also should be completed for this person.
- b. If the person(s) is not a household member, determine if the person is a visitor who has a "Usual home elsewhere" (UHE).
  - (1) If the person is a visitor who has a UHE, but has no one at the UHE to report him or her, complete an Individual Census Report (ICR) for the visitor and write the address of the UHE in the space provided in question 1b on the ICR. Be sure to cross out the name(s) in question 1a and cancel with a large X this person's column on pages 4 and 5.
  - (2) If the person is a visitor without a UHE, verify that the person is listed in question 1a and a person column has been completed for this person. All other population questions also should be completed for this person.

### QUESTION H2a ... DESCRIPTION OF BUILDING

|     |   |  |
|-----|---|--|
| H2a | <p><b>Which best describes this building? Include all apartments, flats, etc., even if vacant.</b></p> <p>1 A one-family house detached from any other house</p> <p>2 A one-family house attached to one or more houses</p> <p>3 A building with 2 apartments</p> <p>4 A building with 3 or 4 apartments</p> <p>5 A building with 5 to 9 apartments</p> <p>6 A building with 10 to 19 apartments</p> <p>7 A building with 20 or more apartments</p> <p>8 A boat or houseboat</p> <p>9 Other</p> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/> |
|-----|---|--|

Complete this item for all occupied housing units selected in your area. Circle only one answer for this question.

1. Count all occupied apartments in the house or building. Do not count stores or office space.
2. When one or more rooms have been added or built onto a mobile home or trailer, mark it as a "one-family house detached from any other house." If, however, only a porch or shed has been added, mark it as a "mobile home or trailer."
3. "A one-family house" is a building that serves as living quarters for one household.
  - a. Detached means there is open space on all sides or the house is joined only to a shed or garage. A one-family house which contains a business is also detached if the building has open space on all four sides.
  - b. Attached means that the house is joined to another house or building by at least one wall which goes from ground to roof. Some examples are row houses (sometimes called townhouses), double houses, or houses attached to nonresidential structures. Each house is a separate attached structure if the dividing or common wall goes from ground to roof.
4. If the building has 2 or more apartments, determine the total number of living quarters, both occupied and vacant, in the whole building and circle the entry for the appropriate category. Separate apartments in an apartment house, even though each may be occupied by only one household, are not considered to be "one-family houses" as the whole building is occupied by more than one household. Do not classify it as detached or attached.

5. "A boat or houseboat" - Circle item 8. *A boat or houseboat* if any boats or house-boats occupied as a housing unit.
6. Circle item 9. *Other* for any living quarters occupied as a housing unit that does not fit the other listed categories. Examples of living quarters that fit this category are abandoned cars, campers, tents, vans and caves.

### QUESTION H2b ... BUSINESS OR MEDICAL OFFICE ON THE PROPERTY

H2b *If this is a ONE-FAMILY HOUSE* - Is there a business (such as a store or barber shop) or a medical office on this property?

Complete H2b for all occupied one-family houses and mobile homes.

1. A business is easily recognizable. It will usually have a separate outside entrance and have the appearance of a business, such as a grocery store, restaurant, barbershop, etc. It may be either attached to the house or mobile home or it may be located elsewhere on the property.

Some people use certain rooms in their houses for business or professional purposes which are not easily recognized from the outside. For example, a seamstress, tax consultant, salesperson, or accountant may use a room to meet customers and to work, but have made no recognizable alterations to the outside of the house. Do not consider these houses as having a business establishment.

2. A medical office is a doctor's or dentist's office regularly visited by patients.

### QUESTION H3 ... HOUSE/APARTMENT OWNED OR RENTED

H3 **Is this (house/apartment) —**

1. **Owned by you or someone in this household with a mortgage or loan?**
2. **Owned by you or someone in this household free and clear (without a mortgage?)**
3. **Rented for cash rent?**
4. **Occupied without payment of cash rent?**

*If answer is either 1, 2 and 4, skip to H5*

Complete this item for all occupied housing units selected for your assignment. Circle only one answer for this question and note *skip* pattern.

1. Circle 1 for "Owned by you or someone in this household with a mortgage or loan" if the house, apartment, or mobile home is mortgaged. The unit must be owner-occupied (that is, the owner or co-owner must live in the unit). Include units being bought on land contract or contract to purchase, deed of trust, purchase agreement and units built on leased land if the unit is mortgaged. And skip to H5
2. Circle 2 for "Owned by you or someone in this household free and clear (without a mortgage)" if there is no mortgage or other similar debt on the house, apartment, or mobile home. Include units built on leased land if the unit is owned outright without a mortgage. And skip to H5
3. Circle 3 for "Rented for cash rent" if any money rent is paid or contracted for. Include rented condominiums and cooperatives.
  - (a) The rent may be paid by persons who are not living in the house or apartment, such as a relative or friend living elsewhere, or it may be paid by an organization, for example, a welfare agency.
  - (b) "Continuing care," sometimes called life care, is a contract between an individual and a housing services provider. The contract requires the shelter, usually a house or apartment, and services such as meals, or transportation to shopping or recreation. For these kinds of living arrangements, record 3 for "Rented for cash rent."

4. Circle 4 for "Occupied without payment of cash rent" if the house or apartment is not owned or being bought by a member of the household and if money rent is not paid or contracted for. And skip to H5

## EXAMPLES:

- military housing
- a unit which is owned by friends or relatives who live elsewhere and who allow occupancy without charge
- a house or apartment provided free to a janitor, caretaker, superintendent, or other employee in exchange for services.
- housing provided free to members of the clergy
- tenant farmer or sharecropper houses for which the occupants do not pay cash rent

**QUESTION H4 ... MONTHLY RENT**

|     |  |
|-----|--|
| H4  | <i>If this house is RENTED</i> — What is the total monthly rent? \$ _____  |
| H4a | <b>If the government is paying part of the rent, how much are they paying?</b> \$ _____                              |
| H4b | <b>If a non-government organization is paying part of the rent, how much are they paying each month?</b><br>\$ _____ |
| H4c | <b>If you pay any insurance for your household goods, what is the annual amount?</b> \$ _____                        |

Complete this item for all selected occupied housing units "rented for cash rent" in your assignment. Circle only one answer for this question.

1. Write in the amount of the rent agreed to or contracted for, even if the rent is unpaid or paid by someone else.

Disregard pennies if 49 cents or less. If 50 cents or more, record the next highest dollar. For example, if the rent is \$224.25, consider the rent to be \$224; if the rent is \$224.50, consider the rent to be \$225.

2. If rent is not paid by the month, use the following table to convert the rent to a monthly rent:

| <u>If rent is paid:</u>                       | <u>Multiply dollar amount by:</u> | <u>Divide dollar amount by:</u> |
|---|-----------------------------------|---------------------------------|
| Daily   | 30                                | -                               |
| Weekly  | 4                                 | -                               |
| Biweekly or semimonthly<br>(Every other week) | 2                                 | -                               |
| Quarterly (4 times a year)                    | -                                 | 3                               |
| Semiannually (2 times a year)                 | -                                 | 6                               |
| Annually (once a year)                        | -                                 | 12                              |

3. Report the rent agreed upon even if the rent includes furnishings, utilities, meals or services.
4. Report the rent for this unit only. The rent must apply only to this house, apartment, or mobile home. If the rent includes rent for a business unit or for living quarters occupied by another household, report that part of the total rent the respondent estimates to be for his or her unit only.

For example, a renter pays \$500 monthly for a house, but he or she occupies only the unit on the first floor and rents out the other unit on the second floor. The renter estimates that the first floor unit, if rented separately, would be worth \$250. Report the monthly rent for this unit as \$250.

If the respondent has difficulty giving an estimated rent for his or her own unit, ask what part of the total floor space is included in his or her own living quarters and suggest that the rent be estimated on that basis.

5. Condominium fees or cooperative carrying charges - If a renter pays rent to the owner of a condominium or cooperative, and the condominium fee or cooperative carrying charge is also paid by the renter to the owner,

- report the combined amount.
6. Receipts from lodgers, roomers, others - Report the rent paid or scheduled to be paid to the landlord or rental agent, without deduction for any payments received from lodgers or roomers who are listed in question 1 as members of the household. Also do not deduct any part of the rent that may be paid by friends or relatives living elsewhere, or a church, agency, etc.
- H4a. If the Government of FSM or the U.S. Federal government is paying any part of the rent, record the amount – in U.S. dollars – that the government is paying.
- H4b. If a non-government organization, such as a construction company or Catholic Services or some other NGO (Non-government organization) is paying part of the rent, record the monthly amount that that agency is paying.
- H4c. If anyone in the housing unit is paying any insurance on household goods, report the annual paid for this insurance.

### QUESTION H5 ... YEAR BUILT

|  |                 |                    |                      |
|--|-----------------|--------------------|----------------------|
| <b>H5 About what year was this building first built?</b> |                 |                    | <input type="text"/> |
| 1. 2004 or 2005  | 4. 1990 to 1994 | 7. 1940 to 1969    |                      |
| 2. 2000 to 2003  | 5. 1980 to 1989 | 8. 1939 or earlier |                      |
| 3. 1995 to 1999  | 6. 1970 to 1979 | 9. Don't know      |                      |

Complete this item for all occupied housing units selected for your assignment. Circle only one answer for this question.

- Write the number of the category corresponding to the period in which original construction was completed, not the time of any later remodeling, additions, or conversions.
- In a single-unit building, if the occupants do not know the year built, ask how old the building was when they moved in. It may be helpful to ask the occupants if the building was built before World War II. If so, circle 8 for "1939 or earlier."
- In buildings containing more than one unit, you may obtain this information from the owner, manager, or janitor. The entry for this question should be the same for all units in the same structure.
- For units under construction which meet the housing unit definition, that is, all exterior windows and doors and final usable floors are in place, record 1 for 2004 or 2005.
- For a mobile home, trailer, or houseboat, record the number for the appropriate category for the model year in which it was manufactured.
- If the period when the building was first constructed cannot be estimated, circle 9 for "Don't know."

### QUESTION H6 ... YEAR MOVED IN

|           |   |
|-----------|---|
| <b>H6</b> | <b>When did (Person listed in line 1) move into this (house/apartment)?</b> |
|-----------|---|

Complete this item for all occupied housing units selected for your assignment.

The "Person listed in line 1" refers to the first person listed in item 1a (page1). This person should be the household member (or one of the members) in whose name the house, apartment, or mobile home is owned, being bought, or rented. If there is no such person, any adult household member can be the person listed first on the listing item.

- If the first person listed moved out and then moved back again, report the year of the most recent move; for example, for persons who have returned from the Armed Forces or those who have returned after completing college, enter the year they returned.

2. If the first person listed moved from one apartment to another in the same building, report the year moved into the present apartment.
3. If the first person listed lived in the same mobile home but has moved to a different location in the same or another mobile home park, report the year when the person moved to the present location.
4. If the first person listed moved into a different mobile home at the same location, space, or site within the same mobile home park, report the year when the person first moved to the location, space, or site.

### QUESTION H7 ... OUTSIDE WALLS

|                    |  |   |         |                    |             |          |          |  |
|--------------------|--|---|---------|--------------------|-------------|----------|----------|--|
| <b>H7</b>          | <b>What is the MAIN type of material used for the outside walls of this building?</b>  | <input style="width: 40px; height: 30px;" type="checkbox"/> |         |                    |             |          |          |  |
|                    | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Poured concrete</td> <td style="width: 50%;">4. Wood</td> </tr> <tr> <td>2. Concrete blocks</td> <td>5. No walls</td> </tr> <tr> <td>3. Metal</td> <td>6. Other</td> </tr> </table> | 1. Poured concrete  | 4. Wood | 2. Concrete blocks | 5. No walls | 3. Metal | 6. Other |  |
| 1. Poured concrete | 4. Wood  |   |         |                    |             |          |          |  |
| 2. Concrete blocks | 5. No walls  |   |         |                    |             |          |          |  |
| 3. Metal           | 6. Other   |   |         |                    |             |          |          |  |

Complete this item for all occupied housing units selected for your assignment..

Circle only one answer for this question. Report the type of material which is used most.

1. Circle 1 for "Poured Concrete" if the major portion of the outside walls is of poured concrete.
2. Circle 2 for "Concrete Block" if the major portion of the outside walls is of concrete blocks. The wall may be covered with plaster cement.
3. Circle 3 for "Metal/Tin" if the major portion of the outside walls is of metal, including zinc, steel, tin, etc.
4. Circle 4 for "Wood" if the major portion of the outside walls is of wood, wood boards, plywood, etc.
5. Circle 5 for "Thatch" if the major portion of the outside walls is of thatch.
6. Circle 6 for "Other" for all other types of construction which cannot be described by the above categories.

### QUESTION H8 ... ROOF

|                    |  |   |           |          |          |         |  |  |
|--------------------|--|---|-----------|----------|----------|---------|--|--|
| <b>H8</b>          | <b>What is the MAIN type of material used for the roof of this building?</b>   | <input style="width: 40px; height: 30px;" type="checkbox"/> |           |          |          |         |  |  |
|                    | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Poured concrete</td> <td style="width: 50%;">4. Thatch</td> </tr> <tr> <td>2. Metal</td> <td>5. Other</td> </tr> <tr> <td>3. Wood</td> <td></td> </tr> </table> | 1. Poured concrete  | 4. Thatch | 2. Metal | 5. Other | 3. Wood |  |  |
| 1. Poured concrete | 4. Thatch  |   |           |          |          |         |  |  |
| 2. Metal           | 5. Other   |   |           |          |          |         |  |  |
| 3. Wood            |  |   |           |          |          |         |  |  |

Complete this item for all occupied housing units selected for your assignment.

Circle only one answer for this question. Report the type of material which is used most.

1. Circle 1 for "Poured Concrete" if the major portion of the roof is of poured concrete.
2. Circle 2 for "Metal/Tin" if the major portion of the roof is of metal such as zinc, steel, tin, etc.
3. Circle 3 for "Wood" if the major portion of the roof is of wood, wood boards, plywood, etc.
4. Circle 4 for "Thatch" if the major portion of the roof is of palm or pandanus thatch, palm leaves, straw, etc.
5. Write 5 for "Other" for all other types of construction which cannot be described by the above categories.

### QUESTION H9 ... NUMBER OF ROOMS

|           |  |   |
|-----------|--|---|
| <b>H9</b> | <b>How many rooms do you have in this (house/apartment)? Count living rooms, dining rooms, kitchens, and bedrooms, but do NOT count bathrooms, balconies, foyers or halls.</b> | <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> |
|-----------|--|---|

Complete this item for all occupied housing units selected for your assignment.

1. Write in the total number of rooms.

- a. Count only whole rooms used for living purposes such as:
    - living rooms
    - dining rooms
    - bedrooms
    - kitchens
    - finished attic or finished basement rooms
    - recreation rooms and family rooms
    - permanently enclosed porches suitable for year-round use
    - lodger's rooms
    - rooms used for offices by a person living in the unit
  - b. Do not count:
    - bathrooms
    - halls, foyers, or vestibules
    - balconies or open porches
    - closets
    - alcoves
    - pantries
    - kitchenettes, or strip or pullman kitchens
    - laundry, utility, or furnace rooms
    - unfinished attics or unfinished basements
    - other unfinished space used for storage
    - offices used only by persons not living in the unit
2. A partially divided room, such as a dinette next to a kitchen or living room, is a separate room only if there is a partition from floor to ceiling, but not if the partition consists solely of shelves or cabinets.
  2. If a room is used by occupants of more than one apartment, include the room with the unit from which it is most easily reached.

### QUESTION **H10** ... NUMBER OF BEDROOMS

|   |   |  |  |
|---|---|--|--|
| <p><b>H10 How many bedrooms do you have; that is, how many bedrooms would you list if this (house/apartment) were on the market for sale or rent?</b></p> | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> |  |  |
|   |   |  |  |

Complete this item for all occupied housing units selected for your assignment.

1. Count as bedrooms all rooms designed to be used as bedrooms; that is, the number of rooms that would be listed as bedrooms if the house, apartment, or mobile home were on the market for sale or for rent. Include all rooms intended to be used as bedrooms, even if they are currently being used for other purposes.
2. Write "No bedroom" and record 00 if the house or apartment consists of only one room, such as a one-room efficiency apartment.

**QUESTION H11 ... HOT AND COLD PIPED WATER****H11 Do you have hot and cold piped water?**

1. Yes, in this unit
2. Yes, in this building
3. No, only cold piped water in this unit
4. No, only cold piped water in this building
5. No, only cold piped water outside this building
6. No piped water

} Skip to H13

Complete this item for all occupied housing units selected for your assignment. Circle only one answer for this question and note *skip* pattern

Piped water means a supply of water is available at a sink, washbasin, bathtub, or shower. The hot water need not be supplied continuously. Hot water supplied by an electric faucet attachment at the kitchen sink, an electric shower attachment, etc., is not piped hot water.

Piped water may be located within the unit itself, or it may be in the hallway, or in a room used by several units in the building. It may even be necessary to go outdoors to reach that part of the building in which the piped water is located.

1. Circle 1 for "Yes, hot and cold in this unit" if there is hot and cold running water inside the house, apartment, or mobile home being enumerated.
2. Circle 2 for "Yes, hot and cold in this building" if there is hot and cold running water inside the house, apartment, or mobile home being enumerated.
3. Circle 3 for "No, cold only in this unit" if there is cold running water available inside the unit. **(SKIP TO H13)**
4. Circle 4 for "No, cold only in this building" if there is cold running water available inside the unit. **(SKIP TO H13)**
5. Circle 5 for "No, cold only outside this building" if there is only cold running water available outside the unit. **(SKIP TO H13)**
6. Circle 6 for "No, piped water" if there is no piped water on this property. **(SKIP TO H13)**

**QUESTION H12 ... TYPE OF ENERGY****H12 If Yes, What type of energy does your water heater use most?**

- |                |                |
|----------------|----------------|
| 1. Electricity | 3. Solar       |
| 2. Gas         | 4. Other fuels |

Complete this item for all occupied housing units that have hot and cold piped water in the unit or in the building, selected for your assignment. Circle only one answer for this question.

Write the number for only one box for this question. Write the number for the response for the energy the water heater uses most. In buildings containing more than one unit you may obtain this information from the owner, manager, or janitor. The entry for this question should be the same for all units in the same structure.

1. Circle 1 for "Electricity" when electricity is used.
2. Circle 2 for "Gas" when fuel such as bottled, tank, or LP gas is used. Bottled, tank, or LP gas is stored in tanks which are refilled or exchanged when empty.
3. Circle 3 for "Solar power" when solar power is used.
4. Circle 4 for "Other fuels" for any fuel not separately listed.

**QUESTION H13 ... BATHTUB OR SHOWER**

|  |                          |
|--|--------------------------|
| <p><b>H13 Do you have a bathtub or shower?</b></p> <p>1. Yes, in this unit                      3. Yes, outside this building</p> <p>2. Yes, in this building                4. No</p> | <input type="checkbox"/> |
|--|--------------------------|

Complete this item for all occupied housing units selected for your assignment. Circle only one answer for this question.

Count a bathtub or shower only if the equipment is permanently connected to piped running water. Exclude portable bathtubs.

1. Circle 1 for "Yes, in this unit" if there is a bathtub or shower available inside the house or apartment you are enumerating.
2. Circle 2 for "Yes, in this building" if there is a bathtub or shower available inside the building but not in the unit being enumerated.
3. Circle 3 for "Yes, outside this building" if there is a bathtub or shower or shower outside the house or apartment being enumerated.
4. Circle 4 for "No" if:
  - a. There are no installed bathing facilities; or
  - b. There is no piped water in the building; or
  - c. Only portable or temporary bathing facilities are available to the occupant.

**QUESTION H14 ... FLUSH TOILET**

|   |                          |
|---|--------------------------|
| <p><b>H14 Do you have a flush toilet?</b></p> <p>1. Yes, in this unit                      4. No, ventilated outhouse/privy</p> <p>2. Yes, in this building                5. Other or none.</p> <p>3. Yes, outside this building</p> | <input type="checkbox"/> |
|---|--------------------------|

Complete this item for all occupied housing units selected for your assignment. Circle only one answer for this question.

A flush toilet is connected to piped water. If the respondent reports a flush toilet and also another type of toilet, report only the flush toilet.

1. Circle 1 for "Yes, in this unit" if the flush toilet is inside the house or apartment being enumerated.
2. Circle 2 for "Yes, in this building" if there is flush toilet available inside the building but not in the unit being enumerated.
3. Circle 3 for "Yes, outside this building" if there is a flush toilet outside the house or apartment being enumerated.
4. Circle 4 for "No, ventilated outhouse/privy outside the house or apartment being enumerated.
5. Circle 5 for "Other or none".

**QUESTION H15 ... FUEL FOR COOKING****H15 Which FUEL is used MOST for cooking in this unit?**

- |                               |                             |
|-------------------------------|-----------------------------|
| 1. Electricity                | 5. Electricity and kerosene |
| 2. Gas: bottled or tank (LPG) | 6. Gas and kerosene         |
| 3. Kerosene                   | 7. Wood                     |
| 4. Electricity and gas        | 8. Other                    |
|                               | 9. No fuel used             |

Complete this item for all occupied housing units selected for your assignment. Circle only one answer for this question.

These questions have to do with the fuel used for cooking. Question H18 has to do with general cooking activities, and question H19 has to do, specifically, with microwave oven. If the household does not have electricity, the answer for H19 will always be No.

1. Circle 1 for "Electric range" when an electric range is used.
2. Circle 2 for "Gas stove" when a gas stove is used.
3. Circle 3 for "Kerosene stove" when a kerosene stove is used.
4. Circle 4 for "Electricity and gas" when both electricity and gas are used.
5. Circle 5 for "Electricity and kerosene" when both electricity and kerosene stove are used.
6. Circle 6 for "Gas and kerosene" when both gas and kerosene stove are used.
7. Circle 7 for "Wood" when only a wood stove is used.
8. Circle 8 for "Other" when any other type of cooking facilities not listed above is used.
9. Circle 9 if "No fuel is used"

**QUESTION H16 ... ELECTRIC OR GAS STOVE****H16 Do you have an electric or gas stove?**

1. Yes
2. No

If the household has an electric or gas stove, circle "1" for Yes. Otherwise, circle "2" for No.

**QUESTION H16A... MICROWAVE OVEN****H16A Do you have a microwave oven?**

1. Yes
2. No

If the household has a microwave oven, circle "1" for Yes. Otherwise circle "2" for No.

**QUESTION H17 ... REFRIGERATOR****H17 Do you have a refrigerator in this unit? If "Yes," ask — What type?**

1. Yes, electric
2. Yes, gas
3. No refrigerator

Complete this item for all occupied housing units selected for your assignment. Circle only one answer for this question.

1. Circle 1 for "Yes, electric" if the unit has a refrigerator that is operated by electricity.
2. Circle 2 for "Yes, gas" if the unit has a refrigerator that is operated by gas.
3. Circle 3 for "No refrigerator" if there is no refrigerator.

**QUESTION H17A ... STAND-ALONE FREEZER**

H17A Do you have a stand-alone freezer in this unit?

1. Yes
2. No

If the household has a stand-alone freezer, circle "1" for Yes. Otherwise circle "2" for No.

**QUESTION H18 ... SINK WITH PIPED WATER**

H18 Do you have a sink with piped water in this building?

1. Yes
2. No

Complete this item for all occupied housing units selected for your assignment. Circle only one answer for this question.

Circle 1 for "Yes" if there is a sink **with piped water** in the building being enumerated.

Circle 2 for "No" if there is no sink.

NOTE: The sink has to be installed and the water running or available at the sink.

**QUESTION H19 ... SOURCE OF WATER**

H19 Do you get water from —

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| 1. A public system only?            | 4. Village water system?              |
| 2. A public system and cistern?     | 5. A public standpipe?                |
| 3. A cistern, tanks, or drums only? | 6. Individual well or spring or other |

Complete this item for all occupied housing units selected for your assignment. Circle only one answer for this question.

Mark the category for the source of the water used by the occupants of the house or apartment, whether or not it is in the building or some other place on the property, or if the occupants get water elsewhere. For example, if the occupants get water from neighbors, mark the category for the source of the neighbor's water.

1. A PUBLIC SYSTEM ONLY

Circle the number of the appropriate response in the box if there is running water which comes from any common source supplying 5 or more houses or apartments. The water may be supplied by an island or city water system, water district, water company, etc., or it may be obtained from a well which supplies 5 or more houses or apartments.

2. A PUBLIC SYSTEM AND CISTERN

Circle the number of the appropriate response in the box when there is running water which comes from a public system and there is also a cistern in which rain water is collected.

3. A CISTERN, TANKS, OR DRUMS ONLY

Circle the number of the appropriate response in the box when the only source of water is a cistern, tanks or drums in which rain water is collected. Such sources usually serve only one structure.

4. VILLAGE WATER SYSTEM

Circle the number of the appropriate response in the box when there is running water which comes from any common source of water supplied by the village or community water system.

## 5. A PUBLIC STANDPIPE

Circle the number of the appropriate response in the box when there is a vertical pipe which is connected to a public water system, and from which nearby residents draw water.

## 6. INDIVIDUAL WELL OR A SPRING OR OTHER

Circle the number of the appropriate response in the box when the water is obtained privately from an individual well, spring, rivers, irrigation canals, creeks, ponds, lakes, or other sources not listed separately.

**If the unit is connected to a public sewer – you have recorded either code 1 or code 2 – ask “Is public service 24 hours?” If the service is usually continuous, mark 1 for “Yes”, if the service is often interrupted, mark 2 for “No”.**

**QUESTION H20 ... PURCHASE DRINKING WATER**

|  |                          |
|--|--------------------------|
| H20 Do you purchase drinking water? 1.Yes 2.No | <input type="checkbox"/> |
|--|--------------------------|

Complete this item for all occupied housing units selected for your assignment. Circle only one answer for this question.

**QUESTION H21 ... SEWAGE DISPOSAL**

|   |                          |
|---|--------------------------|
| H21 Is this building connected to a public sewer?<br>1. Yes, connected to public sewer<br>2. No, connected to septic tank or cesspool<br>3. No, use other means | <input type="checkbox"/> |
|---|--------------------------|

Complete this item for all occupied housing units selected for your assignment. Circle only one answer for this question.

## 1. PUBLIC SEWER

A public sewer may be operated by a government body or by a private organization. Circle 1 for "Yes, connected to public sewer" when the house or apartment is connected to a city, county, sanitary district, neighborhood, or subdivision sewer system.

## 2. SEPTIC TANK OR CESSPOOL

A septic tank or cesspool is an underground tank or pit for disposal of sewage. Circle 2 for "No, connected to septic tank or cesspool" for units provided with this method of sewage disposal. Do not include in this category small sewage treatment plants which in some localities are called neighborhood septic tanks.

## 3. OTHER MEANS

Circle 3 for "No" when sewage is disposed of in any other way or when use other means.

**QUESTION H22 ... AIR CONDITIONING**

|   |                          |
|---|--------------------------|
| H22 Do you have air conditioning?<br>1. Yes, a central air-conditioning system<br>2. Yes, 1 individual room unit<br>3. Yes, 2 + room units<br>4. No | <input type="checkbox"/> |
|---|--------------------------|

Complete this item for all occupied housing units selected for your assignment. Circle only one answer for this question.

1. Circle 1 for "Yes, a central air conditioning system" if a central installation which air conditions a number of rooms is used. In an apartment building, each apartment may have its own central system, or there may be several systems each providing central air conditioning for a group of apartments. A central system with individual room controls should be marked "Yes, a central air conditioning system".

2. Circle 2 or 3 for the appropriate box for the number of individual room units.
3. Circle 4 for "No" if the unit is not cooled by air conditioner.

### QUESTION H23 ... RADIO

**H23 Do you have a battery operated radio?** Count car radios, transistors, and other battery operated sets in working order or needing only new battery for operation.

1. Yes
2. No

Complete this item for all occupied housing units selected for your assignment.

Count only car radios, transistors, and other battery operated sets in working order or needing only new batteries for operation.

### QUESTION H24 ... NUMBER OF AUTOMOBILES, VANS, AND TRUCKS

**H24 How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?** Enter total number of vehicles.

Complete this item for all occupied housing units selected for your assignment.

Count passenger automobiles, vans, pickups, and small panel trucks of one-ton capacity or less which are kept at home for the use of household members. Count vehicles of all members of the household including lodgers or other non-relatives living in the house, apartment, or mobile home.

1. Include:
  - a. Company cars, company vans, pickups, or small panel trucks of one-ton capacity or less, if kept at home for use of household members.
  - b. Taxicabs, police cars, and government cars if kept at home for use of household members for non-business purposes.
  - c. Vehicles that are rented or leased for one month or more.
2. Do not include:
  - a. Automobiles, vans, and trucks kept at home by a household member, but used only for business purposes.
  - b. Dismantled or dilapidated cars in an early stage of being junked or immobile cars used only as a source of power for some piece of machinery.

### QUESTION H24A ... NUMBER OF BOATS WITH A MOTOR

**H24A How many boats with a motor are kept for use by a member of this household?**

Complete this item for all occupied housing units selected for your assignment.

Count boats kept at home for the use of household members. Count boats of all members of the household including lodgers or other non-relatives living in the house, apartment, or mobile home.

1. Include:
  - a. Company boats if kept at home for use of household members.
  - b. Boat taxis and government boats if kept at home for use of household members for non-business purposes.
  - c. Boats that are rented or leased for one month or more.

2. Do not include:
- Boats kept at home by a household member, but used only for business purposes.
  - Dismantled or dilapidated boats in an early stage of being junked .

### QUESTION H25 ... TELEPHONE

H25 Do you have a telephone/cell phone in this unit?

1. Yes - *If Yes, What was the last monthly bill?* \$ \_\_\_\_\_   
*include cellphone/calling card costs*

2. No

Complete this item for all occupied housing units selected for your assignment.

Circle 1 for "Yes" only if there is a telephone in the respondent's house, apartment, or mobile home. Also, if respondent owned a cellphone instead.

Circle 2 for "No" if there is no telephone in the respondent's house, apartment, mobile home, or if the respondent says there is one in the building, but it is not in the respondent's house, apartment, or mobile home.

**What is the monthly bill?** If the household has a telephone ask for the average telephone bill (or most recent, if the household does not know the average bill). Include cellphon/calling card costs.

Complete this item for all occupied housing units.

- Enter the cost of the last monthly bill. If the last bill is unknown, report the average monthly cost of the phone or cell phone.
- If the respondent doesn't know the exact cost, an approximate figure will do. Ask additional questions as necessary to obtain a reasonable estimate (for example, "Is the cost greater than \$50 or less than \$50?", etc.). In some cases, it may be easier for you to compute the cost from information given by the respondent. If so, ask whether your estimate sounds reasonable before entering the amount.

### QUESTION H26 ... ELECTRIC POWER

H26 Does this house/apartment have electric power?

1. Yes -What was the last monthly bill  
for electricity for this unit?  \$ \_\_\_\_\_

2. Yes - Included in the rent. 3. No

Complete this item for all occupied housing units selected for your assignment.

If the housing unit has electricity, determine whether or not it is included in the rent.

- If the house has electric power, and it is not included in the rent, ask for the amount of the last monthly electric bill
- If the house has electric power, and it is included in the rent, Circle "2" in the box, and go on to the next question.
- If the house has no electric power, Circle "3" in the box and go on to the next question.

- Enter the last month's costs in the spaces provided.

Report the last month's or average monthly cost if the respondent pays the entire utility or fuel bill (even if these bills are unpaid), or if all or part of the respondent's utility or fuel bill is paid by a welfare agency, relative, or friend.

If part of the cost of the utility or fuel is paid by the landlord and part paid by the occupants, report only the part paid by the occupants.

If the respondent pays the entire utility or fuel bill for a multi-unit building (for example, he or she is the landlord), report only the amount for his or her own housing unit. If necessary, accept an estimate.

2. If the respondent doesn't know the exact cost, an approximate figure will do. Ask additional questions as necessary to obtain a reasonable estimate (for example, "Is the cost greater than \$50 or less than \$50?", etc.). In some cases, it may be easier for you to compute the fuel or utility costs from information given by the respondent. If so, ask whether your estimate sounds reasonable before entering the amount.

If electricity and water are billed together, try to obtain an estimate for each of the utilities separately. If this is not possible, enter the combined amount on the electricity line and bracket { } the two utilities.

3. If the house or apartment is rented or is a condominium, enter the costs for utilities and fuels only if they are paid in addition to the rent or the condominium fee. If a utility or fuel is included in the rent or the condominium fee, mark the appropriate box.
4. Circle "3" if the utility or fuel is not used, if it is not available to the household, or if it is provided to the renter or owner free of charge.
5. If the respondent has moved in recently, ask for his/her estimate based on previous experience and general knowledge of fuel and utility costs. Emphasize that we need an estimate in order to determine total housing costs for all housing units on a comparable basis.

### QUESTION H27 ... TELEVISION

|      |  |        |       |                          |
|------|--|--------|-------|--------------------------|
| H27  | <b>Do you have a television set?</b>                                 | 1. Yes | 2. No | <input type="checkbox"/> |
| H27a | <b>Do you have Cable TV?</b>   | 1. Yes | 2. No | <input type="checkbox"/> |
| H27b | <b>What was the last monthly bill? Code 999 if included in rent)</b> | _____  |       |                          |

Complete this item for all occupied housing units selected for your assignment. Circle only one answer for this question.

For H27, Do you have a television set?

- Circle "1" for "Yes" if there is a TV in the housing unit being enumerated.
- Circle "2" for "No" if no TVs are in the house unit being enumerated.

For H27a, Do you have Cable TV?

- Circle "1" for "Yes" if there is Cable TV hooked up in the housing unit being enumerated.
- Circle "2" for "No" if the housing unit has no Cable TV hook up

For H27b, IF the housing unit has Cable TV, ask the amount of the last monthly bill?

- Record the amount if Cable TV is hooked up in the housing unit being enumerated, and the household pays for the hook up.
- Record "999" if Cable TV is included in the rent, for rental units.

### QUESTION H28 ... COMPUTER

|     |  |                          |
|-----|--|--------------------------|
| H28 | <b>Do you have a computer at home?</b> | <input type="checkbox"/> |
|     | 1. Yes                                 |                          |
|     | 2. No                                  |                          |

Complete this item for all occupied housing units selected for your assignment.

- Include all laptops and desktops computers members of the household.
- Do not include Company or Government computers that are not available to household members or computers that are inoperable.

**QUESTION H29 ... INTERNET**

|      |  |                          |
|------|--|--------------------------|
| H29  | <b>Do you have internet access in your unit?</b> 1 Yes 2 No  | <input type="checkbox"/> |
| H29a | <b>If yes, do you connect over the telephone line or do you have a broadband, such as cable or a DSL connection?</b><br>1 Phone line<br>2 Broadband                        | <input type="checkbox"/> |
| H29b | <b>If yes, How much was the last monthly bill for your internet connection or was it included in your telephone/cable bill?</b><br><b>If so, how much was it?</b> \$ _____ |                          |

Complete this item for all occupied housing units selected for your assignment.

H29 **Do you have internet access in your unit?** 1. Yes 2. No

- Circle 1 for “Yes”, if the household has internet access
- Circle 2 for “No”, if the housing unit does not have internet access

H29a **If yes, do you connect over the telephone line or do you have a broadband, such as cable or DSL connection?** 1 Phone line 2 Broadband

- Circle “1” for phone line if the housing unit obtains its internet connection through the phone line
- Circle “2” for broadband, if the housing unit obtains its internet connection by broadband

H29b **If yes, what was the last monthly bill for your internet connection or was it included in your telephone/cable bill? If you paid, how much was it?** \$ \_\_\_\_\_

- Circle “1” if the housing unit pays for its internet connection directly, and THEN fill in the amount of the last monthly bill
- Circle “2” if the housing unit does not pay for its internet connection directly, but pays through its phone or TV cable bill instead

**QUESTION H30 ... COST OF GAS**

|     |   |
|-----|---|
| H30 | <b>What is the last monthly bill for gas for this house/apartment?</b> \$ _____ |
|     | <i>Exclude transportation gas.</i>  |

Complete this item for all occupied housing units selected for your assignment.

- Enter the last monthly bill in the space provided. DO NOT include transportation gas.  
Report the last monthly bill if the respondent pays the entire utility or fuel bill (even if these bills are unpaid), or if all or part of the respondent's utility or fuel bill is paid by a welfare agency, relative, or friend.  
If part of the cost of the utility or fuel is paid by the landlord and part paid by the occupants, report only the part paid by the occupants.  
If the respondent pays the entire utility or fuel bill for a multi-unit building (for example, he or she is the landlord), report only the amount for his or her own housing unit. If necessary, accept an estimate.
- If the respondent doesn't know the exact cost, an approximate figure will do. Ask additional questions as necessary to obtain a reasonable estimate (for example, "Is the cost greater than \$50 or less than \$50?", etc.). In some cases, it may be easier for you to compute the fuel or utility costs from information given by the respondent. If so, ask whether your estimate sounds reasonable before entering the amount.
- If the house or apartment is rented, enter the costs for utilities and fuels only if they are paid in addition to the rent. If a utility or fuel is included in the rent, mark the appropriate box.
- Report “0” if the utility or fuel is not used, if it is not available to the household, or if it is provided to the renter or owner free of charge.

If the respondent has moved in recently, ask for his/her estimate based on previous experience and general knowledge of fuel and utility costs. Emphasize that we need an estimate in order to determine total housing costs for all housing units on a comparable basis.

**QUESTION H31 ... WATER BILL**

|   |                          |
|---|--------------------------|
| <b>H31 What was the last monthly bill for water for this unit? \$ _____</b> | <input type="checkbox"/> |
| If no payment, ask <b>was it included in the rent?</b> 1. Yes    2. No      | <input type="checkbox"/> |
| <b>H31a Do you pay for water from a public utility?</b> 1. Yes    2. No     | <input type="checkbox"/> |

Complete this item for all occupied housing units selected for your assignment.

- If the household paid for water, report the amount using the guidelines below
- If the household did not pay for water, but it was included in the rent, Circle "1" for Yes.
- Ask all housing units whether they pay for water from a public utility – Circle "1" for Yes or "2" for No.

1. Enter the last monthly bill in the space provided.

Report the last monthly bill if the respondent pays the entire utility or fuel bill (even if these bills are unpaid), or if all or part of the respondent's utility or fuel bill is paid by a welfare agency, relative, or friend.

If part of the cost of the utility or fuel is paid by the landlord and part paid by the occupants, report only the part paid by the occupants.

If the respondent pays the entire utility or fuel bill for a multi-unit building (for example, he or she is the landlord), report only the amount for his or her own housing unit. If necessary, accept an estimate.

2. If the respondent doesn't know the exact cost, an approximate figure will do. Ask additional questions as necessary to obtain a reasonable estimate (for example, "Is the cost greater than \$50 or less than \$50?", etc.). In some cases, it may be easier for you to compute the fuel or utility costs from information given by the respondent. If so, ask whether your estimate sounds reasonable before entering the amount.
3. If the house or apartment is rented, enter the costs for utilities and fuels only if they are paid in addition to the rent. If a utility or fuel is included in the rent, mark the appropriate box.
4. Report "0" if the utility or fuel is not used, if it is not available to the household, or if it is provided to the renter or owner free of charge.

If the respondent has moved in recently, ask for his/her estimate based on previous experience and general knowledge of fuel and utility costs. Emphasize that we need an estimate in order to determine total housing costs for all housing units on a comparable basis.

**QUESTION H32 ... OTHER UTILITIES**

|  |
|--|
| <b>H32 What was the last monthly bill for any other utilities (kerosene, wood, etc.)? \$ _____</b> |
|--|

Complete this item for all occupied housing units selected for your assignment.

Record the amount of the last monthly bill for other utilities such as kerosene, wood, etc.

If the household pays for other utilities but the respondent does not the exact amount of the last bill, try to estimate the average amount paid per month.

If the household does not pay for other utilities because it is included in the rent, record "0".

**QUESTION H33 ... VALUE**

|  |
|--|
| <b>H4a Ask only if someone in this household OWNS OR IS BUYING this house, apartment, mobile home, or boat —<br/>What is the value of this property; that is, how much do you think this dwelling would sell for if were for sale?</b> |
|--|

Complete this item for owner-occupied or vacant-for-sale only housing units.

1. If the respondent cannot answer the question because he or she thinks an exact figure is needed, ask the respondent for an estimate. Help the respondent by explaining that the answer can be provided in a range rather than an exact dollar amount.
2. If the respondent has never thought of selling the property, ask whether he or she knows of a sale of a similar property in the neighborhood. If so, suggest that he or she estimate the value of the house, condominium, or mobile home accordingly.
3. If the respondent does not understand what is meant by "this property", explain that it includes:
  - a. FOR A ONE-FAMILY HOUSE--

- (a) the entire building in which the owner lives, and
  - (b) the land on which it stands, and
  - (c) any additional buildings such as garages on the same plot of land.
- b. FOR A CONDOMINIUM OR COOPERATIVE --
- (a) the owner's individual unit, and
  - (b) the owner's share of the common area.
- c. FOR A NONCONDOMINIUM MULTI-UNIT BUILDING -- if the respondent owns a multi-unit building and lives in an apartment in the building, report the value of the building, the land, and any additional buildings such as a garage on the same plot of land.
- d. FOR A MOBILE HOME OR TRAILER --
- (a) the mobile home or trailer, and
  - (b) the land or lot on which it is currently placed.
4. If the respondent indicates that he or she owns the house (or mobile home) but not the land, ask the respondent to estimate the combined value of the house (or mobile home) and the land.
5. If joint ownership exists, report the value of the entire property whether or not all the owners live in the house, condominium, or mobile home.
6. If the respondent appears unwilling to answer the question, assure him or her that the estimate given is confidential and cannot be used for taxation or assessment.

### **QUESTION H34 and H35 ... HOME INSURANCE AND PROPERTY TAXES**

|   |
|---|
| H34 <i>For this property: What was the annual payment for homeowner's insurance?</i> \$ _____<br>H35 <b>How much were 2004 property taxes?</b> \$ _____ |
|---|

Complete this item for owner-occupied or vacant-for-sale only housing units.

For H34 Homeowner's insurance:

- Report for this property only. Do not report for any properties held for business purposes.
- Report the annual payment for homeowner's insurance. If the payments are made semi-annually or monthly, use the correspondences in the Enumerator's Instructions to assist in determining the annual amount. ONLY annual amounts are to be reported
- If the respondent does not know that annual payment, try to obtain an estimate and record that

For H35 Property Taxes:

- Report for this property only. Do not report for any properties held for business purposes.
- Report the annual payment for property taxes. If the payments are made semi-annually or monthly, use the correspondences in the Enumerator's Instructions to assist in determining the annual amount. ONLY annual amounts are to be reported
- If the respondent does not know that annual payment, try to obtain an estimate and record that

### **QUESTION H36 ... NUMBER OF LOANS ON THE PROPERTY**

|   |
|---|
| <b>H36 How many loans for this property are you currently making repayments on?</b> |
|---|

Complete this item for all owner-occupied one-family houses, mobile homes, or condominiums.

1. Enter the regular monthly payment required by the lender for all loans on this property. Consider persons holding contracts to be lenders. Report the entire payments regardless of what is included in it.
2. Report the amounts even if the payments are delinquent or are paid by someone else.
3. Enter 0 on the box provided and skip to *Section 2. Construction and Repairs.*

| H 36. How many loans for this property are you currently making repayments on?   |                      |                      |  |                          |                          |
|--|----------------------|----------------------|--|--------------------------|--------------------------|
| Housing loan information   | 1 <sup>st</sup> Loan | 2 <sup>nd</sup> Loan | Housing loan information   | 1 <sup>st</sup> Loan     | 2 <sup>nd</sup> Loan     |
| Type of lending institution: 1=Bank, 2=Finance Company 3=Gov. agency 4=other   | \$                   | \$                   | Amount of interest, principal paid & period covered:<br>Interest   | \$                       | \$                       |
| Month and Year repayment started   | /                    | /                    | Principal  | \$                       | \$                       |
| Purpose of loan: 1 Owner occupied, 2 Other Specify==>  |                      |                      | Period (specify)   |                          |                          |
| Loan security:<br>1=1 <sup>st</sup> mortgage 2=2 <sup>nd</sup> mortgage, <input type="checkbox"/><br>3=Other security, 4=Unsecured |                      |                      | Amount of principal outstanding<br>What is the current interest rate on this loan?<br>Is the loan fixed or adjustable?<br>1. Fixed 2. Adjustable | \$<br>%                  | \$<br>%                  |
|  |                      |                      |  | <input type="checkbox"/> | <input type="checkbox"/> |

Report information about any mortgages on this property, or the house itself. The mortgage could be with a bank or with an individual.

**QUESTION H37 ... CONDOMINIUM**

|   |
|---|
| <p><b>H37 Is this unit part of a condominium? If No, Skip to section 2</b><br/> <b>If Yes, what is the monthly condo common fee?</b> \$ _____</p> |
|---|

This question is asked at all occupied units.

Circle "1" for Yes, if the housing unit is part of a condominium.

Circle "2" for No, if the housing unit is not part of a condominium.

If the unit is part of a condominium unit, record the current monthly condominium common fee.

## GENERAL EXPENDITURES

The General Expenditures part of the survey collects information about purchases made and other expenditures during the *last 12 months*, that is, the 12 months immediately preceding the survey. The respondents are asked about information starting 12 months before the day the enumerator arrives at the household, up until the day of the enumeration, that is from May 2004 to May 2005. So, it is important that you do not collect information for all of 2004, but only for that part of 2004 which is within the 12 months before the survey (this is different from INCOME which is collected for all of 2004.)

Ask each section of the General Expenditures Form even if you think that the household did not have any expenditures in that area. For example, it may look like an air conditioner is old, and could have been purchased in the last year, but the household may actually have purchased a used air conditioner from another family or household during the last 12 months, and that purchase needs to be reported here.

Also, note that for most of the sections, at the end there is an open-ended question about other expenditures for the section. Make sure that you ask about other purchases or expenses to be certain that all expenditures and purchases are reported.

### SECTION 2. CONSTRUCTION AND REPAIRS

| Section 2. Construction and Repairs:  |             |                 | 1. Yes   | 2. No       | <input type="checkbox"/> |
|---|-------------|-----------------|--|-------------|--------------------------|
| These questions are on Construction, Maintenance, alterations, or repairs done on this unit, including those you did yourself and those you paid some to do. In the last 12 months how much money did you spend on the following. If any of the money spent was charged to a business or refunded to you, how much? |             |                 |  |             |                          |
| Item  | Total Spent | Monthly payment | Item   | Total Spent | Monthly payment          |
| 201 Dwelling under construction   | \$          | \$              | 208 Outside improvements like fence, driveway      | \$          | \$                       |
| 202 Building addition like extra room, porch  | \$          | \$              | 209 Plumbing or water heater installation/repair   | \$          | \$                       |
| 203 Remodeling one or more rooms  | \$          | \$              | 210 Electrical repairs or improvements             | \$          | \$                       |
| 204 Remodeling or renovating one or more outside rooms  | \$          | \$              | 211 Install, repair, replace window panes, screens | \$          | \$                       |
| 205 Repairing roof or gutters   | \$          | \$              | 212 Hurricane shutters                             | \$          | \$                       |
| 206 Landscaping and yard maintenance  | \$          | \$              | 213 Other improvement or repairs                   | \$          | \$                       |
| 207 Air conditioning  | \$          | \$              | Other improvement:                                 | \$          | \$                       |

These questions have to do with construction, maintenance, alterations, or repairs done on this unit, including those done by household members, and those done by other people. All of the repairs must have been done in the LAST 12 MONTHS, so it is important to check receipts for materials and repairs.

NOTE that any monetary amounts charged to a business must be reported in the column "Amount charged or refunded".

*Dwelling under construction*

If this household began construction of a new dwelling, the costs involved with materials for that dwelling are reported here. If an architect was hired to develop the plans, those costs should also be reported here.

|   |  |
|---|--|
| <i>Building addition like extra room, porch</i>     | If this household built or began to build an addition to a dwelling, for example, an extra room, or a porch, then the costs involved with the building addition should be reported here.   |
| <i>Remodelling one or more rooms</i>                | If this household began to remodel or remodelled a room in their dwelling, the costs involved with that remodelling should be reported here.   |
| <i>Repairing roof or gutters</i>                    | If this household repaired its roof or gutters during the last year, report any costs involved with that improvement here.   |
| <i>Inside painting or papering</i>                  | If this household did any inside painting, or wall-papering during the last 12 months, any costs involved with that work should be reported here.  |
| <i>Outside painting</i>                             | If this household did any outside painting during the last 12 months, any costs involved should be reported here.  |
| <i>Outside improvements like fence, driveway</i>    | If this household made outside improvements to their unit, like building a fence or putting in a driveway (or putting in scrubbery or landscaping), those costs should be reported here.   |
| <i>Plumbing or water heater installation/repair</i> | If this household installed a water heater or had plumbing done (whether by household members or other plumbers), those costs should be reported here.   |
| <i>Electrical repairs or improvements</i>           | If this household had termite extermination or other pest control operations during the last 12 months, the costs involves with those operations should be reported here.  |
| <i>Install, repair window panes, screens</i>        | If this household installed, repaired, or replaced any window panes or screens in their unit during the last 12 months, the costs involved should be reported here.  |
| <i>Hurricane shutters</i>                           | If this household installed, repaired, or replaced any hurricane shutters.   |
| <i>Other improvements</i>                           | If this household had any other construction, maintenance, alterations, or repairs to their units, the type of construction, maintenance, alteration, or repairs should be reported, and the costs involved should be reported. Up to TWO <i>other improvements</i> can be reported on the form, but <b>others can be reported in the margins of the form.</b> |

### SECTION 3 ... CONSUMER DURABLES, FURNITURE, ELECTRONIC ITEMS AND RECREATION ITEMS

Note the following about the consumer durables, furniture, electronic items, and recreation items:

Section 3. Consumer Durables, furniture: These questions are about household items you purchased in the last 12 months. Please include anything bought with a credit card or cash. Include any item purchased by your household and given to another household.

#### Major Appliances

The following section is about major appliances purchased in the last 12 months. Ask the respondents whether they purchased each appliance in the order listed. If they reply that they did purchase the item, then ask them

- whether it was new or used when purchased,
- how much the item cost when it was purchased, and
- if they did not pay cash for the whole purchase, how much they are paying each month to pay off the debt.

| MAJOR APPLIANCES                | 1. Yes   2. No   | <input type="checkbox"/> |                 |
|---------------------------------|------------------|--------------------------|-----------------|
| Item                            | 1. New   2. Used | Total Spent              | Monthly payment |
| 301 Stove/range/oven (electric) |                  | \$                       | \$              |
| 302 Stove/range/oven (gas)      |                  | \$                       | \$              |
| 303 Range hood exhaust fan      |                  | \$                       | \$              |
| 304 Refrigerator                |                  | \$                       | \$              |
| 305 Freezer                     |                  | \$                       | \$              |
| 306 Dishwasher                  |                  | \$                       | \$              |
| 307 Garbage disposal            |                  | \$                       | \$              |
| 308 Radio (all types)           |                  | \$                       | \$              |
| 309 Microwave oven              |                  | \$                       | \$              |
| 310 Washing machine             |                  | \$                       | \$              |
| 311 Clothes dryer               |                  | \$                       | \$              |
| 312 Generator                   |                  | \$                       | \$              |
| 313 Water heater                |                  | \$                       | \$              |
| 314 Air conditioner             |                  | \$                       | \$              |
| 315 Rice Cooker                 |                  | \$                       | \$              |
| 316 Sewing machine              |                  | \$                       | \$              |
| 317 Other major appliances      |                  | \$                       | \$              |

### Computers and related electronic devices

The following section is about computers and related electronic devices purchased in the last 12 months. Ask the respondents whether they purchased each appliance in the order listed. If they reply that they did purchase the item, then ask them

- whether it was new or used when purchased,
- how much the item cost when it was purchased, and
- if they did not pay cash for the whole purchase, how much they are paying each month to pay off the debt.

| Computers and related electronic devices |                | 1. Yes      | 2. No           |
|--|----------------|-------------|-----------------|
| Item                                     | 1. New 2. Used | Total Spent | Monthly payment |
| 321 Home computer                        |                | \$          | \$              |
| 322 Combination printer/fax ...          |                | \$          | \$              |
| 323 Copier                               |                | \$          | \$              |
| 324 Fax                                  |                | \$          | \$              |
| 325 Printer/photo printer                |                | \$          | \$              |
| 326 CD/DVD burner                        |                | \$          | \$              |
| 327 Floppy disks/CDs/DVDs                |                | \$          | \$              |
| 328 External memory/hard disk            |                | \$          | \$              |
| 329 Scanner                              |                | \$          | \$              |
| 330 Software and accessories             |                | \$          | \$              |
| 331 Other computer equipment             |                | \$          | \$              |
| 332 Digital camera                       |                | \$          | \$              |
| 333 Non-digital camera                   |                | \$          | \$              |
| 334 Photo accessories                    |                | \$          | \$              |

### 3C. Electronic goods

The following section is about electronic goods purchased in the last 12 months. Ask the respondents whether they purchased each appliance in the order listed. If they reply that they did purchase the item, then ask them

- whether it was new or used when purchased,
- how much the item cost when it was purchased, and
- if they did not pay cash for the whole purchase, how much they are paying each month to pay off the debt.

| Electronic Goods                     |                | If None, check this box → <input type="checkbox"/> |                 |
|--------------------------------------|----------------|--|-----------------|
| Item                                 | 1. New 2. Used | Total Spent  | Monthly payment |
| 341 Television                       |                | \$   | \$              |
| 342 Cable television                 |                | \$   | \$              |
| 343 Video cassette recorder (VCR)    |                | \$   | \$              |
| 344 DVD player                       |                | \$   | \$              |
| 345 Satellite dishes                 |                | \$   | \$              |
| 346 Direct TV satellite              |                | \$   | \$              |
| 347 Video machine (e.g. X box)       |                | \$   | \$              |
| 348 Other video equipment            |                | \$   | \$              |
| 349 Home stereo system               |                | \$   | \$              |
| 350 Tape recorder                    |                | \$   | \$              |
| 351 Speakers                         |                | \$   | \$              |
| 352 Surround sound speakers          |                | \$   | \$              |
| 353 Other audio equipment            |                | \$   | \$              |
| 354 Portable video games (Gameboy)   |                | \$   | \$              |
| 355 MP3 recorders/players            |                | \$   | \$              |
| 356 Telephones/answering machines    |                | \$   | \$              |
| 357 Cell telephones                  |                | \$   | \$              |
| 358 Karaoke/karoke microphone        |                | \$   | \$              |
| 359 Typewriters/other office machine |                | \$   | \$              |
| 360 Calculator                       |                | \$   | \$              |
| 361 Other electronic equipment       |                | \$   | \$              |

### 3D. Household Furnishings and Floor Coverings

The following section is about household furnishings and floor coverings purchased in the last 12 months. Ask the respondents whether they purchased each appliance in the order listed. If they reply that they did purchase the item, then ask them

- whether it was new or used when purchased,
- how much the item cost when it was purchased, and
- if they did not pay cash for the whole purchase, how much they are paying each month to pay off the debt.

| Household Furnishings and Operations |                | If None, check this box → <input type="checkbox"/> |                 |
|--------------------------------------|----------------|--|-----------------|
| Item                                 | 1. New 2. Used | Total Spent  | Monthly payment |
| 371 Bedroom furniture                |                | \$   | \$              |
| 372 Living room, kitchen furniture   |                | \$   | \$              |
| 373 Dining room furniture            |                | \$   | \$              |
| 374 Other furniture                  |                | \$   | \$              |
| 375 Other furniture                  |                | \$   | \$              |

| Floor coverings             |                | If None, check this box → <input type="checkbox"/> |                 |
|-----------------------------|----------------|--|-----------------|
| Item                        | 1. New 2. Used | Total Spent  | Monthly payment |
| 381 Rugs, carpets, etc.     |                | \$   | \$              |
| 382 Linoleum (hard surface) |                | \$   | \$              |
| 383 Woven mats              |                | \$   | \$              |
| 384 Other floor coverings   |                | \$   | \$              |

### 3E. Sports, Recreation, and Exercise Equipment

The following section is about sports, recreation, and exercise equipment purchased in the last 12 months. Ask the respondents whether they purchased each appliance in the order listed. If they reply that they did purchase the item, then ask them

- whether it was new or used when purchased,
- how much the item cost when it was purchased, and
- if they did not pay cash for the whole purchase, how much they are paying each month to pay off the debt.

| Section 3a. Consumer Durables – Sports, Recreation, and Exercise Equipment (12 month recall period)                          |                |             |  |
|--|----------------|-------------|--|
| Please include anything bought with a credit card or cash. If any item was charged over time, provide the monthly repayment. |                |             |  |
|  |                |             | If None, check this box → <input type="checkbox"/> |
| Item   | 1. New 2. Used | Total Spent | Monthly payment                                    |
| 390 Health and exercise equipment  |                | \$          | \$   |
| 391 Camping equipment  |                | \$          | \$   |
| 392 Hunting/fishing equipment  |                | \$          | \$   |
| 393 Water sports equipment   |                | \$          | \$   |
| 394 Outboard motors  |                | \$          | \$   |
| 395 Bicycles/tricucles   |                | \$          | \$   |
| 396 Golf and golfing equipment   |                | \$          | \$   |
| 397 Tennis rackets and equipment   |                | \$          | \$   |
| 398 Other sporting goods/equipment   |                | \$          | \$   |
| 399 Acoustic/electrical equipment  |                | \$          | \$   |

**PLEASE NOTE THAT THE ITEMS FOR WHICH YOU WILL BE GATHERING EXPENDITURE INFORMATION HAVE MUCH SMALLER EXPENDITURES AND BECAUSE OF THAT, THE REFERENCE PERIOD FOR THESE ITEMS ARE NOW 3 MONTHS RATHER THAN 12 MONTHS. BY CHANGING THE REFERENCE PERIOD FOR THESE ITEMS, IT WILL IMPROVE THE ACCURACY OF THE DATA PROVIDED BY THE HOUSEHOLD RESPONDENTS.**

#### **Section 4 ... Consumer Durables – Small Household Appliances, Tools and Household Goods and Services**

These questions are about household goods and services the respondent purchased in the last 3 months. Have them include anything they bought with a credit card or cash. The respondents provide the total purchase price and monthly repayments.

##### **4A. Small Household Appliances**

The following section is about small household appliances purchased in the last 3 months. Ask the respondents whether they purchased each appliance in the order listed. If they reply that they did purchase the item, then ask them

- whether it was new or used when purchased,
- how much the item cost when it was purchased, and
- if they did not pay cash for the whole purchase, how much they are paying each month to pay off the debt.

| Small Household Appliances            |                | If None, check this box → <input type="checkbox"/> |                 |
|---------------------------------------|----------------|--|-----------------|
| Item                                  | 1. New 2. Used | Total Spent  | Monthly payment |
| 401 Small electric kitchen appliances |                | \$   | \$              |
| 402 Electric personal care appliances |                | \$   | \$              |
| 403 Water dispenser                   |                | \$   | \$              |
| 404 Electric floor cleaning equipment |                | \$   | \$              |
| 405 Other small appliances            |                | \$   | \$              |

### 4B. Tools, Hardware and Housekeeping Supplies

The following section is about tools, hardware and housekeeping supplies purchased in the last 3 months. Ask the respondents whether they purchased each appliance in the order listed. If they reply that they did purchase the item, then ask them

- whether it was new or used when purchased,
- how much the item cost when it was purchased, and
- if they did not pay cash for the whole purchase, how much they are paying each month to pay off the debt.

| Tools, Hardware and supplies       |                | If None, check this box → <input type="checkbox"/> |                 |
|------------------------------------|----------------|--|-----------------|
| Item                               | 1. New 2. Used | Total Spent  | Monthly payment |
| 411 Power lawn mower               |                | \$   | \$              |
| 412 Weed wacker/bush cutter        |                | \$   | \$              |
| 413 Chain saw                      |                | \$   | \$              |
| 414 Hand tools (rakes, hoes, etc.) |                | \$   | \$              |
| 415 Hand tools (power)             |                | \$   | \$              |
| 416 Hand tools (non-power)         |                | \$   | \$              |
| 417 Battery operated hand tools    |                | \$   | \$              |
| 418 Outdoor equip. and supplies    |                | \$   | \$              |
| Housekeeping supplies              |                | If None, check this box → <input type="checkbox"/> |                 |
| 421 Household cleaning products    |                | \$   | \$              |
| 422 Household paper products       |                | \$   | \$              |
| 423 Other housekeeping supplies    |                | \$   | \$              |
| 424 Misc housekeeping supplies     |                | \$   | \$              |

### 4C. Household Services

The following section is about household services purchased in the last 3 months. Ask the respondents whether they purchased each appliance in the order listed. If they reply that they did purchase the item, then ask them

- whether it was new or used when purchased,
- how much the item cost when it was purchased, and
- if they did not pay cash for the whole purchase, how much they are paying each month to pay off the debt.

| Household Services                    |                | If None, check this box → <input type="checkbox"/> |                 |
|---------------------------------------|----------------|--|-----------------|
| Item                                  | 1. New 2. Used | Total Spent  | Monthly payment |
| 425 Housekeeping services             |                | \$   | \$              |
| 426 Cooking services                  |                | \$   | \$              |
| 427 Driving services                  |                | \$   | \$              |
| 428 Moving, storage, freight services |                | \$   | \$              |
| 429 Repair of household items         |                | \$   | \$              |
| 430 Other household services          |                | \$   | \$              |

#### 4D. Household Equipment Repairs, Service Contracts, Furniture Repair

The following section is about household equipment repairs, service contracts, and furniture repair purchased in the last 3 months. Ask the respondents whether they purchased each appliance in the order listed. If they reply that they did purchase the item, then ask them

- whether it was new or used when purchased,
- how much the item cost when it was purchased, and
- if they did not pay cash for the whole purchase, how much they are paying each month to pay off the debt.

| Household Equipment Repairs, Service Contracts, Furniture repair, etc |                |             |                 |
|---|----------------|-------------|-----------------|
| If None, check this box <input type="checkbox"/> →                    |                |             |                 |
| Item  | 1. New 2. Used | Total Spent | Monthly payment |
| 431 Kitchen appliances repair   |                | \$          | \$              |
| 432 Electronic items repair   |                | \$          | \$              |
| 433 Computer or related items repair                                  |                | \$          | \$              |
| 434 Lawn equipment repairs  |                | \$          | \$              |
| 435 Hand or power tools repair  |                | \$          | \$              |
| 436 Photographic items repair   |                | \$          | \$              |
| 437 Sport/recreational equip repair                                   |                | \$          | \$              |
| 438 Termite or pest control service                                   |                | \$          | \$              |
| 439 Heating/air conditioning repair                                   |                | \$          | \$              |
| 440 Service contracts for appliances                                  |                | \$          | \$              |
| 441 Service contracts, electronic goods                               |                | \$          | \$              |
| 442 Service contracts for computers                                   |                | \$          | \$              |
| 443 Furniture repair  |                | \$          | \$              |
| 444 Other household goods repair                                      |                | \$          | \$              |

### Section 5 ... Consumer Non-Durables -- Apparel

These questions are about apparel items the respondents purchased in the last 3 months. Have them include anything bought with a credit card or cash. If any item was charged over time, provide the monthly repayment.

#### 5A. Men's and Boys' Apparel

The following section is about men's and boys' apparel purchased in the last 3 months. Ask the respondents whether they purchased each appliance in the order listed. If they reply that they did purchase the item, then ask them

- whether it was new or used when purchased,
- how much the item cost when it was purchased, and
- if they did not pay cash for the whole purchase, how much they are paying each month to pay off the debt.

| Men's and boy's apparel            |                | If None, check this box → <input type="checkbox"/> |                 |
|------------------------------------|----------------|--|-----------------|
| Item                               | 1. New 2. Used | Total Spent  | Monthly payment |
| 501 Men's suits                    |                | \$   | \$              |
| 502 Men's dress shirts             |                | \$   | \$              |
| 503 Men's casual shirts/tee shirts |                | \$   | \$              |
| 504 Men's pants/shorts             |                | \$   | \$              |
| 505 Men's accessories              |                | \$   | \$              |
| 506 Other men's apparel            |                | \$   | \$              |
| 507 Boy's pants/shorts             |                | \$   | \$              |
| 508 Other boy's apparel            |                | \$   | \$              |

### 5B. Women's apparel

The following section is about women's apparel purchased in the last 3 months. Ask the respondents whether they purchased each appliance in the order listed. If they reply that they did purchase the item, then ask them

- whether it was new or used when purchased,
- how much the item cost when it was purchased, and
- if they did not pay cash for the whole purchase, how much they are paying each month to pay off the debt.

| Women's apparel                  |                | If None, check this box → <input type="checkbox"/> |                 |
|----------------------------------|----------------|--|-----------------|
| Item                             | 1. New 2. Used | Total Spent  | Monthly payment |
| 511 Women's outerwear            |                | \$   | \$              |
| 512 Women's dresses              |                | \$   | \$              |
| 513 Women's suits and separates  |                | \$   | \$              |
| 514 Women's underwear, nightwear |                | \$   | \$              |
| 515 Women's accessories          |                | \$   | \$              |
| 516 Other women's apparel        |                | \$   | \$              |
| 517 Girls' apparel               |                | \$   | \$              |
| 518 Other girls' accessories     |                | \$   | \$              |

### 5C. Footwear

The following section is about footwear purchased in the last 3 months. Ask the respondents whether they purchased each appliance in the order listed. If they reply that they did purchase the item, then ask them

- whether it was new or used when purchased,
- how much the item cost when it was purchased, and
- if they did not pay cash for the whole purchase, how much they are paying each month to pay off the debt.

| Footwear               |                | If None, check this box → <input type="checkbox"/> |                 |
|------------------------|----------------|--|-----------------|
| Item                   | 1. New 2. Used | Total Spent  | Monthly payment |
| 521 Men's footwear     |                | \$   | \$              |
| 522 Boys' footwear     |                | \$   | \$              |
| 523 Girls' footwear    |                | \$   | \$              |
| 524 Women's footwear   |                | \$   | \$              |
| 525 Infant's footwear  |                | \$   | \$              |
| 526 Toddler's footwear |                | \$   | \$              |

### 5D. Infants' Clothing, Watches, Jewelry, and Hairpieces

The following section is about infants clothing, watches, jewelry and hairpieces purchased in the last 3 months. Ask the respondents whether they purchased each appliance in the order listed. If they reply that they did purchase the item, then ask them

- whether it was new or used when purchased,
- how much the item cost when it was purchased, and
- if they did not pay cash for the whole purchase, how much they are paying each month to pay off the debt.

| Infants' Clothing, Watches, Jewelry, and Hairpieces |                | If None, check this box → <input type="checkbox"/> |                 |
|---|----------------|--|-----------------|
| Item  | 1. New 2. Used | Total Spent  | Monthly payment |
| 531 Infant's coats or jackets                       |                | \$   | \$              |
| 532 Infant's dresses                                |                | \$   | \$              |
| 533 Other infants clothing                          |                | \$   | \$              |
| 541 Watches   |                | \$   | \$              |
| 542 Jewelry   |                | \$   | \$              |
| 543 Hairpieces or wigs                              |                | \$   | \$              |
| 544 Sewing materials to make clothes                |                | \$   | \$              |
| 545 Other sewing materials                          |                | \$   | \$              |
| 546 Clothing services                               |                | \$   | \$              |
| 547 Clothing repair, altering, tailoring            |                | \$   | \$              |
| 548 Shoe repair                                     |                | \$   | \$              |
| 549 Watch or jewelry repair                         |                | \$   | \$              |
| 550 Clothing rental                                 |                | \$   | \$              |
| 551 Clothing storage                                |                | \$   | \$              |
| 552 Other items                                     |                | \$   | \$              |

### 5E. Other Items

The following section is about any other items purchased in the last 3 months. Ask the respondents whether they purchased any other items that are not listed anywhere else. If they reply that they did purchase an item, then ask them

- whether it was new or used when purchased,
- how much the item cost when it was purchased, and
- if they did not pay cash for the whole purchase, how much they are paying each month to pay off the debt.

| Other items |                | If None, check this box → <input type="checkbox"/> |                 |
|-------------|----------------|--|-----------------|
| Item        | 1. New 2. Used | Total Spent  | Monthly payment |
| Item:       |                | \$   | \$              |
| Item:       |                | \$   | \$              |
|             |                | \$   | \$              |
|             |                | \$   | \$              |
| Item:       |                | \$   | \$              |

### 5F. Medicines and Medical Supplies

The following section is about medicines and medical supplies purchased in the last 3 months. Ask the respondents whether they purchased item in the order listed. If they reply that they did purchase the item, then ask them

- whether it was new or used when purchased,
- how much the item cost when it was purchased, and
- if they did not pay cash for the whole purchase, how much they are paying each month to pay off the debt.

| Medicines and Medical Supplies  |                | If None, check this box → <input type="checkbox"/> |                 |
|---------------------------------|----------------|--|-----------------|
| Item                            | 1. New 2. Used | Total Spent  | Monthly payment |
| 561 Prescription drugs          |                | \$   | \$              |
| 562 Non-prescription drugs      |                | \$   | \$              |
| 563 Bandages/band-aids, etc.    |                | \$   | \$              |
| 564 Prescription eyeglasses     |                | \$   | \$              |
| 565 Non-prescription eyeglasses |                | \$   | \$              |
| 566 Other medical supplies      |                | \$   | \$              |

## Section 6 ... TRANSPORTATION

## Section 6A. Transportation – Vehicle Registration/Insurance/Safety (12-Month Recall Period)

| The questions below concern the number and type of vehicles that are rented, leased, or owned by each household member and the expenditures for each. In the first column, please enter the type of vehicle, make and model. In this Section, vehicles include: cars, vans, trucks, motorbikes, boats or any other motor vehicles. In column 2, indicate vehicle category (rented, leased or purchased) by entering the number by a household member. Enter the appropriate expenditures for each vehicle in Columns 3,4, and 5. |   |              |                   |                   |
|--|---|--------------|-------------------|-------------------|
| Vehicles: Registration/Insurance/Safety. The following questions are about registration, insurance, and safety inspection payments on ALL vehicles, including cars, trucks, motorbikes, boats, or any other motor vehicle.   |   |              |                   |                   |
| Type of Vehicle, make and model<br>At least one vehicle YES NO   | Rented = 1<br>Leased = 2<br>Purchased = 3 | Registration | Insurance premium | Safety inspection |
| 1 <input type="checkbox"/>   |   | \$           | \$                | \$                |
| 2 <input type="checkbox"/>   |   | \$           | \$                | \$                |
| 3 <input type="checkbox"/>   |   | \$           | \$                | \$                |
| 4 <input type="checkbox"/>   |   | \$           | \$                | \$                |

*Type of vehicle:* Record whether at least one vehicle is present for the household. If no vehicles, mark "2" for no and go to section 6B.

*Type codes:* 1 Car, 2 Pick-up, 3 Van, 4 Motorbike, 5 Boat, 6 Other

If the vehicle is a car, record code "1" in the box for *Type Code*. Similarly, code 2 for pickup, 3 for van, etc. If the vehicle cannot be identified as one of those listed, then record code "6" in the box for *Type Code*, and then write in the *type and model* of the vehicle in the space provided.

*Rented = 1,*  
*Leased = 2,*  
*Purchased = 3*

If the car is being rented from an agency, record "1"; and if the car is leased, record "2", if the car was purchased, code 3.

*Registration*

Report the amount of the registration costs for the last 12 months, that is, how much it cost to register the vehicle for a one-year period.

*Insurance premium*

Report the amount of insurance payments for this vehicle for the last 12 months; if premiums were paid monthly, or 4 times a year, or twice a year, use the conversion tables in the enumerator's instructions, or your own calculations to determine the annual premium.

*Safety inspections*

Report the amount paid for safety inspections over the last year.

**Section 6B. Transportation – Vehicle Maintenance and Repairs (12-Month Recall Period)**

| <b>Section 6B. Transportation – Vehicle Maintenance and Repairs (12-Month Recall Period)</b>   |   |                     |  |
|--|---|---------------------|--|
| The questions below concern vehicle maintenance costs and refers to the vehicles entered above (including maintenance of outboard motors). Enter information for each vehicle. Enter the type of vehicle, make and model. In columns 2, 3, and 4, enter the average monthly costs for each of the categories over the past <b>3 months</b> . |   |                     |  |
| Type of Vehicle, Make and Model<br>At least one vehicle: 1. YES 2. NO <input type="checkbox"/>   | Repair costs (Specify type of repair)                       | Average monthly gas | Average monthly cost of oil/other liquids                            |
| 1.   | \$  | \$                  | \$   |
| 2.   | \$  | \$                  | \$   |
| 3.   | \$  | \$                  | \$   |
| 4.   | \$  | \$                  | \$   |
| In the last 12 months have you received any money from an insurance policy for a vehicle that was "written off" or stolen?<br>1. Yes 2. No <input type="checkbox"/>  | When did you receive the money? (Month & Year)<br>____/____ | Type of vehicle     | How much did you receive after paying off what was still owed?<br>\$ |

The questions in this section refer to vehicle maintenance costs and repairs on the vehicles described in section 6A. No new vehicles should be introduced in this section. Up to 4 vehicles can be included. If the respondents have more than 4 vehicles, record information only for the first 4.

- Type of vehicle* Report the type of vehicle from Section 6A
- Repair costs* Report total repair costs to this vehicle in the last three months
- Average monthly gas purchases* Report the average monthly gas purchases for this vehicle over the last three months
- Average monthly cost of oil and other liquids* Report the average monthly costs for oil and other liquids for the vehicle
- Written off vehicle* If anyone in this household sold a vehicle in the last 12 months, report that fact here. If yes, record 1, and ask the rest of the questions in this section. If no, record "2" for no, and go to Section 6B
- When paid off* Record the month and day that the respondent received the money for the vehicle – that is, when the sale went through
- Type of vehicle* Report the type of vehicle using the codes in Section 6A
- Amount received* Report the amount received after paying off any remain loan(s) for the vehicle

## Section 6C. Transportation – Vehicle Purchasing/Renting/Leasing (12-Month Recall Period)

| The questions below concern the expenditures that household members spent on renting, leasing, or purchasing vehicles. Entries should be made for each vehicle. Enter the type of vehicle, make and model. In column 2, enter the appropriate category. In column 3, indicate whether the vehicle is new or used. Complete the total cost in column 4, the down payment if it occurred in the previous 12 months in column 5, and the monthly payment in column 6. |                                    |                 |            |                                    |                 |
|--|------------------------------------|-----------------|------------|------------------------------------|-----------------|
| Type of vehicle, make and model<br>At least one vehicle: YES NO  | Purchase=1<br>Rented=2<br>Leased=3 | New=1<br>Used=2 | Total cost | Down payment in the past 12 months | Monthly payment |
| 1  |                                    |                 | \$         | \$                                 | \$              |
| 2  |                                    |                 | \$         | \$                                 | \$              |
| 3  |                                    |                 | \$         | \$                                 | \$              |
| 4  |                                    |                 | \$         | \$                                 | \$              |

If a vehicle, whether new or used, was purchased by any member of the household in the 12 months preceding the survey, fill in the information in Section 6C. Fill one line for each purchase. Only 4 purchases will be recorded, so if the household purchased more than 4 vehicles during the previous 12 months only 4 vehicles will be reported. If only one vehicle was purchased, fill in the information on the first line, and leave the other lines blank. Similarly, fill the first two lines if two vehicles were purchased. If no vehicle was purchased, write "NONE" in the first box, and go on to the next section on Vehicle sales.

### *Type and model of vehicle*

Record the type and model of any vehicle purchased in the last 12 months. Refer to purchase receipt to make certain that the purchase occurred within the time period. Record the brand of the vehicle, the type (refer to the type codes), and the model year.

### *Type codes:*

1 Car, 2 Pick-up  
3 Van, 4 Motorbike  
5 Boat  
6 Other =====>

If the vehicle purchased was a car, record code "1" in the box for *Type Code*. Similarly, code 2 for pickup, 3 for van, etc.

If the vehicle purchased cannot be identified as one of those listed, then record code "6" in the box for *Type Code*, and then write in the *type and model* of the vehicle in the space provided.

*Purchase = 1, Rented = 2  
Leased = 3*

If the car was purchased, code 1; if the car is being rented from an agency, record "2"; and if the car is leased, record "3".

### *Was the vehicle:*

1 New or  
2 Used

If the vehicle was purchased *new*, that is, the vehicle was not previously used, record "1" for new. If the vehicle was purchased *used*, that is, someone had previously owned or used the vehicle, record "2" for used.

### *FULL purchase price before trade-in*

Record the full purchase price, excluding any amount received for trading in another vehicle. If a purchase price was negotiated before determining how much would be awarded for a trade-in, record that amount here. **If the purchase price included the value of the trade-in, add the value of the trade-in to the actual purchase price to determine how much the purchase price would have been, if there was no trade in.**

### *Down payment*

Report the amount of the down payment made at the time of the purchase. If a car was traded in, and the down payment reduced because of the trade in, report the actual amount paid for the down payment after the trade in was taken into account.

### *Monthly payment*

Report the amount of the current monthly payment.

**Section 6D. Transportation – Vehicle Sales (12-Month Recall Period)**

The questions below concern the sale by any household member of any vehicle owned by a household member. Enter information for each vehicle. Enter the type of vehicle, make and model. Enter appropriate expenditures for each vehicle in Columns 4, 5 and 6

| Type of vehicle, make and model<br>At least one vehicle:<br>YES NO |      |      | Total selling price | Down payment in the past 12 months | Monthly payment from buyer to seller |
|--|------|------|---------------------|------------------------------------|--------------------------------------|
| 1 <input type="checkbox"/>   | SOLD | USED | \$                  | \$                                 | \$                                   |
| 2 <input type="checkbox"/>   | SOLD | USED | \$                  | \$                                 | \$                                   |
| 3 <input type="checkbox"/>   | SOLD | USED | \$                  | \$                                 | \$                                   |
| 4 <input type="checkbox"/>   | SOLD | USED | \$                  | \$                                 | \$                                   |
| 5 <input type="checkbox"/>   | SOLD | USED | \$                  | \$                                 | \$                                   |

If a vehicle, whether new or used, was sold by any member of the household in the 12 months preceding the survey, fill in the information in Section 6D. Fill one line for each purchase. Only 5 purchases will be recorded, so if the household sold more than 5 vehicles during the previous 12 months only the first 5 vehicles will be reported.

If only one vehicle was sold, fill in the information on the first line, and leave the other lines blank. Similarly, fill the first two lines if two vehicles were sold. If no vehicle was sold, write "NONE" in the first box, and go on to the next section on Off-Island transportation.

*Type and model of vehicle* Record the type and model of any vehicle sold in the last 12 months. Refer to the sales receipt to make certain that the sale occurred within the time period. Record the brand of the vehicle, the type (refer to the type codes), and the model year.

*Type codes:* If the vehicle sold was a car, record code "1" in the box for *Type Code*. Similarly, code 2 for pickup, 3 for van, etc.  
 If the vehicle sold cannot be identified as one of those listed, then record code "6" in the box for *Type Code*, and then write in the *type and model* of the vehicle in the space provided.

- 1 Car
- 2 Pick-up
- 3 Van
- 4 Motorbike
- 5 Boat
- 6 Other =====>

*SOLD* DO NOTHING HERE

*USED* DO NOTHING HERE

*FULL selling price* Record the full selling price

*Down payment* Report the amount of the down payment made at the time of the sales, if any. If no down payment was made to the household or member of the household, write "0".

*Monthly payment* Report the amount of the current monthly payment to the household or member of the household. If the vehicle was sold outright, record "0".

**Section 6E. Transportation – Off-Island Travel (12-Month Recall Period)**

| Off island travel: In the past 12 months, did any household member have any expenses related to any off-island trips, excluding business trips? Yes No |             |           |    |               |    | If yes, how many? <input type="checkbox"/> |    |
|--|-------------|-----------|----|---------------|----|--|----|
| If yes, enter the destination, round-trip fare, accommodations and other expenses  |             |           |    |               |    |  |    |
| Destination  | HH/non HH   | Fares     |    | Accommodation |    | Other expenses (specify)                   |    |
| 1  | HH<br>nonHH | 1. Air    | \$ | 1 Hotel/motel | \$ | 1  | \$ |
|  |             | 2. Other  |    | 2 Other       |    | 2  | \$ |
| 2  | HH<br>nonHH | 3. Air    | \$ | 1 Hotel/motel | \$ | 1  | \$ |
|  |             | 4. Other  |    | 2 Other       |    | 2  | \$ |
| 3  | HH<br>nonHH | 5. Air    | \$ | 1 Hotel/motel | \$ | 1  | \$ |
|  |             | 6. Other  |    | 2 Other       |    | 2  | \$ |
| 4  | HH<br>nonHH | 7. Air    | \$ | 1 Hotel/motel | \$ | 1  | \$ |
|  |             | 8. Other  |    | 2 Other       |    | 2  | \$ |
| 5  | HH<br>nonHH | 9. Air    | \$ | 1 Hotel/motel | \$ | 1  | \$ |
|  |             | 10. Other |    | 2 Other       |    | 2  | \$ |

This block of questions concerns off-island travel during the 12 months before the survey. Record only personal travel. Do NOT record Business travel, UNLESS the respondent or some other member of the household had to personally pay for all or part of the business trip; if someone paid for part of a business trip, report only those expenses paid for personally, and not those paid for by the government or a business. Only five spaces are provided for recording off-island travel, so only 5 different travels can be recorded. However, if two or more members of the household traveled off island together, expenses for *all* members of the household traveling together should be summed, and recorded in the appropriate boxes.

*Off-Island Travel: In the last 12 months, have you made any off island trips, exclusive of business trips?*

If anyone in the household traveled outside FSM during the last 12 months for personal reasons (that is, NOT for the government or for business purposes), and the household members had any personal expenses, record "1" for "Yes." If no one in the house traveled during the last 12 months, record "2" for "No."

*If YES, how many?*  
==>

If anyone in the household did travel during the last 12 months, record the total number of trips of all household members. Although the 1997 Bridge Survey of Expenditures will only record information about 3 trips, you must still record the total number of trips (so we will know how many trips we are not accounting for).

*Destination*

For each of the 3 trips to be recorded, first record the destination of trip. For trips to Manila, record "Philippines." But for trips to the U.S., record the state, so we can distinguish between trips just to Hawaii, and those to states in the mainland.

*HH/NHH*

Note that HH stands for "household member" and Non-HH or NHH for "non-household member". So, if the travel was for a household member, circle the HH entry. If the travel was for a non-household member – anyone NOT living in the household – circle the NHH. That is, if someone in the household paid for an aunt or cousin to travel off-island for medical treatment, for example, and the aunt or cousin did not live in the household, circle the NHH entry; of course, if the aunt or cousin DID live in the household, circle the HH entry.

*Fares*

First, record whether the traveler went by air (if so, record "1") or some other way (record "2", and then write in the method of travel, which will usually be ship or boat.) Then record the amount of all the fares involved in the travel, even if more than one fare was used, or more than one person is covered by the statement for this travel. So, if three household members went to the Mainland together, record the total fare for all three persons.

*Accommodation*

First, record whether the traveler(s) stayed at a hotel/motel (if so, record "1"), or

some other place (record "2", and then record where the traveler stayed.) If the traveler stayed with relatives, record "relatives." If the traveler stayed with friends, record that. Then, record the amount paid for accommodations. If the traveler(s) stayed in a hotel or motel, record the total amount for all household members paid for all days in all hotels and motels. If the household members stayed with family or friends for part of the time, and hotels or motels for the other parts of the trip, then record ONLY the parts paid for in hotels and motels. If the travelers stayed with friends or family, and didn't pay anything, record "NONE". Do not leave the space blank because we will not know whether you actually asked the question.

*Other expenses*

Estimate the total amounts paid by all household members on the trip for all other expenses. These expenses will include all meals, of course, and all other things like laundry, haircuts or hair dressing, entertainment, entry fees, departure taxes, etc. For major expenses, write the type of expense, like MEALS, and the amount paid. For minor expenses, lump them all together and write "MISC" for miscellaneous, and record the amount spent. If NO other expenses occurred, write NONE.

## SECTION 7 ... HEALTH

### SECTION 7A ... HEALTH INSURANCE

| <b>Section 7. Medical Care (3 month recall period)</b>   |   |                     |                 |   |
|--|---|---------------------|-----------------|---|
| <b>Section 7A. Health Insurance.</b> Are any of the household members currently paying for regular or supplemental health insurance? |   |                     |                 | 1 Yes 2 No                                  |
| Health Insurance Company/Plan name   | Number of persons in this household covered | Last payment amount | Period covered: | How much is charged to a business/refunded? |
| 1  |   | \$                  |                 | \$  |
| 2  |   | \$                  |                 | \$  |
| 3  |   | \$                  |                 | \$  |
| 4  |   | \$                  |                 | \$  |

|   |   |
|---|---|
| Health Insurance Company or Plan        | All household members may use the same health insurance health plan, so only one line will be needed. But if different household members use different plans, a separate line must be used for each health plan. Report the name of the health insurance company or the plan. |
| Number of persons                       | Report the number of people in the household covered by the particular plan.  |
| Last payment amount                     | Report the amount of the last health insurance payment  |
| Period covered                          | Report the period – e.g., month, three-month period, half year, whole year  |
| How much a business pays or is refunded | Report any amount paid by an employer or business as part of a business health plan   |

**SECTION 7B ... DOCTOR'S FEES**

|   |                   |                       |                            |                               |  |
|---|-------------------|-----------------------|----------------------------|-------------------------------|--|
| <b>Section 7B. Doctor's Fees:</b> In the last 3 months, have you made any payments to a General Practitioner or a family doctor? If yes, please enter type of service, gross payment or co-payment, any refund and net payment. |                   |                       |                            |                               | 1. Yes<br>2. No <input type="checkbox"/> |
| Name of Doctor/Provider   | Type of Treatment | Doctor's Total Charge | Patient Payment/co-payment | Total Paid to Doctor/Provider | On island<br>Off island                  |
|   |                   |                       |                            |                               | On off                                   |
|   |                   |                       |                            |                               | On off                                   |
|   |                   |                       |                            |                               | On off                                   |

Ask whether any payments were made to General Practitioners or family doctors during the last 3 months. If yes, mark "1" in the box, and ask the questions for Section 7B. If no, record "2" in the box, and go on to Section 7C. Note that only 4 payments can be recorded in this section. If the household reports more than 4, record only the first 4.

|                                      |  |
|--------------------------------------|--|
| <i>Name of doctor/provider</i>       | Record the name of the doctor or the health professional provider  |
| <i>Type of treatment</i>             | Briefly record the type of treatment provided  |
| <i>Doctor's total charge</i>         | Record the doctor's total charge for the service   |
| <i>Patient payment/co-payment</i>    | Record the amount the patient actually paid for the service  |
| <i>Total paid to doctor/provider</i> | Record the total amount, if know, that the doctor or provider actually received for the treatment provided |
| <i>On island/off-island</i>          | Record whether the treatment was received on-island or off island by circling the appropriate entry.       |

### SECTION 7C ... OTHER HEALTH SPECIALIST FEES

| Section 7C. Other Health Specialists Fees: In the last 3 months, have you made any payments to a Health Specialist? If yes, please enter type of service, gross payment or co-payment, any refund and net payment. |                                 |              |   |                                 | 1. Yes<br>2. No.      |
|--|---------------------------------|--------------|---|---------------------------------|-----------------------|
| Name of Health Specialist  | Type of Specialist or treatment | Total charge | Patient reimbursement, refund or co-payment | Total Paid to Health Specialist | On island, off island |
| 1  |                                 | \$           | \$  | \$                              | On<br>off             |
| 2  |                                 | \$           | \$  | \$                              | On<br>off             |
| 3  |                                 | \$           | \$  | \$                              | On<br>off             |

Ask whether any payments were made to other health specialists (not General Practitioners or family doctors) during the last 3 months. If yes, mark "1" in the box, and ask the questions for Section 7C. If no, record "2" in the box, and go on to Section 7D. Note that only 3 payments can be recorded in this section. If the household reports more than 3, record only the first 3.

|   |   |
|---|---|
| <i>Name of health specialist</i>                    | Record the name of the health professional provider   |
| <i>Type of treatment</i>                            | Briefly record the type of treatment provided   |
| <i>Total charge</i>                                 | Record the specialist's total charge for the service  |
| <i>Patient reimbursement, refund, or co-payment</i> | Record the amount the patient's actually reimbursement, refund or co-payment for the service              |
| <i>Total paid to health specialist</i>              | Record the total amount, if know, that the health specialist actually received for the treatment provided |
| <i>On island/off-island</i>                         | Record whether the treatment was received on-island or off island by circling the appropriate entry.      |

**SECTION 7D ... HOSPITAL, DISPENSARY OR NURSING HOME**

| <b>Section 7D.</b> Hospital, Dispensary or Nursing Home. In the last 3 months, have you made any payments to a Hospital, Dispensary, or a Nursing home? If yes, please enter the name, type of service, total charge, patient reimbursement, refund, or co-payment, the total paid and whether it was on island or off-island. |                 |              |   |                                   | 1. Yes<br>2. No <input type="checkbox"/> |
|--|-----------------|--------------|---|-----------------------------------|--|
| Name of Hospital, Dispensary, or Nursing Home  | Type of service | Total charge | Patient reimbursement, refund or co-payment | Total to Hospital or Nursing home | On island, off island                    |
| 1  |                 | \$           | \$  | \$                                | On<br>off                                |
| 2  |                 | \$           | \$  | \$                                | On<br>off                                |
| 3  |                 | \$           | \$  | \$                                | On<br>off                                |

Ask whether any payments were made to hospitals, dispensaries, or nursing homes during the last 3 months. If yes, mark "1" in the box, and ask the questions for Section 7D. If no, record "2" in the box, and go on to Section 7E. Note that only 3 payments can be recorded in this section. If the household reports more than 3, record only the first 3.

*Name of the hospital, dispensary, or nursing home*

Record the name of the hospital, dispensary, or nursing home

*Type of service*

Briefly record the type of service provided

*Total charge*

Record the total charge for the service

*Patient reimbursement, refund, or co-payment*

Record the amount the patient's actually reimbursement, refund or co-payment for the service

*Total paid to institution*

Record the total amount, if know, that the hospital, dispensary, or nursing home actually received for the treatment provided

*On island/off-island*

Record whether the treatment was received on-island or off island by circling the appropriate entry.

### SECTION 7E ... MEDICAL OR OTHER HEALTH PRACTITIONER

| <b>Section 7E.</b> Medical or Other Health Practitioner: In the last 3 months, have you made any payments to any other Medical or Health Practitioner? This includes opticians, optometrists, repair of glasses, contact lenses, dentists or dental specialists? If yes, please enter type of service, gross payment or co-payment, any refund and net payment. |                                 |              |                                     |                                 | 1. Yes<br>2. No      |
|---|---------------------------------|--------------|-------------------------------------|---------------------------------|----------------------|
| Name of Health Specialist   | Type of Specialist or treatment | Total charge | Patient reimbursement or co-payment | Total paid to health specialist | On island/off island |
|   |                                 |              |                                     |                                 |                      |
|   |                                 |              |                                     |                                 |                      |
|   |                                 |              |                                     |                                 |                      |

Ask whether any payments were made to any other medical or other health practitioner during the last 3 months. If yes, mark "1" in the box, and ask the questions for Section 7E. If no, record "2" in the box, and go on to Section 8. Note that only 3 payments can be recorded in this section. If the household reports more than 3, record only the first 3.

|  |   |
|--|---|
| <i>Name of health specialist</i>           | Record the name of the health professional provider   |
| <i>Type of treatment</i>                   | Briefly record the type of treatment provided   |
| <i>Total charge</i>                        | Record the health specialist's total charge for the service   |
| <i>Patient payment/co-payment</i>          | Record the amount the patient actually paid for the service   |
| <i>Total paid to the health specialist</i> | Record the total amount, if know, that the health specialist actually received for the treatment provided |
| <i>On island/off-island</i>                | Record whether the treatment was received on-island or off island by circling the appropriate entry.      |

**SECTION 8. LOANS**

**SECTION 8A ... CONSUMER LOANS**

|  |  |   |                               |  |                                 |        |
|--|--|---|-------------------------------|--|---------------------------------|--------|
| 8A Loans: Are you currently making regular payments for anything on rent-to-own purchase, personal or come other type of loans? <i>Interviewer: Exclude credit cards and other revolving credit, or other loan used for this dwelling or other property.</i> |  | 1. Yes =><br>2. No                            |                               | If yes, how many loans do you have? <input type="text"/> |                                 |        |
| Lender: 1 Bank, 2 Insurance company, 3 Finance company, 4 Credit Union, 5 Other (Specify)  | Main purpose: 1 Vehicle, 2 Other (Specify) | Type: 1 Rent to own, 2 Personal loan, 3 other | Month/year repayments started | Amount borrowed  | Each repayment & period covered |        |
|  |  |   |                               |  | Amount                          | Period |
| 1.   |  |   |                               | \$   | \$                              |        |
| 2.   |  |   |                               | \$   | \$                              |        |
| 3.   |  |   |                               | \$   | \$                              |        |

This series of questions concerns loans. Note that the initial question asks about whether anyone in the household is making "regular payments for anything on rent-to-own purchase, personal or some other type of loans?" We will record three loans, even if the household currently has more than three loans.

There is a note to you as interviewer: *Interviewer: Exclude credit cards and other revolving credit, or other loan used for this dwelling or other property.* Exclude these payments, for credit cards and other loans on property because they have already been considered (in the case of mortgage payments) or will be considered (in the case of credit or charge accounts.)

*If yes, how many loans do you have?*

Record the total of all loans outstanding, even if the household has more than three loans.

*Lender: 1 Bank, 2 Insurance company, 3 Finance company, 4 Credit Union, 5 Other (Specify)*

For each loan, record where the loan originated, using the numbers at the left. So, if the loan is from a bank, record "1" for bank. If the loan originated from some other source, that is, other than those listed at the left, then record "5" for "other" and specify the type of lender.

*Main purpose: 1 Vehicle, 2 Other (Specify)*

If the main purpose of the loan was to buy an automobile or other vehicle, record "1". If the loan was for another reason, record "2", and specify what the loan was for.

*Type: 1 Rent to own, 2 Personal loan, 3 other*

If the loan was for "rent-to-own", that is, the household has agreement that all or part of the rent paid for a product (or car) would be applied towards the purchase price, record "1" for "rent to own". If the loan is a personal loan, record "2", and if it is any other kind of loan, record "3", and specify the kind of loan it is.

*Month/year repayments*

Record the month and year that the repayments for the loan started.

*started*

*Amount borrowed*

Record the total amount of the loan, including any extras like processing costs.

*Each repayment & period covered*

Record the Amount paid for each repayment in the box for "Amount" and record the Period of repayment, which will usually be "month" in the box for "period".

Note that only the first three loans are recorded.

**SECTION 8B ... CREDIT CARDS AND CHARGE ACCOUNTS**

|   |   |   |  |           |                               |
|---|---|---|--|-----------|-------------------------------|
| 8B Credit cards or charge accounts such as VISA or any off-island accounts? |   |   | 1. Yes <input type="checkbox"/>  | How many? | <input type="checkbox"/>      |
| 2. No <input type="checkbox"/>  |   |   |  |           |                               |
| (a) Number of purchases on last bill (record NONE if none)                  | (b) Did you have a service or credit charge for previous purchases on your last bill? | (c) Did you have a service or credit for cash advances on your last bill? | (d) Combined service or credit charge for cash advances and purchases if (b) and (c) are not separated on bill |           | (e) Period covered            |
| 1.  | 1 Yes, \$\$ =><br>2 No  | \$  | 1 Yes, \$\$ =><br>2 No   | \$        | \$                            |
| 2.  | 1 Yes, \$\$ =><br>2 No  | \$  | 1 Yes, \$\$ =><br>2 No   | \$        | \$                            |
| 3.  | 1 Yes, \$\$ =><br>2 No  | \$  | 1 Yes, \$\$ =><br>2 No   | \$        | \$                            |
|   |   |   |  |           | 1. One month<br>2. Other_____ |
|   |   |   |  |           | 1. One month<br>2. Other_____ |
|   |   |   |  |           | 1. One month<br>2. Other_____ |

*Credit cards or charge accounts such as VISA or any off-island accounts?*

If any household member used a credit card or had a credit account in the last 12 months, record "1" for yes, and then record how many total accounts all members of the household had during the last 12 months. Although only 3 accounts will be reported in detail, count all accounts for the "How many" box. If no one had an account, record "2" for "No."

*How many?*

Report how many total accounts

*(a) Number of purchases on last bill (record NONE if none)*

The rest of the questions have to do with reporting for the LAST BILL, which usually covers a one month period (but note that the last item in this series actually requests the period of the bill. For THIS box, record the total number of purchases made during the reporting period.

*(b) Did you have a service or credit charge for previous purchases on your last bill?*

If the household member(s) had a service or credit charge for previous purchases on the last bill, record "1" for "Yes", and then record the amount of the service or credit charge. Report the charge even if it was less than \$1.

*(c) Did you have a service or credit for cash advances on your last bill?*

If the household member(s) had a service or credit charge for cash advances on the last bill, record "1" for "Yes", and then record the amount of the cash advances. Report the charge even if it was less than \$1.

*(d) Combined service or credit charge for cash advances and purchases if (b) and (c) are not separated on bill*

If the household member(s) had service or credit charges for previous purchases AND cash advances on the last bill, that is, these charges WERE NOT shown separately, record the total amount for these charges. Report the charges even if they were less than \$1.

*(e) Period covered*

Record the period covered. If the period was one month, record "1" for one month. If it was some other period, record "2", and specify the period of the charges.

---

**SECTION 9...EDUCATION**

| In the past 12 months, have you paid any education fees? 1. Yes 2.No <input type="checkbox"/> |                       |                  |                |                                    |              | If yes, how much? \$                                 |
|---|-----------------------|------------------|----------------|------------------------------------|--------------|--|
| Type of payment   | College or university | Secondary school | Primary school | Nursery or pre-school AND day care | Other school | If any, amount paid by someone outside his household |
| Code 1=in FSM;<br>2=not FSM   |                       |                  |                |                                    |              |  |
| Tuition/books   | \$                    | \$               | \$             | \$                                 | \$           | \$   |
| Housing   | \$                    | \$               | \$             | X                                  | \$           | \$   |
| Food or board   | \$                    | \$               | \$             | X                                  | \$           | \$   |

Questions on education expenses are asked for the whole housing unit at once, and for each level of education separately. Hence, you ask about expenses for colleges and universities, then for secondary school, then primary school, etc.

For each level, ask:

Whether the expenses are for education on FSM, or off-island

How much was spent on tuition and books. Record "0" if no expenses in this category were incurred.

How much was spent on housing. Record "0" if no expenses were incurred.

How much was spent on food and board. Record "0" if no expenses were incurred.

For each type of expense, at the end of the interview for this section, ask how much, if any, of the expenses were paid by someone outside the household, and report any amounts in the last column.

**Section 10. Miscellaneous Expenses**

| 2005 FSM Household Income and Expenditures Survey  |                         |  |  |
|--|-------------------------|--|--|
| Section 10. Miscellaneous Expenses (12-Month Recall Period)  |                         |  |  |
| In this section enter the amount spent by all household members for each of these categories in the past 12 months                             |                         |  | If none, check this box <input type="checkbox"/> |
| ====>  |                         |  |  |
| REMITTANCES: 950 How much did all members of your family give as cash or gifts to other individuals or families (1) in FSM or (2) outside FSM? | CASH                    | TYPE OF GIFT(S) (e.g., freezer, car, medical expenses)         | Total value of gifts                             |
| Place and Code: <input type="text"/>   | \$ <input type="text"/> | <input type="text"/>   | \$ <input type="text"/>                          |
| <input type="text"/>   | \$ <input type="text"/> | <input type="text"/>   | \$ <input type="text"/>                          |
| <input type="text"/>   | \$ <input type="text"/> | <input type="text"/>   | \$ <input type="text"/>                          |
| <input type="text"/>   | \$ <input type="text"/> | <input type="text"/>   | \$ <input type="text"/>                          |
| <input type="text"/>   | \$ <input type="text"/> | <input type="text"/>   | \$ <input type="text"/>                          |
| <input type="text"/>   | \$ <input type="text"/> | <input type="text"/>   | \$ <input type="text"/>                          |
| <b>WATER PURCHASES:</b>  |                         |  |  |
| 953 How much did you spend on water containers of 3 gallons or more?   | \$ <input type="text"/> | 954 How much did you spend on water trucked to your residence? | \$ <input type="text"/>                          |
| <b>LICENSES: 955 How much did all members of your family spend on all licenses last year (including driver's licenses,</b>                     |                         |  |  |
|  |                         |  | \$ <input type="text"/>                          |
| <b>HEALTH/BEAUTY SERVICES:</b>   |                         |  |  |
| 961 Health spa establishments (excluding body and facial   | \$ <input type="text"/> | 965 Haircuts   | \$ <input type="text"/>                          |
| 962 Body and facial massage  | \$ <input type="text"/> | 966 Hair dyeing and coloring                                   | \$ <input type="text"/>                          |
| 963 Salons (including permanents and other hair styling)   | \$ <input type="text"/> | 967 Hair weaving, extensions, and others                       | \$ <input type="text"/>                          |
| 964 Manicures and pedicures  | \$ <input type="text"/> | 968 Nutrition centers  | \$ <input type="text"/>                          |
| <b>MAJOR LOCAL EXPENSES (including purchased food, grown food, and other donations)</b>  |                         |  |  |
| 971 Weddings   | \$ <input type="text"/> | 974 Other traditional feasts and events                        | \$ <input type="text"/>                          |
| 972 Christenings   | \$ <input type="text"/> | 975 Other family events  | \$ <input type="text"/>                          |
| 973 Funerals   | \$ <input type="text"/> | 976 Church activities  | \$ <input type="text"/>                          |
|  |                         | 977 School fund-raising, charitable                            | \$ <input type="text"/>                          |
| <b>OTHER EXPENSES:</b>   |                         |  |  |
| 981 Legal and accounting fees  | \$ <input type="text"/> | 990 Mutual funds, stocks, and bonds                            | \$ <input type="text"/>                          |
| 982 Computer and other games   | \$ <input type="text"/> | 991 Alimony  | \$ <input type="text"/>                          |
| 983 Life insurance premiums  | \$ <input type="text"/> | 992 Veterinary services  | \$ <input type="text"/>                          |
| 984 Dry cleaning services  | \$ <input type="text"/> | 993 Child day care   | \$ <input type="text"/>                          |
| 985 Fitness centers  | \$ <input type="text"/> | 994 After school programs                                      | \$ <input type="text"/>                          |
| 986 Annual fees for social or sports clubs and credit cards  | \$ <input type="text"/> | 995 Home security alarm systems                                | \$ <input type="text"/>                          |
| 987 Child support  | \$ <input type="text"/> | 988 Other  | \$ <input type="text"/>                          |
| 989 Shuttle bus service (mass transit)   | \$ <input type="text"/> | 988 Other  | \$ <input type="text"/>                          |

Remittances - Place Report the place household members set remittances, either the village on FSM, or the territory, US state or foreign country. Report on a separate line for each place of remittances

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|  |   |
|--|---|
| Remittances - Cash                     | Report the amount sent DURING THE LAST 12 MONTHS  |
| Remittances - Gifts                    | Report they type of gift, if a gift was sent instead of cash or in addition to cash   |
| Remittances - Value                    | Report the total value of all gifts sent to a single place of remittances   |
| Water purchase - \$                    | Report the value of all water containers of 3 gallons or more purchased in the last 12 months   |
| Water purchase –<br>trucked            | Report the amount spent on all trucked in water   |
| Licenses                               | Report the total amount spent by all household members of licenses during the last 12 months  |
| Health/beauty services                 | For each category, report the amount spent by all household members on each service   |
| Weddings                               | Report the amount spent by all household members on ALL weddings during the last 12 months. Report the value of payments in kind (like cans of Spam, beer, soft drinks, catering, hiring bands, gowns and suits, etc.), in addition to monetary contributions.  |
| Christenings                           | Report the amount spent by all household members on ALL Christenings during the last 12 months. Report the value of payments in kind (like cans of Spam, beer, soft drinks, catering, hiring bands, gowns and suits etc.), in addition to monetary contributions.   |
| Funerals                               | Report the amount spent by all household members on ALL funerals during the last 12 months. Report the value of payments in kind (like cans of Spam, beer, soft drinks, catering, hiring bands, gowns and suits etc.), in addition to monetary contributions.   |
| Other traditional feasts<br>and events | Report the amount spent by all household members on ALL traditional feasts during the last 12 months. Report the value of payments in kind (like cans of Spam, beer, soft drinks, catering, hiring bands, gowns and suits etc.), in addition to monetary contributions.   |
| Other family events                    | Report the amount spent by all household members on ALL family events not covered above during the last 12 months. Report the value of payments in kind (like cans of Spam, beer, soft drinks, catering, hiring bands, gowns and suits etc.), in addition to monetary contributions.  |
| Church activities                      | Report the amount spent by all household members on ALL Church activities during the last 12 months. Report the value of payments in kind (like cans of Spam, beer, soft drinks, catering, hiring bands, gowns and suits etc.), in addition to monetary contributions.  |
| School fund-raising                    | Report the amount spent by all household members on ALL school fund-raising, charitable organizations, and other donations during the last 12 months. Report the value of payments in kind (like cans of Spam, beer, soft drinks, catering, hiring bands, gowns and suits etc.), in addition to monetary contributions.   |
| Legal and accounting<br>fees           | Record any legal or accounting fees occurring during the last 12 months. Include tax preparation or consulting a private lawyer for any reason. Include only personal legal expenses, and exclude any legal or accounting expenses from a business that were paid for by that business. However, any legal expenses for a business that were paid for by the household member(s) personally, should be included here. |
| Computer and other                     | Record the total purchases of computer games, both directly for the computer, and those for   |

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---

|  |   |
|--|---|
| games                                  | television, like Nintendo or Sega, here. Record the total purchases of toys and games here, excluding computer games reported above.  |
| Life insurance payments                | Record all expenses (if any) for life insurance paid by all members of this household to persons outside the household, whether in FSM or outside.  |
| Dry cleaning services                  | Record all expenses (if any) for dry cleaning services paid by all members of this household to persons outside the household, whether in FSM or outside.                                   |
| Fitness centers                        | Record all expenses (if any) for fitness centers by all members of this household to persons outside the household, whether in FSM or outside.  |
| Annual fees for social or sports clubs | Record all expenses (if any) for annual fees for social or sports clubs and credit cards paid by all members of this household to persons outside the household, whether in FSM or outside. |
| Child support                          | Record all expenses (if any) involved in child support paid by all members of this household to persons outside the household, whether in FSM or outside.                                   |
| Shuttle bus service                    | Record all expenses (if any) for shuttle bus service or mass transit paid by all members of this household to persons outside the household, whether in FSM or outside.                     |
| Mutual funds, stocks and bonds         | Record all expenses (if any) for mutual funds, stocks, and bonds paid by all members of this household to persons outside the household, whether in FSM or outside.                         |
| Alimony                                | Record all expenses (if any) involved in alimony paid by all members of this household to persons outside the household, whether in FSM or outside.   |
| Veterinary services                    | Record all expenses (if any) for veterinary services paid by all members of this household to persons outside the household, whether in FSM or outside.                                     |
| Child day care                         | Record all expenses (if any) involved in child day care paid by all members of this household to persons outside the household, whether in FSM or outside.                                  |
| After school programs                  | Record all expenses (if any) for after school programs by all members of this household to persons outside the household, whether in FSM or outside.  |
| Home security alarms                   | Record all expenses (if any) for home security alarms systems by all members of this household to persons outside the household, whether in FSM or outside.                                 |

**SECTION 11. POPULATION QUESTIONS**

**QUESTION 2 ... SEX**

|   |   |
|---|---|
| <p>2. <b>Is...male or female?</b></p> <p>1. Male</p> <p>2. Female</p> | <input style="width: 40px; height: 20px;" type="text"/> |
|---|---|

Write the correct number on the basis of observation. If this is not possible, a person's sex can usually be determined from the name or relationship entry.

If you cannot determine sex, such as when the name is common to both sexes (Leslie, Jean, Francis, etc.), ask "Is.... male or female?"

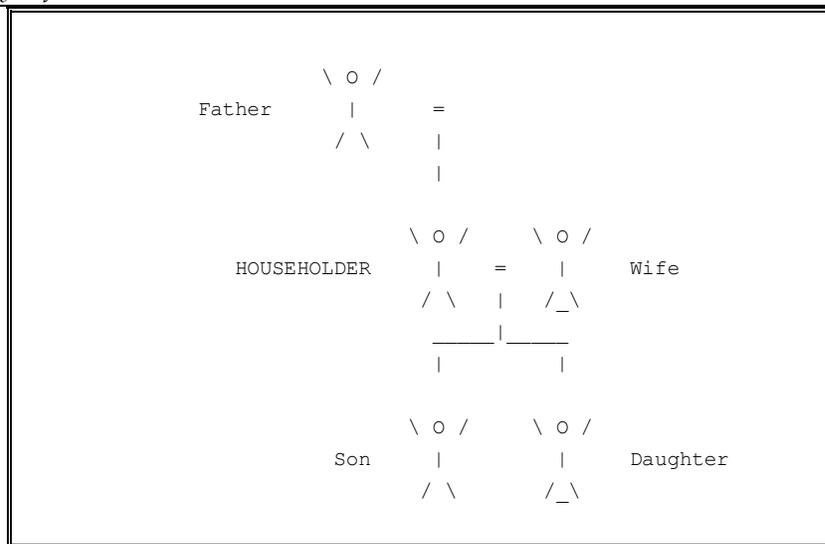
**QUESTION 3 ... RELATIONSHIP**

|   |   |   |
|---|---|---|
| <p>3. <b>How is ... related to (Person 1)?</b></p>  |   |   |
| <p>1. Householder</p> <p>2. Spouse</p> <p>3. Natural or adopted son/daughter</p> <p>4. Stepson/stepdaughter</p> <p>5. Brother/sister</p> <p>If not related to Person 1:</p> <p>9. Roomer, boarder, or foster child</p> <p>10. Housemate, roommate</p> | <p>6. Father/Mother</p> <p>7. Grandchild</p> <p>8. Other relative:</p> <p>_____</p> <p>11. Unmarried partner</p> <p>12. Other nonrelative</p> | <input style="width: 40px; height: 20px;" type="text"/> |

0. GENERAL

Write the number for the appropriate box to describe the relationship of each person to the "First person listed on the roster." If the person is related to Person 1 by blood, marriage, or adoption, but is not the "Husband/wife," "Natural-born or adopted son/daughter," "Stepson/stepdaughter," "Brother/sister," "Father/mother," or "Grandchild" of Person 1, mark (X) the box for "Other relative" and print the person's exact relationship in the space provided. If a person is not related to Person 1, mark the entry, as applicable, for "Roomer, boarder, or foster child," "Housemate, roommate," "Unmarried partner," or "Other nonrelative."

Be sure all entries marked are in terms of relationship to the "First person listed on the roster." For example, the wife of a married son living with the son's father (entered as Person 1) should be reported as "Other relative," not "Husband/wife." The child of an "Unmarried partner" of Person 1 should be reported as "Other nonrelative."



IF the householder is a female, then her spouse will be listed as "Husband". That is, everyone is still related to HER, not the other way around. BE SURE THAT ALL ENTRIES MARKED ARE IN TERMS OF RELATIONSHIP TO THE HOUSEHOLDER. For example, the wife of a married son living with the son's father (entered as Person 1 — the Householder) should be reported as "daughter-in-law" or "son's wife", not "Wife".

1. PERSON LISTED AS PERSON 1 ON THE FRONT COVER

There is no entry to mark for the "Person listed first on the front cover."

2. HUSBAND/WIFE

Write the appropriate number for "Husband/wife" for the person reported as the husband or wife of the "First person listed on the roster." There may be other married couples in the household but the entry for "Husband/wife" should only be marked for the person reported as married to the "First person listed on the roster."

3. NATURAL-BORN OR ADOPTED SON/DAUGHTER

Write 3 for "Natural-born or adopted son/daughter" for a child who is a son or daughter of the "First person listed on the roster" by birth, regardless of the age of the child. Mark "Natural-born or adopted son/daughter" for a child who is a son or daughter of the "First person listed on the roster" by legal adoption, regardless of the age of the child, only in cases where the "First person listed on the roster" is not also the stepparent of the child. Sons-in-law and daughters-in-law should be marked "Other relative" (see instruction 9 below). Foster children should be marked "Roomer, boarder, or foster child."

4. STEPSON/STEPDAUGHTER

Write 4 for "Stepson/stepdaughter" for a child who is the son or daughter of the "First person listed on the roster" through marriage but not by birth, regardless of the age of the child (exclude sons-in-law and daughters-in-law). If the "Stepson/stepdaughter" of the "First person listed on the roster" has also been legally adopted by the "First person listed on the roster" mark "Stepson/stepdaughter" but do not mark "Natural-born or adopted son/daughter." In other words, "Stepson/stepdaughter" takes precedence over "Adopted son/daughter."

5. BROTHER/SISTER

Write 5 for "Brother/sister" for the brother or sister of the "First person listed on the roster." Stepbrothers, stepsisters, and brothers and sisters by adoption should be marked "Brother/sister." Brothers-in-law and sisters-in-law should be marked "Other relative" (see instruction 9 below).

6. FATHER/MOTHER

Write 6 for "Father/mother" for the father or mother of the "First person listed on the roster." Mark parents by birth, stepparents, and parents by adoption as "Father/mother." Parents-in-law should be marked "Other relative" (see instruction 9 below).

7. GRANDCHILD

Write 7 for "Grandchild" for the grandson or granddaughter of the "First person listed on the roster."

8. OTHER RELATIVE

Write 8 for "Other relative" for anyone else related to the "First person listed on the roster" by blood, marriage, or adoption (sister-in-law, nephew, aunt, mother-in-law, son-in-law, daughter-in-law, cousin, grandparent, great-grandchild, etc.), and print the exact relationship in the space provided.

9. ROOMER, BOARDER, OR FOSTER CHILD

Write 9 for "Roomer, boarder, or foster child" for a roomer, boarder, lodger, or relative of such, and for foster children or foster adults of the "First person listed on the roster."

10. HOUSEMATE, ROOMMATE

Write 10 for "Housemate, roommate" for persons who are not relatives of the "First person listed on the roster" and who share living quarters primarily in order to share expenses.

11. UNMARRIED PARTNER

Write 11 for "Unmarried partner" for a person who is not a relative of the "First person listed on the roster," who shares living quarters and who has a close personal relationship with the "First person listed on the roster."

12. OTHER NONRELATIVE

Write 12 for "Other nonrelative" for a person who is not related by blood, marriage, or adoption to the "First person listed on the roster" but is related to an "Unmarried partner" or "Housemate, roommate" or who cannot be described by the categories given.

13. CONTINUATION QUESTIONNAIRES – When more than ten people are to be entered, a continuation questionnaire is required. This must be a questionnaire of the SAME type (a short-form with an original short-form questionnaire, or a long-form with an original long-form questionnaire). Do not enter anyone in the "Person 1 column" on the continuation questionnaire, and be sure all relationships marked on the continuation questionnaire refer to Person 1 on the original (first form) questionnaire.

## QUESTION 4 ... RACE OR ETHNIC ORIGIN

4. **What is ...'s race or ethnic origin?**

|  |  |
|--|--|
|  |  |
|--|--|

Write in the category or categories the person considers himself/herself to be.

If the respondent is unable to give a response or does not understand the question, say – “Ethnic origin or race refers to a person's origin or descent, "roots," or heritage. Ethnic origin may refer to where the person the person's parents or ancestors were born. There is no set rule as to how many generations are to be taken into account in determining ethnic origin or race. A person may report his or her ethnic origin or race based on the origin or race of a parent, a grandparent, or more distant ancestors.

1. HOW TO DETERMINE ANCESTRY IN SPECIAL SITUATIONS

- a. When the respondent reports where more than one ethnic origin or race (for example, White Chamorro), print the first two groups reported.
- b. When only a GENERAL answer like "Asian," "Micronesia," or "European" is reported:
  - 1) Ask for a more specific group.
  - 2) If the respondent does not know the specific ethnic origin or race, print the answer reported.

2. RULES FOR ENTERING ANCESTRY WHEN "AMERICAN" IS GIVEN

- a. If the respondent says he or she is "American", explain that ethnic origin or race refers to the origin or "roots" of the person or the person's ancestors (other than the United States). If the respondent still says "American," then print American.
- b. If the respondent gives "American" in addition to a specific origin group, such as "Chamorro-American," "Hawaiian-American," etc., print the entire answer.

### QUESTION 5A & B ... DATE OF BIRTH AND AGE

|  |   |
|--|---|
| <p>5a. What is ...'s date of birth? (<i>Month/Day/Year</i>)</p> <p> <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> | <p>5b. Age</p> <p><input type="text"/> <input type="text"/></p> |
|--|---|

1. QUESTION 5a. DATE OF BIRTH

Print each person's date of birth in the space provided, recording first the **month**, then the **day**, and then the year of birth. If year of birth is not known, ask for an estimate.

2. QUESTION 5b. AGE

Print each person's age at last birthday in the space provided. If the exact age is not known, ask for an estimate. For babies who are not yet one year old, print "OO".

### QUESTION 6 ... MARITAL STATUS

|          |  |  |
|----------|--|--|
| <b>6</b> | <b>What is ...'s marital status?</b><br><b>1. Now married</b> <b>4. Divorced</b><br><b>2. Separated</b> <b>5. Never married</b><br><b>3. Widowed</b> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/> |
|----------|--|--|

**1. NOW MARRIED**

Write 1 for "Now married" for a married person regardless of whether his or her spouse is living in the household unless they are separated. For example, mark "Now married" for persons who are temporarily living apart because the spouse is employed elsewhere or is in the Armed Forces, or who are temporarily living apart for any other SIMILAR reason. Couples who live together (unmarried persons, persons in common-law marriages, etc.) should report the marital status they consider to be most appropriate.

**2. SEPARATED**

Write 2 for "Separated" for persons who have been deserted or who have parted because they no longer want to live together (whether or not legally separated) but have not obtained a divorce.

**3. WIDOWED**

Write 3 for "Widowed" for persons whose spouse has died and they have not remarried.

**4. DIVORCED**

Write 4 for "Divorced" for persons who have been deserted or who have parted because they no longer want to live together AND have obtained a divorce.

**5. NEVER MARRIED**

Write 5 for "Never married" for a person who has never married or whose only marriage has been annulled. Also, mark "Never married" for persons born February 1990 or later.

### QUESTION 7 ... PLACE OF BIRTH

|          |   |  |
|----------|---|--|
| <b>7</b> | <b>Where was ... born? Print the name of the village in FSM , U.S. State or territory, or foreign country in the space below.</b> | <input style="width: 80px; height: 20px; border: 1px solid black;" type="text"/> |
|----------|---|--|

**1. For persons born in FSM:**

Print the name of the village in which the mother was living when the person was born. Do NOT report the hospital unless the mother was living in that area at the time of the birth. If she went to the hospital to give birth, give the village where she was living before she went to the hospital.

**2. For persons born in the United States:**

Print the name of the State in which the person was born. If the person was born in Washington, D.C., print

District of Columbia.

3. For persons born in another U.S. territory:

If the person was born in a different U.S. territory or commonwealth, print Puerto Rico, Virgin Islands, Guam or American Samoa.

4. For persons born elsewhere:

If the person was born in a foreign country, print the name of the foreign country or area where the person was born. Use current boundaries, not boundaries at the time of the person's birth. Specify whether Northern Ireland or the Republic of Ireland (Eire); East or West Germany; North or South Korea; England, Scotland, or Wales (not Great Britain or United Kingdom). Specify the particular country or island in the Caribbean, (not, for example, West Indies).

### QUESTION 8 ... CITIZENSHIP

**8. Is ... a CITIZEN of FSM?**

- |                                  |  |                          |
|----------------------------------|--|--------------------------|
| 1. Born in the FSM               | 4. Other US citizen                    | <input type="checkbox"/> |
| 2. FSM citizen by Naturalization | 5. Not a citizen (permanent residence) |                          |
| 3. Born in US or US territory    | 6. Not a citizen (temporary residence) |                          |

1. Code "1", if the person was born in FSM.
2. If the person is a Naturalized FSM citizen, record "2".
3. If the person was born in the United States, Puerto Rico, CNMI, American Samoa, or Guam, record "3" for "Yes, born in the United States or other US territory."
4. If the person was born abroad of a US parent or parents or Naturalized US, so is a US citizen, record 4.
5. Record "5" for "No, not citizen/national (permanent residence)" if the person is not a citizen, but is residing permanently in FSM – regardless of actual legal status.
6. Record "6" for "No, not citizen/national (temporary residence)" if the person is not a citizen, but is residing only temporarily in FSM and intends to return to the previous or another country of residence.

### QUESTION 9 ... ATTENDED SCHOOL OR COLLEGE

- 9 **At any time since February 1, 2005, has .. attended regular school or college? Include only nursery school, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. If "Yes," ask — Public or private?**
1. No, has not attended since February 1
  2. Yes, public school, public college
  3. Yes, private school, private college

1. Write the appropriate "Yes" entry for persons who have attended any "regular" school or college since April 1, 2005.

2. DEFINITION OF "REGULAR" SCHOOL OR COLLEGE

- a. "Regular" schooling advances a person toward an elementary school certificate, a high school diploma, or a college, university, or professional school (such as law or medicine) degree.
- b. "Regular" schools may be either public, parochial (church-related), or other private. Attendance can be either by day or night, full or part time. A school does not have to be graded to qualify as a "regular" school.
- c. Tutoring should be counted only if credit for it can be obtained in a "regular" school.

3. EDUCATION THAT IS USUALLY NOT IN A "REGULAR" SCHOOL OR COLLEGE

Write 2 for "No, has not attended since February 1" for those enrolled only in the following types of schools:

- a. Vocational, trade, or business schools outside the "regular" system, such as television repair schools, barber's colleges, or secretarial schools.
- b. Adult education classes, unless the schooling is being counted for credit in a "regular" school system, such as toward a high school diploma.
- c. On-the-job training.
- d. Correspondence courses unless they are taken from a "regular" school, such as a university, and count for credit in a "regular" school system.

4. TYPE OF SCHOOL

- a. A public school is any school that is controlled and supported primarily by a local, county, State, or Federal Government.
- b. A private school is a private or parochial school that is supported and controlled primarily by a religious organization or other private group. Private schools may be religious or nonreligious elementary schools, secondary schools, colleges, universities, professional schools, Montessori schools, or nursery schools (including pre-schools and pre-kindergartens).
- c. Do not assume that the name of the school indicates whether it is public or private. Also payment of tuition at college does not indicate the school is private.

### QUESTION 10 ... HOW MUCH SCHOOL HAS THIS PERSON COMPLETED

**10. How much school has ... COMPLETED?**

*Read categories if person is unsure. Circle the number for the highest level COMPLETED or degree RECEIVED. If currently enrolled, mark the level of previous grade attended or highest degree received.*

31. No school completed 32. Nursery school 33. Kindergarten  
 1. – 11. Grades 1 to 11 12. 12<sup>th</sup> grade, no diploma  
 13. HIGH SCHOOL GRADUATE — DIPLOMA or equivalent (GED)  
 14. Some college but no degree  
 15. Associate degree in college — Occupational program  
 16. Associate degree in college — Academic program  
 17. Bachelor's degree (For example: BA, AB, BS)  
 18. Master's degree (For example: MA, MS, Med, MSW, MBA)  
 19. Higher level degree (For example: MD, DDS, LLB, JD, PhD, EdD)

|  |  |
|--|--|
|  |  |
|--|--|

For persons who have not graduated from high school, write the appropriate number for the highest grade or year of "regular" school completed. For persons who have attended college but have not received a degree, write 14 for "Some college but no degree." For persons who have one or more college degrees, mark the entry for the highest degree. Record the highest level of regular schooling the person has completed. Exclude vocational training, that is not creditable in the "regular" school system. See definition of "regular" school in instructions for question 9.

1. For a person now attending a "regular" school, write the number for the box for highest grade, year or degree successfully completed. For persons enrolled in elementary school or high school, including middle school and junior high school, mark the category containing the previous grade the person was enrolled in. Write 14 for "Some college but no degree" if the person is enrolled in college but has not completed a degree. If the person is enrolled in college but has completed at least one degree, mark the category for the highest degree this person has received.
2. Write 31 for "No school completed" for persons who have never attended a "regular" school or have not completed the first year attended, such as nursery school or kindergarten.
3. For those who have completed only nursery school or kindergarten thus far, write the appropriate number.
4. If the person successfully completed the 12th grade but did not receive a diploma, GED credentials or attend college, write 12 for "12th grade, **NO DIPLOMA**."
5. If the person reports completion of the highest level in an ungraded or foreign school, estimate the equivalent grade level in the "regular" American school system.
6. Vocational, business, and technical schools: For persons who have attended "post-graduate" high school courses or vocational or business school courses not creditable toward a college degree, after completing high school, write 13 for "**HIGH SCHOOL GRADUATE**...." These include technical, vocational, or paraprofessional training, and training in hospital schools.
7. College: For persons who attended college, mark the box for the highest academic degree they obtained.
  - a. Write 15 for "Associate degree in college--Occupational program" if the highest degree was an associate degree in a program that prepared the person for a specific occupation. Course work may or may not be creditable toward a bachelor's degree.
  - b. Write 16 for "Associate degree in college--Academic program" if the highest degree was an associate degree primarily in the arts and sciences and transferrable to a bachelor's degree program.
  - c. Write 19 for "Professional school degree" if one or more degrees were earned in such fields as medicine,

dentistry, chiropractic medicine, optometry, osteopathic medicine, pharmacy, podiatry, veterinary medicine, law or theology. Do not include vocational training for a trade such as barber school or cosmetology, secretarial school, trade school or bartending.

8. Do not include vocational certificates or diplomas from post-secondary vocational, trade, business, technical, hospital, or paraprofessional schools unless they were college level associate, bachelor's or master's degrees.
9. Do not include honorary degrees awarded by colleges and universities to individuals for their accomplishments. Include only "earned" degrees.

### QUESTION 11 a & b ... RESIDENCE FIVE YEARS AGO

11a **Did ... live in this house or apartment 5 years ago (on April 1, 2000)?**

1. Born after April 1, 2000 — Go to questions for next person
2. Yes — skip to 11c
3. No

11b **Where did ... live 5 years ago?**

*Print the name of the village in FSM, or the name of the U.S. State or territory, or foreign country in the space below.*

#### 1. QUESTION 11a

- a. If the person is under 5 years old, write 1 for "Born after April 1, 2000." Then turn to the next page for the next person.
- b. Write 2 for "Yes" if the person lived in this same house or apartment on April 1, 2000, even if he or she moved away and came back between then and now. Then go to question 15a.
- c. Write 2 for "Yes" if the person is living in an institution and was a resident of the same institution 5 years earlier even if he or she was in a different room or building. Then go to question 15a.
- d. Write 2 for "Yes" if the person lived in a different mobile home in the same location within the same mobile home park. Then go to question 15a.
- e. Write 3 for "No" if the person lived in the same mobile home but at a different location in that mobile home park or in a different mobile home park.
- f. Write 3 for "No" if the person did not live in the same house or apartment on April 1, 2000.

#### 2. QUESTION 11b

If you wrote 3 for "No" in question 11a, print the location of the person's usual residence on April 1, 2000. If the person had no usual residence on April 1, 2000, report the place where he or she was staying on that date. Report actual residence rather than legal residence if they were different.

- a. If the person lived in FSM on April 1, 2000, print the name of the island on which he or she was living.

- b. If the person lived in a U.S. State on April 1, 2000, print the name of the State in which he or she was living. If the person was living in Washington, D.C., print District of Columbia.
- c. If the person lived in a different U.S. territory or commonwealth, print the name of the territory or commonwealth, such as Puerto Rico, Virgin Islands, American Samoa or Guam.
- d. If the person lived elsewhere on April 1, 2000, print the name of the foreign country or area where the person was living. Specify whether Northern Ireland or the Republic of Ireland (Eire); East or West Germany; North or South Korea; England, Scotland, or Wales (not Great Britain or United Kingdom). Specify the particular country or island in the Caribbean, (not, for example, West Indies).

### QUESTION 11c ... LANGUAGE SPOKEN AT HOME

11c    **What language does ... usually speak at home?** \_\_\_\_\_

Print the language spoken at home. If this person speaks two or more languages at home and cannot determine which is spoken most often, report the first language the person learned to speak.

**QUESTION 12 .... MILITARY SERVICE**

- |   |                          |
|---|--------------------------|
| <p><b>12</b> Has ... ever been on active-duty military service in the Armed Forces of the United States or ever been in the United States military Reserves or the National Guard? "Active duty" does NOT include training for the military Reserves or National Guard.</p> <p>1. Yes, now on active duty</p> <p>2. Yes, on active duty in past, but not now</p> <p>3. Yes, service in Reserves or National Guard only</p> <p>4. No</p> | <input type="checkbox"/> |
|---|--------------------------|

Ask Question 12 on military service only to people 15 years and over, those born before April 1, 1990. Do not ask this question, or any of the subsequent questions to people less than 15 years old.

**Active duty** personnel are those currently in the Armed Forces either because they enlisted or because they were previously Reserves or on National Guard duty and were activated because of the wars in Afghanistan or Iraq.

**Active duty in the past** includes people were in the Armed Forces in the past. These military service personnel do not include people who were in the Reserves or the National Guard who did not see active duty.

**Reserves or National Guard** include people who are currently in the Reserves or National Guard but are not currently on Active Duty

**No** is to be recorded for all other people 15 years and over – those who are not on Active Duty now, were not on Active Duty in the past, and are not currently in the Reserves or National Guard.

### QUESTION 13... FERTILITY

- 13a *If ... is female born before 1990, ask* — **How many babies has ... ever had, not counting still births? Do not count stepchildren or children ... has adopted.** \_\_\_\_\_
- 13b *If at least one, ask* — **How many are still alive?** \_\_\_\_\_
- 13c *If at least one, what is the date of birth of the last child?* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. Question 13a. Children Ever Born
  - a. Ask of *all* females born before April 1, 1990.
  - b. Count all live births the woman has *ever* had, including any babies who died (even shortly after birth) or who no longer live with her. Be sure to include any children born to this woman during a previous marriage and those born out of wedlock.
  - c. Do not count this woman's stepchildren, foster children, or children she has adopted.
  - d. Exclude miscarriages and stillbirths (a birth at which the baby showed no sign of life). If there is any doubt about whether a birth was a stillbirth, do *not* count that birth among the babies a woman has ever had.
  
2. Question 13b. Children Still Alive
  - a. Ask of *all* females born before April 1, 1990.
  - b. Count all children the woman has *ever* had who are still alive. Exclude any babies who died (even shortly after birth) Be sure to include any children born to this woman during a previous marriage and those born out of wedlock and who are still alive.
  - c. Do not count this woman's stepchildren, foster children, or children she has adopted.
  - d. Exclude miscarriages and stillbirths (a birth at which the baby showed no sign of life).
  
3. Question 13c. Date of birth of last child.
  - a. Record the month, day, and year of birth of the last child born to the respondent. If the respondent has had no children, don't ask the question (Go on to Question 14).
  - b. If the respondent knows only the month and year of last birth, record that information. If the respondent knows only the year of last birth, record that. If the respondent does not know the year of birth, obtain an estimate.

### QUESTION 14 ... WORK LAST WEEK

14. **Did .. work at any time LAST WEEK, either full time or part time? Work includes part-time work such as delivering papers, or helping without pay in a family business or farm; it also includes active duty in the Armed Forces. Work does NOT include own housework, school work, or volunteer work. Subsistence activity includes fishing, growing crops, etc., NOT primarily for commercial purposes.**
1. Yes, worked full time or part time at a job or business AND did NO subsistence activity
  2. Yes, worked full time or part time at a job or business AND did subsistence activity
  3. Yes, did subsistence activity only - *Skip to 17*
  4. No — *Skip to 18*

1. "... *last week*": The time period covered is the full calendar week, Sunday through Saturday, preceding the date the census questionnaire is completed.
2. Count as work:
  - 1) Paid work as an employee for someone else, including:
    - work for pay "in kind" (meals, living quarters, or supplies received in place of cash wages);
    - work at piece rates, on commission, or for tips;
  - 2) Work in the person's own business, professional practice, or farm.
  - 3) Work with or without pay in a business or farm operated by a relative.
  - 4) *Part-time work*, such as an hour or two after school and babysitting for pay.
3. Do not count as work:
  - 1) Work around the house, such as the person's own housework, yard work, or odd jobs around the house (painting the porch, cutting grass, etc.).
  - 2) *Unpaid* baby sitting for family, relatives, or friends.
  - 3) *Unpaid* volunteer work for church, Red Cross, etc.
  - 4) Work done by a *resident of an institution*. Tasks performed by residents of institutions are not considered "work" for the purposes of the census.

### QUESTION 15 ... HOURS WORKED LAST WEEK

- 15 *If this person did paid work, ask — How many hours did ... work LAST WEEK at all jobs? Subtract any time off and add any overtime or extra hours worked:*

1. The question refers to the *actual* number of hours worked *last week*, not the "usual" or "regular" hours. Do not

count lunch hours, sick leave, and vacation leave, but include overtime or extra hours worked last week.

2. *Two or More Jobs*

If a person worked at two or more jobs last week, enter the total number of hours worked at all jobs.

3. *Exact Hours Unknown*

If the respondent cannot immediately report the number of hours worked last week, try to find out the number of hours worked each day and add them up.

### QUESTION 16 ... WHERE WORKED LAST WEEK

16. **In what village did ... work most LAST WEEK?**

*Skip to 21-23*

1. Question 16 refers to the *actual* geographic location (village) of the plant, office, store, or other establishment where the person worked *most of the time* during the last week. Exclude subsistence activity. The location should include the name of the village or area of the island.
2. If the person worked in an office or shop in his/her own home, or on a farm where he/she also lives. enter the location of the person's residence.
3. If the person's employer operates in more than one location (such as a bank, grocery store chain, or public school system), enter the exact location or branch where the person worked most of the time last week.
4. If the person worked at more than one location last week, but reported to the same location each day to begin work, enter the location where he/she reported. If the person did not report to the same location each day to begin work, print the location where he or she worked *most of the time* last week.
5. If the person worked offshore or as an officer or crew member on a vessel, and did not report to a central headquarters or pier, print "at sea" as the place of work in question 16.
6. For a farm or other work place in open country, give as complete information as possible by specifying the name of the nearest village.
7. If the person worked in another territory, commonwealth, U.S. State, or a foreign country, print the name of the work place location in question 16.

### QUESTION 17 ... SUBSISTENCE ACTIVITIES

| 17. Which of the following subsistence activities did you do last week? <i>Mark all appropriate boxes.</i><br>Ask <i>Was any of the subsistence sold last week?</i> If yes, ask <b>What was the cash amount of the product sold?</b> |           |             |
|--|-----------|-------------|
| Subsistence type   | Check box | Amount sold |
| a. fish and seafood  |           | \$          |
| b. pigs  |           | \$          |
| c. sakau   |           | \$          |
| d. betelnut  |           | \$          |
| e. other agriculture/gardening products  |           | \$          |
| f. handicrafts   |           | \$          |
| g. other subsistence activities  |           | \$          |

*If this person had paid employment last week, go to 21-23 on the next page.*

This question is asked only to people who said they did subsistence in question 14 – either with paid employment (code 2), or subsistence only (code 3).

Ask about each item separately. If they say “yes” they did fish or collect seafood *last week*, then ask whether they sold any of the fish they caught or seafood they collected. If they did sell any, ask what was the cash amount of the product sold.

Repeat the questions for each item on the list: fish and seafood, then pigs, then sakau, then betelnut, then “other agriculture or garden products”, then handicrafts, then “any other subsistence activities”. Check the box if they did any of that subsistence activity, and then ask how much they did.

After asking these questions if the person had employment in question 14 – code 2, skip to items 21 to 23 on the next page. These people will not be considered unemployed. If the person did only subsistence, ask questions 18 to 20 about unemployment to see whether they were looking for paid employment.

### QUESTION 18 ... TEMPORARILY ABSENT FROM WORK

|    |   |  |
|----|---|--|
| 18 | <b>Was ... on layoff from a job or business LAST WEEK? If "No," ask — Was ... temporarily absent or on vacation from a job or business last week?</b> |  |
|    | 1. Yes, on layoff   | 2. Yes, on vacation, temporary illness,<br>labor dispute, etc. |
|    | 3. No   |  |

- Write "1" for "Yes, on layoff" if the person had been laid off, and had not yet returned to work.
- Write "2" for "Yes, on vacation, temporary illness" if the person was temporarily away from work because of vacation or temporary illness but would return to work as soon as returning from vacation or recovering from illness.
- Write "3" for "No" for persons not on layoff and not on vacation or off because of illness. Write "3" for persons on call to work whenever there is a need for their services (such as substitute teachers) and for seasonal workers during an *off* season.

### QUESTIONS 19A & 19B ... LOOKING FOR WORK

|     |  |
|-----|--|
| 19a | <b>Has ... been looking for work during the last 4 weeks?</b><br>1. Yes 2. No — Skip to 25   |
| 19b | <b>Could ... have taken a job LAST WEEK if one had been offered? If "No," ask — For what reason?</b><br>1. No, already has a job<br>2. No, temporarily ill<br>3. No, other reasons (in school, etc)<br>4. Yes could have taken a job |

#### 1. QUESTION 19a. Looking for work

Write "1" for "Yes" if this person tried to get a job or start a business or professional practice during the last 4 weeks, such as registering at a public or private employment office, being on call at a personnel placement office or nurses' register, meeting with prospective employers, etc. Other examples of looking for work are:

- a. Placing or answering advertisements for help.
- b. Writing letters of application.
- c. Checking with a union or other workers' organization.
- d. Visiting locations where employers pick up temporary help.
- e. Investigating possibilities for starting a professional practice or opening a business.

#### 2. QUESTION 19b. Could have taken work

"...last week": The time period covered is the full calendar week, Sunday through Saturday, preceding the date the census questionnaire is completed.

Write "1" for "No, already has a job" if the person was on layoff or was to report to a job within 30 days. If there was *another reason* why the person could not take a job last week, do not write "1", but write the number of the appropriate response.

Write "2" for "No, temporarily ill" for persons who were temporarily ill, so could not have taken a job. Write "2" only if the illness is expected to last less than 31 days; for longer illnesses, write "3" for "No, other reasons (in school, etc.)."

Write "4" for "yes, could have taken a job" if the person could have taken a job.

### QUESTION 20... DATE LAST WORKED

|    |   |
|----|---|
| 20 | <b>In what year did ... last work, even for a few days? If Never worked, write "Never worked".</b><br><br><i>If Never worked, or last worked in 1999 or earlier, skip to 30</i> |
|----|---|

- 
1. "Work" is defined in the same way as for question 19.
  2. The date last worked is the most recent year in which the person did any work at all, even for a few days, and *not* necessarily the year last worked at a full-time job.
  3. For *residents of institutions*, this question refers to the date they last worked *outside* the institution.

## QUESTIONS 21-23

### GENERAL INSTRUCTIONS FOR CURRENT OR MOST RECENT JOB ACTIVITY (INDUSTRY, OCCUPATION, AND CLASS OF WORKER)

21-23 **The following questions ask about the job worked last week. If ... had more than one job, describe the one ... worked the most hours. If ... didn't work, the questions refer to the most recent job or business since 2000.**

1. CURRENT OR MOST RECENT JOB ACTIVITY

"Current" here means "last week," the same week referenced in question 20a. If a person had more than one job, enter the job at which he or she worked the most hours last week. If a person had no job or business last week, give the information for the *last* (most recent) job held in 1990 or later.

2. JOB DESCRIPTION

All parts of questions 26-28 must refer to the same job. Be sure the entries present a consistent description. See Appendixes B and C for examples of unacceptable and acceptable entries.

3. ACTIVE DUTY WITH U.S. ARMED FORCES

If the person is *now* on active duty in the U.S. Armed Forces, or if the person is not now employed but was on active duty in the U.S. Armed Forces in his or her last job since 1990; print the branch of service in the Armed Forces in question 26. The Armed Forces include Army, Air Force, Navy, Marine Corps, and Coast Guard.

### QUESTION 21 ... INDUSTRY

21 **For whom did ... work?** *If now on active duty, write "Armed Forces"; otherwise, print the name of the company, business or other employer.*

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

1. If not U.S. Armed Forces, print the name of the company, business, or employer:

- a. The full name of the company, business, government agency, or other employer must be entered. Abbreviations of company names are not acceptable.
- b. For employers without company names, such as a dentist's or lawyer's office or a construction contractor, print the name of the employer. For self-employed people without a company name, print "self-employed."
- c. For employees of a government agency, report the specific organization for which the person worked. Be sure to state whether the organization is Federal (U.S.), territorial or one of the islands.

2. a. The entry here should tell clearly and specifically what the company or business does at the location where the person worked.

In order to give a clear and exact description of the industry, the entry must state or indicate both a *general* and *specific* function for the employer; for example, dairy farm, pen manufacturer, wholesale grocery, retail book store, shoe repair service. The words "mine," "store" "repair service," etc., show the general function. The words "dairy," "book," "shoe," etc., indicate specific function.

b. Multiple Activity Businesses

Many firms carry on more than one kind of business or industrial activity. If there is more than one kind of business or industrial activity to report, answer question 26 as follows:

- 1) If the activities are carried on in *separate places*, describe the activity where the person actually worked.

Example: A company makes copy machines in one plant, and chemicals used to make copies in another. Report "chemicals for copy machine" for the people working in the chemical plant.

- 2) If the activities are carried on in the *same place*, describe the major business or activity at that location.

Example: A shoe factory also makes some leather purses at the same plant. If shoes are the major product, all people working at the plant should be reported as "shoe factory."

c. Government Organizations

The names of government organizations are often not descriptive of their business or activity. Be sure that the entry describes exactly what the activity is. For example, an entry of "FSM Public Works" in question 26 might be one or any combination of the following: "Road building," "Road repair," "Contracting for road building (repair)."

d. Domestic or Other Private Household Workers

When the name of a single individual is given as the employer, there should be an indication of whether the person works at a place of business or in a private home. The proper entry in question 26 for a domestic worker employed in the home of another person is "private home." For a person cleaning a doctor's office which is located in the doctor's own home, the proper entry is "doctor's office."

- e. Examples of unacceptable and acceptable entries for kind of business or industry are given in Appendix B.

## QUESTION 22 ... OCCUPATION

22 What kind of work was ... doing?

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

1. The entry should describe the kind of work the *person* does. The entry is acceptable if it tells *clearly* and *specifically* what the person does; for example, janitor, production clerk, TV repairer, auto body mechanic, welder, or shoe repairer.
  - a. Sufficient Detail — One-word occupational descriptions are often not acceptable. For example, we need to know what type of nurse or engineer, clerk, teacher, etc., a person is. (Practical nurses, registered nurses, and nurses' aides are put in different groups in census statistics so a full description is necessary.)
  - b. Describing Farm Workers — People who operate their own farm or ranch should be reported as *farmer* or *rancher*. Those who operate a farm for another owner should be reported as *farm manager*. Those who supervise other farm workers but report to a farmer or farm manager should be reported by their major activity such as *general farm worker*, *field worker*, *farm equipment operator*, etc.
  - c. Examples of unacceptable and acceptable entries for kind of work are given in Appendix C.
2. QUESTION 22

In question 22, we asked what kind of work this person did; that is, what a person is called who performs this kind of work. We also need specific information on the most important activities and duties performed. For many occupations, the entry for duties differs from the entry for kind of work performed. The occupation of painter is an example of this. One could reply "paint houses" whereas another reports "toy painter."

**QUESTION 23 ... CLASS OF WORKER**

|   |                                 |                          |
|---|---------------------------------|--------------------------|
| <b>23 Was ... employee of:</b>  |                                 | <input type="checkbox"/> |
| <b>1. Private company or business<br/>or of an individual, for<br/>wages, salary, commissions</b> | <b>3. Municipal Government</b>  |                          |
| <b>2. FSM Government</b>  | <b>4. U.S./Other Government</b> |                          |
| <b>5. Self employed</b>   | <b>6. Working without pay</b>   |                          |

All parts of questions 21 to 23 must refer to the same job. Be sure that the entries present a consistent description. Question 23 can frequently be determined if complete and specific information has been obtained in questions 21 and 22. If there is any doubt at all, you must confirm the correct entry with the respondent.

- a. "Employee of a PRIVATE company or business or of an individual, for wages, salary, or commissions"

This also includes compensation by tips, piece rates or pay "in kind," if received from a nongovernmental source, regardless of whether the source is a large corporation or a single individual. This category is also for employees of churches, unions, YMCA's, political parties, professional associations, not-for-profit hospitals and similar organizations. Note that only non-government organizations belong here, with the exception of foreign governments as noted below. Also included in this category are people who work for condominium and cooperative housing projects, other cooperative businesses, mutual and fraternal insurance companies, mutual savings banks, and credit unions.

- b. "FSM GOVERNMENT employee": Use "2" for FSM government, including employees of public schools, government-owned bus lines, government-owned electric power utilities, etc.
- c. "Municipal Government": record "3" for Municipal government employees.
- d. "U.S./Other Government": use "4" for U.S. and other government employees. Include persons elected to paid offices and civilian employees of the Armed Forces. Also write "4" for "Federal GOVERNMENT employee" for active duty members of the U.S. Armed Forces. Employees of foreign governments, the United Nations, or other formal international organizations controlled by governments should write "4" for other Government.
- e. "SELF-EMPLOYED in own business, professional practice, or farm"

"Own business" refers to work for profit or fees in the person's own business, farm, shop, office, etc. It does *not* include managers or other executives hired to manage a business or farm, salespersons working for a commission, or officers of corporations. This category includes sole proprietorships and partnerships, but the company can *not* be incorporated.

Some people who own all or most of the stock in a privately held corporation consider themselves self-employed and should ALSO be marked in this category.

- f. "Working WITHOUT PAY in family business or farm"

This category refers to work on a farm or in a business operated by a relative. Room and board and a cash allowance are not counted as pay for these family workers. Do not check this category, however, if the worker receives money which is considered to be wages for work performed. Instead, write "1" for "Employee of a PRIVATE company or business or of an individual, for wages, salary, or commissions."

**QUESTION 24 ... WORK LAST YEAR**

|     |   |                          |
|-----|---|--------------------------|
| 24a | <b>Last year (2004), did ... work, even for a few days, at a paid job or in a business or farm?</b><br>1. Yes                      2. No — Skip to 26 | <input type="checkbox"/> |
| 24b | <b>How many weeks did ... work in 2004? Count paid vacation, paid sick leave, and military service? _____ Weeks</b>                                   | <input type="text"/>     |
| 24c | <b>During the weeks WORKED in 2004, how many hours did ... usually work each week? _____ Hours</b>  | <input type="text"/>     |

## 1. QUESTION 24a

"Work" has the same definition as for question 14. Count part-time as well as full-time jobs and active duty in the Armed Forces.

If this question reminds the person of work more recent than the year marked in question 20, make any necessary changes in the earlier questions.

## 2. QUESTION 24b

Ask this question of all persons who are marked "Yes" in question 24a. Count as weeks worked any week in which work was done, even for one hour, or any week for which wages or salary were received. Include weeks on active duty in the Armed Forces, on paid vacation, or on paid leave. For example, enter "52" for a school teacher who worked 40 weeks and was paid for a full year. If the year's work is reported in months, multiply the number of full months of work by 4.33 to obtain the number of weeks worked.

## 3. QUESTION 24c

If the hours worked per week varied considerably during 2004, get an approximate average of the hours worked per week.

### QUESTION 25 ... SUBSISTENCE ACTIVITIES IN 2004

| 25. Last year (2004) did ... do <b>any</b> subsistence activities? Mark all appropriate boxes. Ask Was any of the subsistence sold last week?<br>If yes, ask What was the cash amount of the product sold? |           |             |
|--|-----------|-------------|
| Subsistence type   | Check box | Amount sold |
| a. fish and seafood  |           | \$          |
| b. pigs  |           | \$          |
| c. sakau   |           | \$          |
| d. betelnut  |           | \$          |
| e. other agriculture/gardening products  |           | \$          |
| f. handicrafts   |           | \$          |
| g. other subsistence activities  |           | \$          |
| <b>SUM</b> the amounts shown and record in 30b =>  |           |             |

This question is asked of all adults. If they say “No”, they did no subsistence activities, go to question 26 for income.

For those who say “yes”, ask about each item separately. If they say “yes” they did fish or collect seafood *any time in 2004*, then ask whether they sold any of the fish they caught or seafood they collected. If they did sell any, ask what was the cash amount of the product sold.

Repeat the questions for each item on the list: fish and seafood, then pigs, then sakau, then betelnut, then “other agriculture or garden products”, then handicrafts, then “any other subsistence activities”. Check the box if they did any of that subsistence activity, and then ask how much they did.

After asking all the items in the series, sum the amounts in the last column, and put the sum at the bottom of that column. Then, also put the sum in 26b for own business amounts. However, if they also have a Mom and Pop store or other business, the amount in 26b must be the sum of all parts.

**QUESTIONS 26 AND 27****GENERAL INSTRUCTIONS FOR INCOME QUESTIONS  
26 TO 27****1. CONVERT TO ANNUAL TOTAL**

Be sure that the dollar amounts represent the total amount received during the 12 months of 2004 for the particular type of income. If, for example, the amount is given in terms of a weekly or monthly payment, find out how many weeks or months it was received in 2004 and convert it to an annual total.

**2. USE OF INCOME TAX FORM**

Accept answers from an income tax form *if* the person offers them. Do not, however, ask the respondent to refer to income tax forms.

If an income tax form is used, make certain the amounts you enter for each person are for *that person only*; many income tax returns show the combined income of husband and wife. Also remind the respondent that certain types of income are not taxable (for example, unemployment compensation and public assistance). Ask whether the person received any such additional money income in 2004.

If Form 1040 contains the combined income of husband and wife, find out what share was received by each person.

**3. WHAT TO DO IF A RESPONDENT IS UNWILLING TO ANSWER INCOME QUESTIONS****a. Stress Confidentiality**

If the respondent fears that the income data will be disclosed to other persons or to other government agencies, explain that you, as well as other census employees, are sworn to keep the answers *confidential*. The law provides penalties of imprisonment and fine for disclosures. Not even agents of the Federal Bureau of Investigation (FBI) or the Internal Revenue Service (IRS) can look at census records. Explain that data about individuals are never published; only statistical summaries of groups of people are published and only in a way that no individual can be identified.

**b. Explain Why Tax Returns Alone Are Not Enough**

If the respondent does not understand why the data cannot be obtained from income tax returns instead of being asked in the census, explain that the income data given on tax returns cannot be used to meet all statistical needs because not all people file returns and not all kinds of income are taxable (and hence are not reported on tax returns).

Also, the tax returns do not show age, family relationship, education, and other items needed to study the social and economic status of the people of FSM.

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**TYPE OF INCOME IN 2004**
**QUESTION 26a ... WAGES, SALARIES, COMMISSIONS, BONUSES, OR TIPS**

26      **The following questions are about income received during 2004. If an exact amount is not known, accept a best estimate.**

26a     **How much ... earn in income from wages, salary, commissions, bonuses, or tips? Report amount before deductions for taxes, bonds, dues, etc.**

- |    |   |  |
|----|---|--|
| 1. | Definition of wage or salary income     | Wage or salary income is the total amount of money earned by a person working as an employee for a private enterprise (unincorporated business or farm) or a branch of government. Wage or salary income includes "take-home" pay plus all deductions for withholding tax, Social Security, union dues, bonds, uniforms, etc. If a respondent knows only the amount of "take-home" pay, ask for an estimate of the deduction in order to obtain total wage or salary income. |
| 2. | Specific types of wage or salary income | In addition to what is ordinarily considered wage or salary income, the following types of money receipts are also to be included as wage or salary income:  |
| a. | Piece-rate payments                     | Money received for work done at a specific amount per piece.   |
| b. | Commissions                             | Money received by a person for transacting business for another person or corporation.   |
| c. | Tips                                    | Payments received as supplements to wages or for services rendered to the customer.  |
| d. | Bonuses                                 | Payments made by employers as supplements to wage or salary income.  |
| e. | Salary of farm manager                  | Periodic, regular payments received by a farm manager, supervisor, or overseer.  |
| f. | Armed Forces pay                        | Money received as payment for service in the Armed Forces is wage or salary income. It includes base pay plus cash housing and/or subsistence allowance (but <i>not</i> the value of rent-free quarters), incentive pay, longevity pay, flight pay, etc.   |
| g. | National Guard or reserve pay           | Payments received for training period in the National Guard or its military reserve units.   |
| h. | Wages for babysitting or mowing lawns   | Payments received for care of persons who do not live in the babysitter's home or mowing lawns for other persons.  |
| i. | Sick leave pay                          | Payments received in place of wages while an employee is not at work because of illness.   |
| j. | Assistantships and teaching fellowships | The money that graduate students receive for teaching part time or for working part time for a college or university is included as wage or salary income.   |

---

**QUESTION 26b ... OWN FARM OR NONFARM BUSINESS**

**26b How much did ... earn from (his/her) own farm or nonfarm business, proprietorship, or partnership?  
Report net income after business or operating expenses.**

If the person did subsistence activities in 2004, and they summed the amounts in question 25, then the amount in question 26b must be the sum of those payments as well as any other business income.

**FOR OWN NONFARM BUSINESS, PROPRIETORSHIP, OR PARTNERSHIP:**

- |                         |  |
|-------------------------|--|
| 1. Total money receipts | Include as total (gross) money receipts all money received from goods sold or services rendered plus the value of any net inventory increase.  |
| 2. Business expenses    | Include as business expenses the cost of merchandise purchased; expense for rent, heat, light, and power used in the business; annual depreciation of machinery and other business property; accidental damages to business property; decrease in the value of inventory; wages and salaries paid to employees; expense allowances; business taxes; interest on business mortgages or debts, etc. <i>Do not count as business expenses money spent for the purchase of buildings or machinery, or for permanent improvements of existing buildings or machinery.</i> However, count the annual depreciation on such improvements or purchases as an expense. Do not count personal expenditures, such as money spent for personal income taxes, life insurance, food, and shelter as business expenses. <i>The so-called <b>salary</b> that some owners of unincorporated businesses pay themselves is not a business expense.</i> Count these "salaries" as part of gross receipts. |

**FOR FARM BUSINESS:**

- |                                     |  |
|-------------------------------------|--|
| 1. Total money receipts             | Include as total money receipts, income received from: (1) the sale of farm products, (2) participation in government farm programs such as payments for natural crop disasters, price supports, or incentive payments, (3) net income from custom farm work, (4) net income from recreational services provided by the farmer such as proceeds from hunting and fishing, or camping, and (5) commodity credit loans which were not repaid in 1994.  |
| 2. Farm operating expenses          | Include as farm expenses the cost of feed, fertilizer, seeds, bulbs, plants, trees, sprays, insecticides, hardware, dairy supplies, tools, livestock purchases, rental of machinery, cash wages for farm hands, cash rent paid or cash profits paid to the owner, interest on farm mortgages, building repairs, depreciation on farm equipment, farm taxes, etc.   |
| 3. Sharecroppers and tenant farmers | Sharecropper and tenant farmers generally live on and farm land owned by another (landlord). Many types of arrangements can be made between the landlord and farmer by which the farmer receives payment. For example, the farmer may receive a specified share of the crop or the farmer may pay the landlord a predetermined amount. The landlord may extend credit to the farmer or pay advances on the farmer's share of the crop before the crop is harvested. Any cash or credit advances should be added to the amount of cash settlement (between farmer and landlord) on the crop to obtain net income. |

**QUESTION 26c ... HOUSING ACCOMMODATION ALLOWANCE**

26c **How much did ... receive in housing/accommodation allowances and rent payment from an employer? Include annual equivalent value of housing utilities if provided free**

If the person received a housing or accommodation allowance and rent payments from an employer, report the total amount here.

**QUESTION 26d ... RENTING OR LEASING LAND**

26d **How much did ... earn from renting or leasing land or houses?**

If the person received payments from renting or leasing land or houses, but the total amount received during all of 2004 here.

**QUESTION 26e ... INTEREST, DIVIDENDS, NET RENTAL AND ROYALTY INCOME**

26e **Interest, dividends, net rental income, royalty income, or income from estates and trusts? Report even small amounts credited to an account.**

1. Interest  
Money received or credited to a person's account by institutions such as a bank for the use of money. Notes, bonds, deposits in banks and savings and loan associations, credit unions, and postal savings certificates are the most common sources of interest. Include interest accruing to a savings account, regardless of whether the person actually withdrew the interest.
2. Dividends  
Payments made by corporations and mutual funds to stockholders.
3. Net rental income  
The total money received from the rental of property of real estate, or from roomers or boarders, *less* all rental expenses.
  - a. *Net income of property (including farm property)* is cash rent received from property *less* the expenses incurred by the landlord in connection with the property. Expenses include depreciation, taxes, repairs, insurance, interest paid on mortgages, fees paid for a real estate agent's commissions, etc.
  - b. *Net rental income from roomers and boarders* is the total cash receipts less all expenses, such as the cost of food served to boarders, laundry, share of the rent used to pay the wages of a housekeeper for cleaning, share of the rent used to pay for the house, (or the estimated share of the taxes, depreciation, interest, etc.).
4. Net royalty income  
Include net royalties which consist of gross royalties less deductions. Gross royalties include income from oil, gas, and other mineral rights, income from patents, copyrights on literary works, trademarks, formulas, and so on. Deductions against gross royalties are made for depletion, depreciation, office rent, legal fees, clerical help, interest, taxes, and similar items.

5. Estates and trust funds      *Periodic payments received from estate or trust fund.*

### QUESTION 26f ... PELL GRANTS

26e. **How much did ... from Pell Grants or other educational grants and scholarships?**

If the person received money from Pell Grants or other educational grants and scholarships, but the total amount of all these payments in the space for 26e. If the grant was over a school year, put the total amount for the whole school year, even though only part of it was used in 2004.

### QUESTION 26g ... SOCIAL SECURITY

26g **How much did ... receive in Social Security payments or from retirement, survivor, or disability pension(s)?**

#### FOR SOCIAL SECURITY:

1. Include as Social Security, payments by the Federal government made under retirement, survivors, and disability insurance programs to retired persons, to dependents of deceased insured workers, or to disabled workers.
2. Some persons receiving Social Security checks will have already had the premiums for Medicare (health insurance) deducted from their checks. You should count the amount of these deducted health insurance premiums as income. During 1994 these deductions amounted to \$31.90 per month per person. Include deductions for children and other household members who were also covered by Medicare, but do not receive Social Security checks.
3. If Social Security payments were increased in early 1990, be sure that the Social Security entry reflects the total amount of the previous monthly payments received during the calendar year 1994.
4. Include also in question 33e retirement, disability, and survivor benefit payments made under the Railroad Retirement Act. These payments are received in the form of checks from the U.S. Government.
  - a. Married couples receiving joint check      Most married couples receiving Social Security or Railroad Retirement receive a joint amount in a single check. If the respondent can tell you how much is for each member, report these amounts separately for husband and wife. If not, report the *total* amount on the husband's page, and write "0" in question 33e on the wife's page.
  - b. Benefit checks for children      If the person reports that he/she is receiving two Social Security checks, one for himself/herself and one for his/her children, follow the procedures outlined below:
    - (1) If the individual amounts allotted to each child are unknown, include the total amount for the person to whom the check is made out.

(2) If the individual amounts allotted to each person are known, enter these amounts on the appropriate page for each person 15 years old and over. Include any amounts for persons under 15 years old with the amount for the person to whom the check is made out.

### QUESTION 26h ... RETIREMENT INCOME

**26h. How much did ... receive from retirement, survivor, or disability pensions?  
Include payments from companies, unions, Federal or FSM government, and U.S. military .**

#### For RETIREMENT OR DISABILITY INCOME:

1. Private pensions      Private retirement pensions include money received by a retired person or his or her survivors from a former employer or labor union, either directly or through an insurance company.
2. Government  
employee pensions      Include money received from retirement pensions paid by Federal, State, county, or other governmental agencies to former employees (including members of the Armed Forces) or their survivors.  
  
Include deductions      Monthly pension checks may already have taxes and/or health insurance premiums deducted. If the respondent gives a monthly amount, add any deductions that may have been made to obtain an accurate annual amount.
3. Disability pensions      Disability income is received by persons as the result of some severe and/or permanent illness, injury, or disability. Sources include worker's compensation; company or union disability; Federal, State, or local government disability; U.S. military retirement disability; accident or disability insurance; Black Lung miner's disability, etc.
4. Annuities              Annuities include money received periodically as a return on an investment wherein a person purchases the right to receive a monthly, annual, or other periodic income. Include also as annuities periodic payments from paid-up endowment policies and from life insurance policies.
5. IRA and KEOGH  
Plans                      Include regular income from Individual Retirement Accounts (IRA) or KEOGH plans for individuals who are 59-1/2 years old and over or disabled.

### QUESTION 26i... PUBLIC ASSISTANCE OR WELFARE BENEFITS

**26i. How much did ... receive from government programs or other public assistance or welfare?**

If the person received any Public Assistance or Welfare benefits in 2004 report it in the space provided.

### QUESTION 26j to 26k ... REMITTANCES

**26j How much did ... receive in remittances from persons living on FSM?**

Include as remittances from other households on FSM received *periodically* (weekly, monthly, etc.) from persons outside the household, such as voluntary contributions by nonresident relatives or friends, money received by parents from children not living with them, and voluntary allotment checks sent by U.S. Armed Forces personnel to relatives *not living with them*. Exclude occasional gifts or contributions.

**26k How much did ... receive in remittances from persons living outside FSM?**

Include as remittances money from Hawaii or the U.S. Mainland received *periodically* (weekly, monthly, etc.) from persons outside the household, such as voluntary contributions by nonresident relatives or friends, money received by parents from children not living with them, and voluntary allotment checks sent by U.S. Armed Forces personnel to relatives *not living with them*. Exclude occasional gifts or contributions.

### QUESTION 26l ... PER DIEMS

**26l. How much did ... save from per diems or business trips paid for by others?**

If the person saved any money from any per diem or business trip paid for by the government or an employer, but the amount here. Remember that these income amounts are confidential and will NOT be reported to any tax office or the employer or the government.

### QUESTION 26m ... OTHER INCOME

**26m How much did ... receive from unemployment compensation, child support or alimony, or any other REGULAR source of income? Do NOT include lump-sum payments such as money from an inheritance or the sale of property.**

1. Unemployment compensation      Unemployment compensation includes any money received in 1994 from State unemployment insurance funds, railroad unemployment benefits, strike benefits paid from union funds, and supplemental unemployment benefits paid by private companies (auto companies, etc.) to help replace wages during times of layoffs. This includes Federal Supplementary Compensation payments made by the Federal government to persons who

have exhausted their state unemployment compensation payments.

Also include money received for training allowances, transportation, and/or subsistence by persons undergoing *classroom training* provided through the JTPA (Job Training Partnership Act) which provides training for persons receiving welfare payments under Aid to Families with Dependent Children. This money and training will have been provided through the State or local government.

2. Child support      Child support is money received for the support of children not living with one parent as the result of a divorce or legal separation. In some cases, child support may be paid indirectly through the court.
3. Alimony            Include as alimony, money received periodically after a divorce or legal separation.
4. Any other source of income received regularly
  - a. Assistance from private charities      Periodic income received from a private charitable organization such as the Red Cross, church, etc.
  - b. Other regular contributions from persons not living in the household      Income as contributions, money received *periodically* (weekly, monthly, etc.) from persons outside the household, such as voluntary contributions by nonresident relatives or friends, money received by parents from children not living with them, and voluntary allotment checks sent by Armed Forces personnel to relatives *not living with them*. Exclude occasional gifts or contributions.
  - c. Nonservice scholarships and fellowships      Cash scholarships, fellowships, or stipends received by students for which *no* service or work was required.
  - d. Any other source      Include any other sources of money income received regularly but *not* specified in questions 33d through 33g.

### QUESTION 26n ... GIFTS FROM INSIDE FSM

26n. What was the total value of all gifts ... received from inside the FSM, including gifts from family members in other households, traditional gifts, and election gifts?

Report the amount of the value of all gifts received from relatives or friends inside the FSM, including traditional gifts and election gifts. Estimate the value of the gifts, and determine the sum of all the gifts, and report that in the space.

### QUESTION 26o ... GIFTS FROM OUTSIDE FSM

26o. What was the total value of all gifts ... received from outside the FSM, including gifts from family

|  |
|--|
| <b>members in other households, traditional gifts, and election gifts?</b> |
|--|

Report the amount of the value of all gifts received from relatives or friends inside the FSM, including traditional gifts and election gifts. Estimate the value of the gifts, and determine the sum of all the gifts, and report that in the space.

**QUESTION 27 ... TOTAL INCOME IN 2004**

27 Do not ask this question if 26a through 26o are complete. Instead, sum these entries and enter the amount below. **What was ...'s total income in 2004?**

Total income is the sum of all dollar amounts entered in questions 26a through 26o. If the person had no income in 2004 ("No" in questions 26a through 26o), write "0" in all of the boxes. If the net income in questions 26a and 26o or the sum total for question 27 was a loss, write "Loss" above the dollar amount.

**DIARY DEFINITIONS**

The aims of the Government of FSM's 2005 Consumer Expenditures Survey are:

- a) to adjust weights for the Consumer Price Index, based on the pattern of expenditures by household;
- b) to provide data on the distribution of income and expenditures throughout FSM;
- c) to provide data for national accounts purposes, particularly regarding income from home production activities and the consumption of goods and services derived from home production activities; and,
- d) to provide nutritional information and food consumption patterns for FSM families.

In order to accomplish these aims, all of the households in the survey are being asked to fill out diaries for all of their expenditures during a one-week period. It is your job to give each household a one-week diary, and to answer any questions about what items must be recorded in the diary, and information about the items.

Each household receives complete information about how to fill in the diaries, with examples, but you may be called on to help the households, especially at the beginning, while they are filling the diaries. The following definitions are important for the diaries, and are included in the diaries to assist the households:

**Definitions**

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Before beginning the diary, you should read and understand the following instructions and definitions:

*A purchase* constitutes anything (food item, clothing article, gasoline, soap, etc.) that you or any member of your household buys for the use of the household as a whole or for the exclusive use of any member of the household. It also includes purchases you paid for anyone outside of the household.

*Buying on credit* means purchasing without cash — the cash payment ultimately made on a later date. Record such purchases the day the transaction takes place, not for the future date the cash payment is promised to be made.

*Time payments* are installment payments by you or anyone in the household for a purchase either made entirely on credit or with a partial cash payment at the time of purchase. On the day an installment payment is made, record the cash amount paid under the CASH column and the remaining amount yet to be paid under the CREDIT column; record the transaction (description of item bought) under the ITEM DESCRIPTION column. For example, imagine that your household purchases a VCR for \$250 with a \$50 down payment and four monthly installment payments of \$50 each. Your record of the transaction will be as follows: under the ITEM DESCRIPTION column, write "Time payment - installment on VCR set;" under the NUMBER column, write "1;" under the UNIT column, write "\$250;" under the CASH column, write "\$50;" and under the CREDIT column, write "\$200."

*Member of the household* means anyone who actually eats and sleeps (stays) at the house in question.

*Home-produced* items may be anything produced in the home. For example, in the case of food such items might include root crops, livestock, vegetables, fruits, self-caught fish, self-collected shellfish, etc.; in the case of material things, home-produced items may include hand-woven floor mats, baskets, storyboards, spearguns, etc. Make certain that each item is described properly under the ITEM DESCRIPTION column, that the weight or number of pieces of identical items is recorded under the NUMBER column, that the retail unit price is estimated and recorded under the UNIT column, and that the total estimated retail dollar value is calculated and recorded under the ESTIMATED LOCAL RETAIL VALUE column.

*Gifts Given* may include any item given, including money, food item, article of clothing, and so on. Items that qualify as gifts include those purchased in a store, home grown (root crops, vegetables, fruits), self-caught or collected (fish, shellfish, crustaceans), or homemade (baskets, mats, spearguns) — anything that your household or any member of your household gives to another household or someone not a member of your household for which no money or payment is expected. Note that although payment is not anticipated payment for the gifts given, you nevertheless should record the estimated dollar value of each item given away as a gift.

*Gifts Received* may include any item received by your household or any member of your

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household from another household or someone who is not a member of your household. Do not treat items exchanged among members of your own family as gifts received. For example, if a household member's birthday falls within a week when the Daily Expenditures Diary is kept, the present given to this person should not be recorded as a gift received; however, the expenditure should be recorded on the Daily Expenditures Form under the ITEM BOUGHT column.

*Money for children*

is money given to child members of your household as spending money (allowance). Children's allowance is not to be recorded under gifts given; rather, it should be recorded in the ITEM BOUGHT part of the Daily Expenditures Diary as "children's allowance" under the ITEM DESCRIPTION portion, with the amount of the allowance recorded under the CASH column. The number, unit, and credit columns should be left blank.

*Used items*

are second hand items in good condition purchased by the household.

### APPENDIX A ... TABLE OF RESIDENCE RULES

This table identifies the "usual residence" of a person, that is, the place where a person should be counted in the census. "Usual residence" is defined as the place where the person lives and sleeps most of the time. Column 1 describes the living situation (college student, member of the Armed Forces, etc.), and Column 2 identifies where that person should be counted.

| Column 1 - Situation   | Column 2 - Person is a Usual Resident of  |
|--|---|
| Person lives in this household but is temporarily absent on a visit, business trip, vacation, in connection with a job (e.g., bus driver, traveling salesperson, boat operator)  | This household  |
| Lives in this household on weekends only. Works most of the week in another place and maintains a place to live there. The other household   | The other household   |
| Lives in this household but is in a general or a Veterans Administration hospital. Includes babies who have not yet been brought home.   | This household, unless in a psychiatric or chronic disease ward; if so, the person will be listed in the hospital.  |
| Person is a member of the Armed Forces:<br>(a) Living on a military installation in the United States<br><br>(b) Stationed on a nearby military installation or ship but living off base in this household<br><br>(c) Assigned to a military vessel which is "deployed" to the 6th or 7th Fleet<br><br>(d) Assigned to a military base outside the United States | The military installation<br><br>This household (the person will also receive a census form through his or her military unit, and should be listed on both forms)<br><br>DO NOT LIST<br><br>DO NOT LIST |
| Person is a college student:<br>(a) Not living in this household during the school year — here only on vacation<br><br>(b) Living in this household during the school year   | Place where they live while attending college<br><br>This household   |

| APPENDIX A ... TABLE OF RESIDENCE RULES (continued):  |  |
|---|--|
| Column 1 - Situation  | Column 2 - Person is a Usual Resident of                             |
| Person is a student attending school below the college level such as a boarding school or a Bureau of Indian Affairs boarding school  | This household   |
| <p>Persons is under formally authorized, supervised care or custody, in special places such as:</p> <p>(a) Correctional institutions, such as Federal and state prisons, local jails or workhouses, federal detention centers, and halfway houses</p> <p>(b) Nursing, convalescent, and rest homes for the aged and dependent</p> <p>(c) Juvenile institutions, such as school for delinquents</p> <p>(d) Homes, schools, hospitals. or wards for physically handicapped, mentally retarded, or mentally ill patients</p> | The special place  |
| Persons in camps for temporary workers such as agricultural migrant workers, logging, pipeline, or construction   | The camp   |
| Person is an officer or crew member of a merchant vessel engaged in coastwise, inter-coastal, or foreign transportation   | The merchant vessel  |
| Person is an officer or crew member of a merchant vessel engaged in inland waterway transportation  | This household   |
| Person is a member of a religious order living in a monastery or convent  | The monestary or convent   |
| Person is a staff member living in a hospital or nursing home   | The hospital or nursing home   |
| Person who has more than one home and divides time between them   | The household where they spend the greater part of the calendar year |

| APPENDIX A ... TABLE OF RESIDENCE RULES (continued):   |   |
|--|---|
| Column 1 – Situation   | Column 2 - Person is a Usual Resident of  |
| Person is a domestic worker who "lives in"   | Determine if the worker occupies a housing unit separate from the main household:<br><br>If "No," list on this household questionnaire<br><br>If "Yes," list on a separate census questionnaire   |
| Person is staying temporarily in this household  | Determine if the visitor has another home:<br><br>If "No," list on this household questionnaire<br><br>If "Yes," ask if there is someone at home to report the person to the census taker: If "No," list the person on an individual census report, including their home address. If "Yes," do not list |
| Person is an American citizen overseas:<br>(a) On vacation or temporarily away on a business trip<br><br>(b) Employed by the U.S. government with place of duty abroad, including family members living with them<br><br>(c) Any other American working, studying, or living abroad                              | This Household<br><br>DO NOT LIST<br><br>DO NOT LIST  |
| Person is a citizen of a foreign country<br><br>(a) Who has established a household while working or studying, including family members living with them<br><br>(b) Temporarily traveling or visiting in the U.S.<br><br>(c) Living on the premises of an Embassy, Ministry, Legation, Chancellery, or Consulate | This Household<br><br>DO NOT LIST<br><br>DO NOT LIST  |

**APPENDIX B ... TABLE OF UNACCEPTABLE ENTRIES FOR BUSINESS & INDUSTRY**

Use the following list to tell if a person's entry in question 26 "kind of business or industry" is acceptable. If the entry is one of those in column (1), it is unacceptable. Other words meaning the same thing are also incomplete. If unacceptable, check the entries in questions 28 see if sufficient information is given to make the answer acceptable, as shown in column (2). If not, then question 28 is unacceptable.

| UNACCEPTABLE                | ACCEPTABLE   |
|-----------------------------|--|
| Credit company              | Credit rating bureau, loan company, etc.   |
| Discount store              | Retail clothing store, retail general merchandise, retail electrical appliances, etc.  |
| Electrical parts mfg.       | Electronic chip manufacturing, Electronic components mfg. memory core manufacturing, radio manufacturing, etc.   |
| Federal government          | U.S. Postal Service, Bureau of the Census, etc.  |
| Foundry                     | Iron foundry, brass foundry, aluminum foundry, etc.  |
| Freight company             | Motor freight, air freight, water transportation, railway, etc.  |
| Island government           | FSM public works for street repair, FSM Department of Education, etc.  |
| Oil company                 | Petroleum refinery, retail   |
| Oil industry                | gasoline station, petroleum  |
| Oil pipeline, wholesale oil | distributor, Retail fuel oil, etc.   |
| Paper company               | Paper cups mfg., cardboard box   |
| Paper plant                 | mfg., stationery store, newspaper  |
| Paper products              | publishing, etc.   |
| Public utility              | FSM Power Authority: Electric light and power company, gas utility, telephone company, water supply authority. If the company supplies more than one service, specify the services, such as gas and electric utility, electric and water authority, etc. |

### APPENDIX C ... TABLE OF UNACCEPTABLE AND ACCEPTABLE OCCUPATIONS

Use the following list to tell if a person's entry in question 27 "kind of work" is acceptable. If the entry is one of those in column (1) it is unacceptable. Other words meaning the same thing are also unacceptable. If unacceptable, check the entries to see if sufficient information is given to make the answer acceptable as shown in column (2). If not, then question 27 is unacceptable.

| Column 1                           | Column 2  |
|------------------------------------|---|
| UNACCEPTABLE                       | ACCEPTABLE  |
| Apprentice                         | Apprentice carpenter, apprentice auto mechanic, apprentice electrician, etc.  |
| Building                           | Specify the activity involved, such maintenances: carpenter, stationary engineer, window washer, painter, janitor, etc. |
| Clerical work<br>Clerk<br>Clerical | Stock clerk, shipping clerk, sales clerk, file clerk, payroll clerk, etc. See also "Office work."                       |
| Consultant                         | Tax consultant, consulting civil engineer, financial advisor, etc.  |
| Data processing                    | Computer programmer, data typist, coding clerk, peripheral-equipment operator, commercial systems analyst, etc.         |
| Engineer                           | Civil engineer, locomotive engineer, mechanical engineer, stationary engineer, etc.                                     |
| Equipment operator                 | Bulldozer operator, boiler operator, lift truck operator, power shovel operator, etc.                                   |
| Factory worker                     | Electric motor assembler, forge heater, lathe operator, weaver, loom fixer, punch press operator, toy painter, etc.     |
| Installation Installer             | Furnace installer, window installer, intercom installer, aircraft-instrument installer, etc.                            |

## APPENDIX C

## OCCUPATION DESCRIPTIONS (continued):

| Column 1                                     | Column 2  |
|--|---|
| UNACCEPTABLE                                 | ACCEPTABLE  |
| Laborer                                      | Sweeper, baggage porter, janitor, stevedore, car cleaner, section hand, hand trucker, etc.  |
| Mechanic                                     | Auto engine mechanic, dental mechanic, radio mechanic, office-machine mechanic, aircraft frame mechanic, etc.   |
| Nurse<br>Nursing                             | Registered nurse, nursemaid, practical nurse, licensed vocational nurse, nursing aid, etc.  |
| Office clerk<br>Office work<br>Office worker | Timekeeper, accounting-machine operator, file clerk, bookkeeper, typist, statistical clerk, etc. Where "general" office work is involved the entry must specify the type of work done <u>most</u> of last week, for example, checking, reviewing, typing, messenger, etc. |
| Programmer                                   | Computer programmer, electronics data programmer, radio or TV program director, production planner, etc.  |
| Research                                     | Specify field of research, such as research physicist, research chemist, research mathematician, research biologist, etc.   |
| Salesman                                     | Advertising salesperson, insurance Saleslady agent, bond salesperson, canvasser, Salesperson driver-salesperson, route salesperson, furniture salesperson, shoe sales clerk, etc.   |
| Serviceman                                   | Jukebox servicer, telephone repairer, sewing-Servicemachine adjuster, vending machine filler, etc.  |

APPENDIX C

OCCUPATION DESCRIPTIONS (continued):

| Column 1                         | Column 2  |                                  |                           |  |  |              |                |           |               |       |              |             |         |            |             |     |
|----------------------------------|---|----------------------------------|---------------------------|--|--|--------------|----------------|-----------|---------------|-------|--------------|-------------|---------|------------|-------------|-----|
| UNACCEPTABLE                     | ACCEPTABLE  |                                  |                           |  |  |              |                |           |               |       |              |             |         |            |             |     |
| Supervisor                       | Typing supervisor, chief bookkeeper; specify (Foreman) <u>type of work supervised</u> such as supervisory carpenter, steward, kitchen supervisor, etc.  |                                  |                           |  |  |              |                |           |               |       |              |             |         |            |             |     |
| Teacher                          | Teachers should report the <u>level of school</u> they teach and the <u>subject</u> . Those below high school who teach many subjects may just report level. Examples of acceptable entries are kindergarten teacher, junior high english teacher, university mathematics professor. The following guide may help.  |                                  |                           |  |  |              |                |           |               |       |              |             |         |            |             |     |
|                                  | <table border="0" style="margin-left: 40px;"> <thead> <tr> <th style="text-align: left;"><u>Level with<br/>no subject</u></th> <th colspan="2" style="text-align: center;"><u>Level with subject</u></th> </tr> <tr> <td></td> <th style="text-align: left;"><u>Level</u></th> <th style="text-align: left;"><u>Subject</u></th> </tr> </thead> <tbody> <tr> <td>Preschool</td> <td>Middle school</td> <td>Music</td> </tr> <tr> <td>Kindergarten</td> <td>Junior high</td> <td>English</td> </tr> <tr> <td>Elementary</td> <td>High school</td> <td>Art</td> </tr> </tbody> </table> | <u>Level with<br/>no subject</u> | <u>Level with subject</u> |  |  | <u>Level</u> | <u>Subject</u> | Preschool | Middle school | Music | Kindergarten | Junior high | English | Elementary | High school | Art |
| <u>Level with<br/>no subject</u> | <u>Level with subject</u>   |                                  |                           |  |  |              |                |           |               |       |              |             |         |            |             |     |
|                                  | <u>Level</u>  | <u>Subject</u>                   |                           |  |  |              |                |           |               |       |              |             |         |            |             |     |
| Preschool                        | Middle school   | Music                            |                           |  |  |              |                |           |               |       |              |             |         |            |             |     |
| Kindergarten                     | Junior high   | English                          |                           |  |  |              |                |           |               |       |              |             |         |            |             |     |
| Elementary                       | High school   | Art                              |                           |  |  |              |                |           |               |       |              |             |         |            |             |     |
| Technician<br>Technologist       | Dental laboratory technician, X-ray technician, medical technologist, radio sound mixer, dry color tester, etc.   |                                  |                           |  |  |              |                |           |               |       |              |             |         |            |             |     |
| Trainee                          | Bank manager trainee, buyer trainee, bookkeeper trainee, laundry route trainee, etc.  |                                  |                           |  |  |              |                |           |               |       |              |             |         |            |             |     |

### Appendix D ... USES MADE OF POPULATION INFORMATION

|     | Question  | Example of Use  |
|-----|---|---|
| 1.  | Name  | If necessary, the respondent can get a record from the Census Bureau to prove age or family relationship. For example, some use it to prove their age when they apply for Social Security benefits and they do not have a birth certificate.<br><br>A convenient way to be sure everyone in the household is included, particularly in large households where it is easy to forget who was counted and who was not. |
| 2.  | Sex   | Used to compare changes in the social and economic characteristics of males and females and to study fertility patterns.  |
| 3.  | Relationship  | Used to classify the population into families and other groups, to show, for example, how many families have three generations in the same household, how many young married couples do not have their own household, and show areas where children are living with only one or neither parent.   |
| 4.  | Race and ethnic origin  | Used to identify the ethnic origin of the population so as to understand cultural difference more fully. Used to measure social and economic characteristics of these groups.   |
| 5.  | Date of Birth/Age   | Used for planning major government programs in health, education, and Social Security. For subjects such as labor force, unemployment, and school enrollem  |
| 6.  | Marital Status  | Used with age and relationship to identify areas with large numbers of employed wives, elderly widowed persons, or young single people who soon may be establishing homes of their own, etc. The information is used to plan facilities and services for these groups.  |
| 7.  | Place of birth  | Used to study long-time trends in migration and measure migration patterns among the different regions.   |
| 8.  | Citizenship   | Used to determine the proportion of immigrants and citizens.  |
| 9.  | Attendance at school or college   | Used to identify the number of students in the area, their age, grade, and location. It is also used to plan education programs and to describe the characteristics of school dropouts which are useful for groups working on programs to encourage persons to stay in school.  |
| 10. | Highest year of school completed, major in college, where training received | Used to indicate the educational level of the population so improvement or further requirements of each community can be identified. Government agencies and businesses concerned with training and development of workers need this information for a starting point in all their program  |

|       |                                  |  |
|-------|----------------------------------|--|
|       |                                  | planning.  |
| 11ab. | Place of residence 5 years ago   | Used to study the effects of short term migration. Knowing the number and characteristics of movers is essential to programs for improvement in the territories.   |
| 11c.  | Language spoken at home          | Used to identify communities with a large number of persons who speak a language other than or in addition to English to assess access to schools and social services.<br><br>Used to identify communities with a large number of persons who speak a language other than or in addition to English to assess access to schools and social services. |
| 12.   | Veteran's Status                 | Used to determine counts and characteristics of current armed forces and veterans to assist in determining the impact of the military on the community, and assist veterans with their needs.  |
| 13.   | Children ever born               | Used to study prior patterns and changes in the natural growth of the population and to provide a basis for making assumptions about the future course of population growth. Resulting population projections are especially important to government and private industry in planning programs for the future.                                       |
| 14.   | Work last week                   | Used to develop, administer, and evaluate government programs concerning employment, training, education, and other related topics. The statistics are also used to determine the employment resources available in an area and to measure the level of unemployment in local areas.   |
| 15.   | Hours worked last week           |  |
| 16.   | Place of work                    | Used for planning highway construction, public transportation services, and programs for easing traffic problems, conserving energy, and reducing pollution. The place-of-work question is also used to develop estimates of the daytime population of various areas for civil defense purposes.   |
| 17.   | Subsistence activities last week | Used to help the govern estimate how well the population is feeding itself, and what part of the standard of living is affected by subsistence activities  |
| 18.   | Temporarily absent from work     | Used to determine unemployment, and characteristics of the unemployed.   |
| 19.   | Looking for work                 |  |
| 20.   | Year last worked                 |  |
| 21.   | Industry                         | Used to formulate economic development programs and to provide information to government and private firms in locating facilities and new plants.  |
| 22.   | Occupation                       |  |
| 23.   | Class of worker                  | The statistics provide information on the occupational skills of the labor force in a given area.  |
| 24a.  | Work in 2004                     | The replies give information about the economic well-being and needs of the area. For example, the information   |
| 24b.  | Weeks worked                     |  |

---

|      |                                |  |
|------|--------------------------------|--|
| 24c. | Hours worked                   | identifies the number and kinds of unemployed persons and the work experience of persons who have or want jobs; government and businesses use this knowledge to encourage the creation of jobs and industries where they are needed the most.  |
| 25.  | Subsistence activities in 2004 | Used to help the govern estimate how well the population is feeding itself, and what part of the standard of living is affected by subsistence activities  |
| 26.  | Income in 1994                 | Used to determine income level and economic well-being in the area. Income level is used as a basis for distributing money to States and local areas for programs such as those under the Elementary and Secondary Education Act of 1965 and general revenue sharing under the State and Local Fiscal Assistance Act of 1972, etc. |
| 27.  | Total income                   |  |

Also used to formulate business marketing plans, to develop social programs in areas with a large number of families or persons with low income, and to evaluate regional, Local, or urban development policies.

## Appendix E ... USES MADE OF HOUSING QUESTIONS

| Question  | Examples of Use   |
|---|---|
| H2. Description of building                         | Indicates areas of single-family homes and of small or large apartment buildings. Used as a screening question to exclude certain housing units from the statistics on rent, value, and shelter costs. Also, an aid in planning the extension of utility lines, estimating automobile parking, schools and playgrounds, and shopping centers needs.   |
| H2b. One-family house<br>Business or medical office | Screening questions to exclude certain rental units when determining commercial establishments  |
| H3. Whether living quarters are owned or rented     | Used to measure the extent of home ownership.   |
| H4. Rent  | Characteristics of owner-occupied and renter-occupied units and characteristics of the households occupying these units are used by builders, mortgage lenders, planning officials, government agencies, etc., in the planning of housing programs. Government and planning agencies use this information in combination with income and other characteristics to develop housing programs designed to meet the housing needs of people at different economic levels. |
| H5 Year built                                       | Indicates the amount of new housing constructed during the decade. Provides age of the FSM's housing. It also measures, when used in combination with data from previous censuses, the disappearance of old housing from the inventory.   |
| H6. Year moved in                                   | Used as a measure of housing turnover   |
| H7, H8 Material of roof and walls                   | Used to measure conditions of housing, quality of the materials   |
| H9 Number of rooms                                  | Provides the basis for estimating the amount of living and sleeping space in the housing unit. Used in combination with number of occupants to provide a measure of crowding. Builders and planners use this information to find out how much additional housing is needed to relieve crowded housing conditions.   |
| H10 Number of bedrooms                              |   |
| H11-<br>H14 Complete plumbing facilities            | The presence of these basic plumbing items is a very significant indicator of housing quality. Used as an aid in developing major housing programs designed to improve living conditions in housing units that lack these items.  |
| H15-<br>H18 Complete kitchen facilities             | Used as a measure of the level of living and to determine the adequacy of household facilities.   |
| H15 Fuels for cooking                               | Important for energy usage and air pollution studies,   |

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|  | identifying areas where sudden increases in load on utility companies may be anticipated, and projecting future demand and need for additional facilities.  |
| H19 Source of water                                      | Used by public health officials for the bearing of these items on problems of water-borne disease and of pollution. Also used by local public works officials in estimating prospective need for water and sewage facilities.   |
| H20 Drinking water                                       |   |
| H21 Method of sewage disposal                            |   |
| H22 – H23, H28 Air conditioner, radio, computer          | Indicators of socio-economic status. Radio and computer are important for civil defense and obtaining information on weather and other threats  |
| H24 Number of automobiles, vans, and light trucks        | Information on the number of automobiles and trucks regularly used is helpful to officials who plan highways, thruways, parking facilities, etc. Information on boats helpful for planning docking facilities, safety, assistance during weather and other emergencies  |
| H24A Boats   |   |
| H25 Telephone in living quarters                         | Used in planning health and assistance health and assistance programs. Also, used as an indicator of isolation of the household.  |
| H26 Electric power and cost                              | Shelter costs   |
| H27 Television and cable                                 | Socio-economic indicator, access during emergencies   |
| H29 Internet access                                      | Socio-economic indicator, access during emergencies   |
| H30,   | These data are increasingly important components of shelter costs when combined with rent and mortgage payment.   |
| H31 Cost of utilities and fuels                          |   |
| H32 Solid waste collection                               | Used by public health officials for the bearing of these items on problems of water-borne disease and of pollution. Also used by local public works officials in estimating prospective need for sewage facilities  |
| H33 – H36 Value of unit and mortgage, condominium status | Used to measure the extent of home ownership. Characteristics of owner-occupied and renter-occupied units and characteristics of the households occupying these units are used by builders, mortgage lenders, planning officials, government agencies, etc., in the planning of housing programs. Government and planning agencies use this information in combination with income and other characteristics to develop housing programs designed to meet the housing needs of people at different economic levels. |