



Department of National Planning  
Male', Maldives

**Population and Housing Census 2006**  
**Shaviyani Form**  
**Information on Households and Individuals**

Confidentiality of the information!

The information collected from the individuals and households is accorded confidential treatment and will not be used for any legal purpose. It is an offence to publish or disclose any individual or household information

Confidential

	Name	Signature
1-Enumerator	<input type="text"/>	<input type="text"/>
2-Supervisor	<input type="text"/>	<input type="text"/>
3-Coder	<input type="text"/>	<input type="text"/>
4-Number of times visited to the household	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	3 <input type="checkbox"/>	4 <input type="checkbox"/>

How to Answer :

1 <input checked="" type="checkbox"/> Female 2 <input type="checkbox"/> Male Year <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="5"/> <input type="text" value="7"/> Month <input type="text" value="0"/> <input type="text" value="8"/>	M8- What is your place of registration? 1 This island 2 Not registered 3 Another island (specify atoll and island) Administrative purpose	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> Aa.Rasdho <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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# Form- Population and Housing Information

## Place Identification

1- Atoll and Island (Ward for Male')  Administrative purpose

2- Block number

3- Structure number

4- Name of unit or number

5- Household serial number

6- Number of books completed for this household  Of

7- If this is the second book filled for this HH, put the serial number of the first book

## Size of the Household

1- Maldivians 2- Foreigners

Female	Male	Female	Male
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

3- Refusal

## HOUSEHOLD INFORMATION

1- Type of Household

1  Maldivian

2  Foreign

## HOUSEHOLD INFORMATION

### B2- Type of Residential

1  living quarter ( House, Flat, Apartment, Rooms etc)

2  Establishment (Garage, Café, Agricultural Fields etc)

3  Temporary shelter due to Tsunami

4 Collective Living quarter

4.1  Labour quarters/staff quarters

4.2  Boarding houses

4.3  Children's Shelter, Women Shelter, etc

4.4  Guest House/Hotel

4.5  Hospital/Health Centre etc

4.6  Rehabilitation Centre/ Centre for people with special needs/ Islaahiyya

4.7  Jail

4.8  Others (collective living quarters)

5  Boats/ Safari

6  Mobile units such as tents etc

7  Others (specify)

8  Homeless Skip to M1

Skip to B20

## HOUSEHOLD INFORMATION (all questions refer to the area used by the household only)

B3- No. of rooms used for sleeping during the last week

- 1- Total number of bedrooms (used for sleeping)
- 2- Kitchen, Sitting room (if used for sleeping)
- 3- Establishments (if used for sleeping)

B4 - What is the type of construction material used for the major part of the outer walls?

- 1  With bricks and plastered
- 2  With bricks but unplastered
- 3  Durable wood or wooden sheets
- 4  Ordinary thin plywood and wood slides
- 5  Thatch and sticks
- 6  Galvanized tin Sheets
- 7  Other

B5 - What is the type of material used for the major part of the floor?

- 1  Cement / Slake lime
- 2  Tiles
- 3  Concrete sheet
- 4  Durable wood
- 5  Sand
- 6  Other

B6 - What is the type of material used for construction of major part of the roof?

- 1  Galvanized tin sheets
- 2  Thatch
- 3  Roofing Tiles
- 4  Concrete sheet
- 5  Wood
- 6  Other

If Male'  Skip to B10

B7- Who provides electricity for this household?

- 1  STELCO
- 2  Utility Company
- 3  Community electricity
- 4  Private electricity
- 5  Own generator
- 6  Others (specify)

B8- How many hours of electricity does this household gets everyday?

B9- How do you dispose household waste?

- 1  Garbage compound
- 2  Seaside
- 3  Land reclamation site
- 4  Throwing it into the bushes
- 5  Burying in the housing unit
- 6  Burn in the housing unit
- 7  Use a waste disposal machine
- 8  Thrown to Sea/Ocean

B10- Is this a rented place or a place owned by a household member?

- 1  Rented place
- 2  Owned by one of the member of this HH/own place
- 3  Owned by a relative/family member and not a member of the household
- 4  Other

B11- What purposes does the pipe water use in this household?

- 1  For all purpose (bathing, washing cloths and plate, flushing)
- 2  For certain uses
- 3  Not available

B12- What type of water is usually used for showering in the household?

- 1  Well water
- 2  Desalinated water
- 3  Rain water  Skip to B14

B13- Is the well water used by the household clean?

- 1  Yes
- 2  No (have odour, salinity and colour)

B14- What type of kitchen is there for household use in this housing unit?

- 1  Kitchen/kitchen with sitting room
- 2  Cooking facilities within the room  Skip to B16
- 3  No kitchen  Skip to B18

B15- Is there a kitchen in the living quarter for only this household member's use?

- 1  Yes
- 2  No

Person Number	<input type="text"/>						
Age	<input type="text"/> Age	<input type="text"/> Age	<input type="text"/> Age	<input type="text"/> Age	<input type="text"/> Age	<input type="text"/> Age	<input type="text"/> Age
Name	<input type="text"/>						

### HOUSEHOLD INFORMATION (all questions refer to the area used by the household only)

B16- What type of water is normally used by the household for cooking?

- 1  Rain water
- 2  Well water
- 3  Desalinated water
- 4  Mineral water

B17- What type of fuel is normally used by the household for cooking?

- 1  Firewood
- 2  Oil
- 3  Gas
- 4  Electricity
- 5  Others

B18- Are the following consumer durables / facilities available in the household?

- |                        | Yes                        | No                         |
|------------------------|----------------------------|----------------------------|
| 1- Washing machine     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 2- Fan                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3- Iron                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 4- Water Pump          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 5- Rice cooker         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 6- Refrigerator        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 7- Air-conditioner     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 8- Bicycle             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 9- Motorcycle          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 10- Car \ Jeep         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 11- Dhoni \ speed boat | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

B19- Are the following communication facilities available in the household?

- |                                    | Yes                        | No                         |
|------------------------------------|----------------------------|----------------------------|
| 1- Radio\Stereo set                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 2- TV                              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3- Satellite \ Cable TV connection | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 4- Water Pump                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 5- Rice cooker                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 6- Refrigerator                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 7- Air-conditioner                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

B20- What type of water is usually used for drinking by most of the occupants of the household?

- 1  Rain water
- 2  Well water
- 3  Desalinated water
- 4  Mineral water Skip to B22

B21- Do you use any method of purification of drinking water?

- 1  Boiling
- 2  Chlorinating
- 3  Filtering
- 4  Without any treatment
- 5  Others

B22- Does this household have bathing facilities within the housing unit?

- 1  Yes
- 2  No

B23- Does this household have toilet facilities within the housing unit?

- 1  Yes
- 2  No Skip to M1

B24- What is the type of sewerage system in this housing unit?

- 1  Toilet connected to sewerage system
- 2  Toilet connected to sea
- 3  Toilet connected to septic tank
- 4  Giffili (with no toilet seat) Skip to M1

B25- How many toilets (bowl) are there for household use within the housing unit?

- 1 Toilets only for household use
- 2 Total toilets

Remarks







## Migration

For all ages

For all ages

Side 7

M13- (...) Continuously for how many years have you been living in your usual residence?

1 Life time Skip to M17

2 Number of years lived after break

Duration less than 1 year spent in other islands for medical purposes, holidays, etc will not be considered as a break

1 <input type="checkbox"/> Skip to M17							
2 <input type="text"/> <input type="text"/> Years							

M14- (...) What is the main reason for migrating to the island of your usual residence?

1 For education

2 For employment / seeking work

3 Return migrant to live in this island

4 To live with family due to family migrating to this island

5 Due to marriage

6 As a parent / guardian

7 For medical purpose

8 Moved to this island due to Tsunami

9 Due to population consolidation programme (not related to Tsunami)

10 Other reason (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"/>							

End of questioning for those who have marked in M12 option 2

## Migration

For all people 1 year of age & over

Side 8 Serial Number of the book

M15- (...) What is your place of previous residence?

1 This island

1

1

1

1

1

1

1

2 Another Country

2

2

2

2

2

2

2

3 Another island (specify atoll and island)

3

3

3

3

3

3

3

Administrative use →








M16- (...) Where were you residing in Sept 2013?

1 This island

1

1

1

1

1

1

1

2 Another Country

2

2

2

2

2

2

2

3 Another island (specify atoll and island)

3

3

3

3

3

3

3

Administrative use →








## Education

For all people 5 years of age & over

For all people 5 years of age & over

M17- (...) Can you read and write in your mother tongue?

1 Yes

1

1

1

1

1

1

1

2 No

2

2

2

2

2

2

2

! If can read and write with understanding

M18- (...) Can you read and write in English?

1 Yes

1

1

1

1

1

1

1

2 No

2

2

2

2

2

2

2

## Education

For all people 5 years of age & over

Side 9

M19- (...) Have you ever attended any formal or technical educational institution?

1 Currently attending

1

1

1

1

1

1

1

2 Attended in the past Skip to M21

2  Skip to M21

3 Never attended Skip to M23

3  Skip to M23

M20- (...) What is the educational level which you are attending now?

00 Pre-school End

End

End

End

End

End

End

End

Grade (1 to 12)

13 O' level

13

13

13

13

13

13

13

14 A' level

14

14

14

14

14

14

14

15 Diploma

15

15

15

15

15

15

15

16 First Degree

16

16

16

16

16

16

16

17 Master's Degree

17

17

17

17

17

17

17

18 PHD

18

18

18

18

18

18

18

19 Certificate \ Sanadhu

19

19

19

19

19

19

19

20 Special need classes

20

20

20

20

20

20

20

M21- (...) What is the highest grade you have completed at school?

00 Pre-school End

End

End

End

End

End

End

End

Grade (1 to 12)

Grade

Grade

Grade

Grade

Grade

Grade

Grade

13 Didn't go to school Skip to M23

13  Skip to M23

14 Special need classes

14

14

14

14

14

14

14

15 Different from grade system in Maldives

15

15

15

15

15

15

15

M22- (...) No of years spent for education?

Years

Years

Years

Years

Years

Years

Years





## Employment

For all people 15 years of age & over

Side **12**

M29- (...) What type of establishment is that?

- |   |  |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |
|---|--|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 1 | Government office / Independent Org.   | 1 | <input type="checkbox"/> |
| 2 | Company                                | 2 | <input type="checkbox"/> |
| 3 | Private establishments (not companies) | 3 | <input type="checkbox"/> |
| 4 | Non profit Org./ International bodies  | 4 | <input type="checkbox"/> |
| 5 | M.N.D.F / Maldives Police Force        | 5 | <input type="checkbox"/> |
| 6 | Own house / living quarter             | 6 | <input type="checkbox"/> |
| 7 | No fixed premise / location            | 7 | <input type="checkbox"/> |
| 8 | Others                                 | 8 | <input type="checkbox"/> |

M30- (...) What is the status of employment in that economic activity?

- |   |                                    |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |
|---|------------------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 1 | Employee                           | 1 | <input type="checkbox"/> |
| 2 | Employer or owner (with employees) | 2 | <input type="checkbox"/> |
| 3 | Own account worker                 | 3 | <input type="checkbox"/> |
| 4 | Contributing family worker         | 4 | <input type="checkbox"/> |
| 5 | Group worker                       | 5 | <input type="checkbox"/> |

M31- (...) How many hours on average did you spend per day in that activity, during last week?

 Skip to M35

<input type="text"/> <input type="text"/> Hours	<input type="text"/> <input type="text"/> Hours	<input type="text"/> <input type="text"/> Hours	<input type="text"/> <input type="text"/> Hours	<input type="text"/> <input type="text"/> Hours	<input type="text"/> <input type="text"/> Hours	<input type="text"/> <input type="text"/> Hours	<input type="text"/> <input type="text"/> Hours
 M35	 M35	 M35	 M35	 M35	 M35	 M35	 M35

 If temporarily absent during last week, take time spent in that economic activity before absence

## Employment

For all people 15 years of age & over

Side 13

M32- (...) During the last month did you look for work or make any attempt to start an income generating economic activity?

1 Yes

1

1

1

1

1

1

1

2 No

2

2

2

2

2

2

2

For example: Attempts can be considered if looked for work in gazette, Vazeefaage Dhaftharu, News or Iulan, or other means for looking for a job

M33- (...) If you get an employment will you be available to start work within two weeks?

1 Yes

1

1

1

1

1

1

1

2 No

2

2

2

2

2

2

2

M34- (...) What was the main reason for not working during last week?

1 Unable to work due to health condition

1

1

1

1

1

1

1

2 Studying / Attending school **End if attending school**

2  End if attending school

3 Household works and caring for children

3

3

3

3

3

3

3

4 Unable to find a suitable job matching the education / training

4

4

4

4

4

4

4

5 Lack of job opportunities in the island of residence

5

5

5

5

5

5

5

6 Retirement / pension / social benefits

6

6

6

6

6

6

6

7 Rental income recipient

7

7

7

7

7

7

7

8 Family objection to work

8

8

8

8

8

8

8

9 Family taking care of all the expenses

9

9

9

9

9

9

9

10 Other reasons

10

10

10

10

10

10

10

## Elderly People

For all people 65 years of age & over

Side **14** Serial Number of the book

**!** For those 65 years of age and over

M35- (...) With whom are you living with?

- 1 Spouse and Children / Step Children
- 2 Children / Step children only
- 3 Spouse only
- 4 Only other relatives
- 5 No family relatives
- 6 Alone

1 <input type="checkbox"/>							
2 <input type="checkbox"/>							
3 <input type="checkbox"/>							
4 <input type="checkbox"/>							
5 <input type="checkbox"/>							
6 <input type="checkbox"/>							

## Marital Status

For all people 15 years of age & over

For all people 15 years of age & over

M36- (...) What is your marital status?

- 1 Never married } For women Skip to M 41
- 2 Married
- 3 Divorced
- 4 Widowed } Skip to M 38

End for men

1 <input type="checkbox"/> Women  M41 End for men							
2 <input type="checkbox"/>							
3 <input type="checkbox"/>							
4 <input type="checkbox"/> M38							

M37- (...) In which island is your spouse living?

- 1 This island
- 2 Another country
- 3 Another island

1 <input type="checkbox"/>							
2 <input type="checkbox"/>							
3 <input type="checkbox"/>							

M38- (...) What was your age at first marriage?

<input type="text"/> <input type="text"/> Years							
---	---	---	---	---	---	---	---

M39- (...) How many people did you get married?

<input type="text"/> <input type="text"/> People							
--	--	--	--	--	--	--	--

M40- (...) How many times did you get married?

<input type="text"/> <input type="text"/> Times							
---	---	---	---	---	---	---	---

End for men

Fertility

For all women 15 years of age & over

Side 15 Serial Number of the book

M41- (...) Did you give a live birth to a child?

1 Yes

2 No  End

 This does not include still births and abortions

1

2  End

M42- (...) What was your age at the birth of your first child?

Years

Years

Years

Years

Years

Years

Years

M43- (...) How many live births did you have?

1 Female

2 Male

3 Total

1   Female

2   Male

3   Total

1   Female

2   Male

3   Total

1   Female

2   Male

3   Total

1   Female

2   Male

3   Total

1   Female

2   Male

3   Total

1   Female

2   Male

3   Total

1   Female

2   Male

3   Total

M44- (...) Among them how many children are living now?

1 Female

2 Male

3 Total

1   Female

2   Male

3   Total

1   Female

2   Male

3   Total

1   Female

2   Male

3   Total

1   Female

2   Male

3   Total

1   Female

2   Male

3   Total

1   Female

2   Male

3   Total

1   Female

2   Male

3   Total

M45- (...) Did you give birth to a child during last year (after 27 Septembr 2013)?

1 Yes

2 No  End

1

2  End

Person Number

Age

Name

<input type="text"/>							
<input type="text"/>							
<input type="text"/>							

**Fertility**

For all women 15 years of age & over

Side **16** Serial Number of the book

M46- (...) How many are they?

1 Female

2 Male

3 Total

1	<input type="text"/>	Female																		
2	<input type="text"/>	Male																		
3	<input type="text"/>	Total																		

M47- (...) Among them how many children are living now?

1 Female

2 Male

3 Total

1	<input type="text"/>	Female																		
2	<input type="text"/>	Male																		
3	<input type="text"/>	Total																		

Enumerator to identify:

1 Refused to give information

1	<input type="text"/>												
---	----------------------	---	----------------------	---	----------------------	---	----------------------	---	----------------------	---	----------------------	---	----------------------

End

End

Remarks