



**D16 Waste:** *How does this household dispose of its waste?*

1  Burn                      4  Disposed in backyard  
 2  Bury                        5  Commercial waste collection  
 3  Recycle                      other, specify \_\_\_\_\_

**D17 Agriculture:** *What agriculture activity is this household mainly engaged in?*

1  Subsistence  
 2  Commercial  
 3  No agricultural activity

**D18 Fishing:** *What fishing activity is this household mainly engaged in?*

(a) Engaged in:                      (b) location:

1  Subsistence                      1  Only in reef  
 2  Commercial                      2  Only outside reef  
 3  No fishing activity                      3  Both in and outside reef

(c) Is the household engaged in pearl farming?  
 1  Yes                      2  No

**D19 Livestock & Pets:** *Count only those raised by your household*

1 \_\_\_\_\_ Pig                      4 \_\_\_\_\_ Duck                      7 \_\_\_\_\_ Cat  
 2 \_\_\_\_\_ Goat                      5 \_\_\_\_\_ Horse                      8 \_\_\_\_\_ Dog  
 3 \_\_\_\_\_ Cattle                      6 \_\_\_\_\_ Chicken

**COUNT only those owned by members of this household.  
 Do not count anything broken, borrowed or rented.**

**D20 Farm Machinery:**

1 \_\_\_\_\_ Tractor                      6 \_\_\_\_\_ Disc  
 2 \_\_\_\_\_ Rotary hoe                      7 \_\_\_\_\_ Plough  
 3 \_\_\_\_\_ Mist blower                      8 \_\_\_\_\_ Tyne  
 4 \_\_\_\_\_ Grass cutter                      9 \_\_\_\_\_ Slasher  
 5 \_\_\_\_\_ Motor mower                      10 \_\_\_\_\_ Knapsack

**D21 Fishing Equipment:**

1 \_\_\_\_\_ Speargun                      6 \_\_\_\_\_ Fishing net  
 2 \_\_\_\_\_ Canoe                      7 \_\_\_\_\_ Scuba (full set)  
 3 \_\_\_\_\_ Boat                      8 \_\_\_\_\_ Hooka (full set)  
 4 \_\_\_\_\_ Fishing rod imported                      9 \_\_\_\_\_ Outboard motor  
 5 \_\_\_\_\_ Fishing rod local

**D22 Power Tools:**

1 \_\_\_\_\_ Drill                      4 \_\_\_\_\_ Sander  
 2 \_\_\_\_\_ Skill saw                      5 \_\_\_\_\_ Battery charger  
 3 \_\_\_\_\_ Compressor

**D23 Cooking Appliances:**

1 \_\_\_\_\_ Electric Stove                      8 \_\_\_\_\_ Jug/kettle  
 2 \_\_\_\_\_ Gas Stove                      9 \_\_\_\_\_ Frying pan  
 3 \_\_\_\_\_ Kerosene burner                      10 \_\_\_\_\_ Food processor  
 4 \_\_\_\_\_ Microwave oven                      11 \_\_\_\_\_ Toaster  
 5 \_\_\_\_\_ Coffee percolator                      12 \_\_\_\_\_ Eggbeater  
 6 \_\_\_\_\_ Rice cooker                      13 \_\_\_\_\_ Barbecue  
 7 \_\_\_\_\_ Pressure cooker

**D24 Household Electrical Appliances:**

1 \_\_\_\_\_ Freezer                      1 \_\_\_\_\_ Hair dryer  
 2 \_\_\_\_\_ Refrigerator                      2 \_\_\_\_\_ Washing machine  
 3 \_\_\_\_\_ Fridge/Freezer                      3 \_\_\_\_\_ Clothes dryer  
 4 \_\_\_\_\_ Zip                      4 \_\_\_\_\_ Sewing machine  
 5 \_\_\_\_\_ Dishwasher                      5 \_\_\_\_\_ Vacuum Cleaner  
 6 \_\_\_\_\_ Iron                      6 \_\_\_\_\_ Fan  
 7 \_\_\_\_\_ Shaver                      7 \_\_\_\_\_ Air Conditioner  
 8 \_\_\_\_\_ Hair cutter

**D25 Entertainment Appliances:**

1 \_\_\_\_\_ Radio/cassette                      7 \_\_\_\_\_ Guitar  
 2 \_\_\_\_\_ Television Screen                      8 \_\_\_\_\_ Piano  
 3 \_\_\_\_\_ Video Recorder                      9 \_\_\_\_\_ Organ  
 4 \_\_\_\_\_ Video Camera                      10 \_\_\_\_\_ TV Dish  
 5 \_\_\_\_\_ Play station                      11 \_\_\_\_\_ DVD player  
 6 \_\_\_\_\_ Computer

**D26 Transport:** *Does the household own any of the following vehicles*

1 \_\_\_\_\_ Motor cycle                      4 \_\_\_\_\_ Truck  
 2 \_\_\_\_\_ Motor Car                      5 \_\_\_\_\_ Utility vehicle  
 3 \_\_\_\_\_ Van                      6 \_\_\_\_\_ Bicycle

**D27 Safety Equipment:** *Does this household have the following safety equipments?*

1  Fire extinguisher                      4  Lantern  
 2  Fire safety alarm                      5  Emergency lighting  
 3  First aid kit                      e.g torch, candles, etc

**D28 Declaration:** *I declare that the information given are true and complete.*

**X** \_\_\_\_\_  
 Signature



**P12 Disability:** Does this person have any disability/health problems lasting six months or more?

1  Yes                      2  No

If "Yes" describe the nature of disability, eg. Hearing, sight, etc.

\_\_\_\_\_

\_\_\_\_\_

**P13 Smoking Habits:** Do you smoke tobacco or cigarettes regularly (that is one or more a day)?

1  Yes, GOTO **P14**    2  No

Have you ever been a regular smoker?

1  Yes                      2  No

**P14 Marital Status:** Mark only one box

1  Never married            4  Separated from legal partner

2  Married                      5  Divorced

3  Widowed                    6  De facto relationship

**P15 Activity Status:** Mark only one box

1  Employer, own business/plantation without employees

2  Employer, own business/plantation with employees

3  Working full time for wages/salary

4  Working part-time for wages/salary

5  Unpaid family worker in plantation/store/business

6  Full time students            → GOTO **P17**

7  Unemployed                    → GOTO **P18**

8  Home Duties                    } → GOTO **P19**

9  Retired

**P16 Principal Activity:**

(a) Give details of work done:  
e.g. Ticketing clerk, shop assistant, bank officer, etc.

\_\_\_\_\_

(b) Give name of the business/employer that you worked for:  
e.g. Island Hopper, CITC, Westpac, etc.

\_\_\_\_\_

(c) Type of business/activity:  
e.g. Travel Agent, Retail Trade, Banking, etc

\_\_\_\_\_

(d) How many hours usually worked at this job in a week.

hrs

**P17 Secondary Activity:** If NO activity, tick (☐) circle →

(a) Give details of work done:  
e.g. Bar tender, food sales, craft making, etc

\_\_\_\_\_

GOTO **P19**

(b) Give name of the business/employer that you worked for:  
e.g. Trader Jack, Self, Island Craft, etc.

\_\_\_\_\_

(c) Type of business/activity:  
e.g. Restaurant, Retail trade, Manufacturing, etc.

\_\_\_\_\_

(d) How many hours usually worked at this job in a week.

hrs

**P18 Unemployed ONLY:** Mark appropriate box

(a) Have you ever had paid work ?

1  Yes                              2  No, GOTO **P18c**

(b) How many weeks since you last had paid work?      weeks

(c) If a paid job had been available, would you be willing to work?

1  Yes                              2  No

**P19 Unpaid Work:** Mark appropriate boxes

1  Looking after children            5  Tending the garden

2  Housework                      6  Fishing

3  Handicraft making              7  Catering

4  Tending the livestock            8  Sewing

**P20 Social Welfare Benefits:** Did you receive any of the following benefits in the last 12 months?

1  None                              4  Destitute/Infirmit

2  Child                              5  Superannuation

3  Old Age                            6  War Pension

**P21 Income:** Gross Income from all sources, including benefits, for the 12 months ending 1st December, 2006. Mark appropriate box

1  no income                      7  \$30,000 - \$39,999

2  less than \$5,000              8  \$40,000 - \$49,999

3  \$5,000 - \$9,999              9  \$50,000 - \$59,999

4  \$10,000 - \$14,999            10  \$60,000 - \$69,999

5  \$15,000 - \$19,999            11  \$70,000 - \$79,999

6  \$20,000 - \$29,999            12  \$80,000 and more

**P22 Females ONLY:** Number of children born alive

(a) Born alive:                      (b) Still living:

Males                                             Males                     

Females                                             Females                     

(c) Date of birth of:

First child             Last child   

                    Day    Month    Year                                      Day    Month    Year

**P23 Declaration:** I declare that the information given are true and complete.

**X**

\_\_\_\_\_ Signature