

FOR ALL PERSONS AGED 15 YRS AND OVER (BORN IN 1994 OR BEFORE)		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	
P22. What is the highest level of education this person has completed? 1. No school completed, 2. Preschool/Nursery school, 3. Some primary, 4. Primary leaving certificate, 5. Form 3 certificate, 6. Yr 10 leaving certificate, 7. Snr Secondary Cert, 8. University Entrance, 9. Some college but no degree, 10. Bachelor's degree, 11. Master's Degree, 12. Doctoral degree, 13. Vocational certificate, 14. Other (specify).	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14	
P23. During the last 12 months did this person work for money overseas ? <input checked="" type="checkbox"/>	1 <input type="checkbox"/> No 2 <input type="checkbox"/> NZ 3 <input type="checkbox"/> Aust 4 <input type="checkbox"/> NC 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> No 2 <input type="checkbox"/> NZ 3 <input type="checkbox"/> Aust 4 <input type="checkbox"/> NC 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> No 2 <input type="checkbox"/> NZ 3 <input type="checkbox"/> Aust 4 <input type="checkbox"/> NC 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> No 2 <input type="checkbox"/> NZ 3 <input type="checkbox"/> Aust 4 <input type="checkbox"/> NC 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> No 2 <input type="checkbox"/> NZ 3 <input type="checkbox"/> Aust 4 <input type="checkbox"/> NC 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> No 2 <input type="checkbox"/> NZ 3 <input type="checkbox"/> Aust 4 <input type="checkbox"/> NC 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> No 2 <input type="checkbox"/> NZ 3 <input type="checkbox"/> Aust 4 <input type="checkbox"/> NC 5 <input type="checkbox"/> Other	
Questions P24-P31 refer to last week	P24. During the last week , did this person do any work ? If 'yes' GO TO P26	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
	P25. During the last week , did this person have a job at which he/she did not work ? If 'no' GO TO P29	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	P26. What type of work/activity does this person usually do? <i>Work for pay</i> : 1. Employee (government), 2. Employee (private), 3. Employer, 4. Self-Employed 5. Voluntary work 6. Unpaid family work 7. Producing goods for sale 8. Producing goods for own consumption	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons. <input checked="" type="checkbox"/>
	P27. What is this person's main occupation ?							
	P28. What is the main industry this person works in? (if possible state the name of the employer) GO TO F1 , If 'Male' GO TO next Person							
	P29. Did this person actively look for work? If 'Yes' GO TO P31	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
P30. Why didn't this person actively look for work? 1. Didn't want to work, 2. Full time homemaker, 3. Student, 4. Disabled, 5. Believe no work avail, 6. Retired/Old age, 7. Weather/ No transport, 8. Other If Female GO TO F1 , If 'Male' GO TO next Person	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	
P31. Was this person available to work?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
FOR ALL WOMEN 15 +								
F1. Has this woman ever given birth , even if the child later died? If 'No' GO TO next Person	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
F2. How many live born children of each sex, have in total been born to this woman?	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	
F3. How many children of each sex have been born alive to this woman and were staying on census night: <i>a. In this household</i> <i>b. Elsewhere</i>	M <input type="text"/> F <input type="text"/> T <input type="text"/> M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/> M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/> M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/> M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/> M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/> M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/> M <input type="text"/> F <input type="text"/> T <input type="text"/>	
F4. How many children of each sex did this woman give birth to who have died ?	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	
F5. What is the date of birth of this woman's last child born alive ? (Including a child that may have died later) <input checked="" type="checkbox"/> If baby less than 1 year old, code age as '000'	DD/MM/YYYY Age	DD/MM/YYYY Age	DD/MM/YYYY Age	DD/MM/YYYY Age	DD/MM/YYYY Age	DD/MM/YYYY Age	DD/MM/YYYY Age	
F6. What is the sex of this last born child?	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
HOUSEHOLD AND HOUSING (If there are more than 6 people in HH, complete this section for 1st form ONLY)								
H1. Type of living quarters 1 <input type="checkbox"/> One family house detached from any other house 2 <input type="checkbox"/> One family house attached to one or more houses 3 <input type="checkbox"/> Building with two or more apartments 4 <input type="checkbox"/> Building with 2 or more HH which share a kitchen/toilet 5 <input type="checkbox"/> Lodging house 6 <input type="checkbox"/> Dwelling attached to a shop or other non-residential building 7 <input type="checkbox"/> Other	H10. Main form of Household solid waste disposal 1 <input type="checkbox"/> Authorised waste collection 2 <input type="checkbox"/> Take to central disp. site 3 <input type="checkbox"/> Burn 4 <input type="checkbox"/> Recycling 5 <input type="checkbox"/> Lagoon/ocean/river/stream 6 <input type="checkbox"/> Bury 7 <input type="checkbox"/> Composting 8 <input type="checkbox"/> Other			H19. Did this household have any Secondary source of income during the past 12 months? 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Yes (please specify) <input type="text"/>				
H2. Construction of walls 1 <input type="checkbox"/> Wood 2 <input type="checkbox"/> Metal 3 <input type="checkbox"/> Concrete, cement, brick 4 <input type="checkbox"/> Traditional materials 5 <input type="checkbox"/> Makeshift or improvised materials 6 <input type="checkbox"/> Other	H11. Main source of cooking energy 1 <input type="checkbox"/> Electricity - main grid 2 <input type="checkbox"/> Kerosene 3 <input type="checkbox"/> Wood/Coconut shells 4 <input type="checkbox"/> Charcoal 5 <input type="checkbox"/> Gas 6 <input type="checkbox"/> Other			H20. Household durables (state number of items IN WORKING ORDER in appropriate box) 1 <input type="checkbox"/> Motor vehicle (4 wheels) 2 <input type="checkbox"/> Motor-bike 3 <input type="checkbox"/> Boat 4 <input type="checkbox"/> Canoe 5 <input type="checkbox"/> Gas stove 6 <input type="checkbox"/> Fridge/Freezer 7 <input type="checkbox"/> TV screen 8 <input type="checkbox"/> Radio 9 <input type="checkbox"/> Computer 10 <input type="checkbox"/> DVD Deck 11 <input type="checkbox"/> Internet connection 12 <input type="checkbox"/> Generator 13 <input type="checkbox"/> Mobile Phone 14 <input type="checkbox"/> Telephone 15 <input type="checkbox"/> Mower				
H3. Construction of floor 1 <input type="checkbox"/> Wood 2 <input type="checkbox"/> Metal 3 <input type="checkbox"/> Concrete, cement, brick 4 <input type="checkbox"/> Traditional materials 5 <input type="checkbox"/> Makeshift or improvised materials 6 <input type="checkbox"/> Other	H12. Does this household have any livestock ? (state number in appropriate box) 1 <input type="text"/> Cattle 2 <input type="text"/> Pigs 3 <input type="text"/> Goats 4 <input type="text"/> Horses 5 <input type="text"/> Poultry			H21. Does this household have any bednets ? (state number of insecticide treated bednets in the HH) 1. No. of bednets <input type="text"/> 2. No. children < 5 yrs who slept under bednets on the 16th of November <input type="text"/>				
H4. Construction of roof 1 <input type="checkbox"/> Wood 2 <input type="checkbox"/> Metal 3 <input type="checkbox"/> Concrete, cement, brick 4 <input type="checkbox"/> Traditional materials 5 <input type="checkbox"/> Makeshift or improvised materials 6 <input type="checkbox"/> Other	H13. Which of the following cash crops are grown by the household? 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Kava 3 <input type="checkbox"/> Coconut 4 <input type="checkbox"/> Cocoa 5 <input type="checkbox"/> Coffee 6 <input type="checkbox"/> Sandal 7 <input type="checkbox"/> Pepper 8 <input type="checkbox"/> Vanilla 9 <input type="checkbox"/> Other wood			H22. Have any residents of this household died during the last 12 months ? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> DK If 'Y' then provide details below: Sex Age Date of death If Female, was it pregnancy-related? 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F <input type="text"/> DD/MM/YYYY 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> DK 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F <input type="text"/> DD/MM/YYYY 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> DK 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F <input type="text"/> DD/MM/YYYY 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> DK				
H5. Number of rooms 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7+ <input type="checkbox"/>	H14. Housing tenure (If 2 or 3 or 4, GO TO H17) 1 <input type="checkbox"/> Owned 2 <input type="checkbox"/> Rented 3 <input type="checkbox"/> Rent free 4 <input type="checkbox"/> Other			H23. What is the main language used in this household ? 1 <input type="checkbox"/> Local language 2 <input type="checkbox"/> Bislama 3 <input type="checkbox"/> English 4 <input type="checkbox"/> French 5 <input type="checkbox"/> Other				
H6. Main source of drinking water 1 <input type="checkbox"/> Piped - private 2 <input type="checkbox"/> Piped - shared 3 <input type="checkbox"/> Vill. standpipe 4 <input type="checkbox"/> Well - protected 5 <input type="checkbox"/> Well - unprotected 6 <input type="checkbox"/> HH tank 7 <input type="checkbox"/> Shared. tank 8 <input type="checkbox"/> Bottled water 9 <input type="checkbox"/> River, lake, spring 10 <input type="checkbox"/> Other	H15. Age of building (years) < 1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20+ <input type="checkbox"/>			Total persons enumerated in this HH MALES <input type="text"/> FEMALES <input type="text"/> TOTAL <input type="text"/> Interview Completed: (Enumerator) Form checked: (Supervisor) Form checked: (Area coordinator)				
H7. Main source of washing water 1 <input type="checkbox"/> Piped - private 2 <input type="checkbox"/> Piped - shared 3 <input type="checkbox"/> Vill. standpipe 4 <input type="checkbox"/> Well - protected 5 <input type="checkbox"/> Well - unprotected 6 <input type="checkbox"/> HH tank 7 <input type="checkbox"/> Sha. tank 8 <input type="checkbox"/> Sea 9 <input type="checkbox"/> River, lake, spring 10 <input type="checkbox"/> Other	H16. Land tenure 1 <input type="checkbox"/> Customary 2 <input type="checkbox"/> Rural Lease 3 <input type="checkbox"/> Urban Lease 4 <input type="checkbox"/> Occupy with informal arrangements 5 <input type="checkbox"/> Other							
H8. Main toilet facility 1 <input type="checkbox"/> Flush - private 2 <input type="checkbox"/> Flush - shared 3 <input type="checkbox"/> Water sealed - private 4 <input type="checkbox"/> Water sealed - shared 5 <input type="checkbox"/> Ventilated improved pit latrine (VIP) - private 6 <input type="checkbox"/> VIP - shared 7 <input type="checkbox"/> Pit latrine - private 8 <input type="checkbox"/> Pit latrine - shared 9 <input type="checkbox"/> None	H17. Has this household been involved in fishing in the last 6 months ? No Subsistence only Sale only Both a. Marine 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> b. Fresh water 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>							
H9. Main source of lighting 1 <input type="checkbox"/> Electricity - main grid 2 <input type="checkbox"/> Own generator 3 <input type="checkbox"/> Solar system 4 <input type="checkbox"/> Solar lamp 5 <input type="checkbox"/> Gas 6 <input type="checkbox"/> Kerosene lamp 7 <input type="checkbox"/> Battery lamp 8 <input type="checkbox"/> Candles 9 <input type="checkbox"/> Wood/Coconut 10 <input type="checkbox"/> Other	H18. What is the Main source of income for this household during the past 12 months? 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Wages/salary 3 <input type="checkbox"/> Land lease 4 <input type="checkbox"/> Remittances 5 <input type="checkbox"/> House rent 6 <input type="checkbox"/> Sale of/fish/ crops and handicrafts 7 <input type="checkbox"/> Other 8 <input type="checkbox"/> Own business (please specify) <input type="text"/>							