

Pre-Listing of Households

Village Number:

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 Village Name: _____

Census Block Number:

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 Enumerators Name: _____

<u>Household</u>	<u>Name</u>	<u>M / F</u>	<u>Household</u>	<u>Name</u>	<u>M / F</u>
1		41	
2		42	
3		43	
4		44	
5		45	
6		46	
7		47	.....
8		48	.....
9		49	.....
10		50	.....
11		51	.....
12		52	.....
13		53	.....
14		54	.....
15		55	.....
16		56	.....
17		57	.....
18		58	.....
19		59	.....
20		60	.....
21		61	.....
22		62	.....
23		63	.....
24		64	.....
25		65	.....
26		66	.....
27		67	.....
28		68	.....
29		69	.....
30		70	.....
31		71	.....
32		72	.....
33		73	.....
34		74	
35		75	
36		76	
37		77	
38		78	
39		79	
40		80	

Household Questionnaire

Village Number:

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Village Name: _____

Census Block Number:

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Enumerators Name: _____

Household Number:

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Household Type:

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H1 Roster of Household Members

List the names and sex of all persons residing in the household at midnight on Thursday November 30, 2006.

Name	M / F	Name	M / F
1 Head:		13	
2		14	
3		15	
4		16	
5		17	
6		18	
7		19	
8		20	
9		21	
10		22	
11		23	
12		24	

Males	+	Females	=	Total Persons
<input type="text"/>		<input type="text"/>		<input type="text"/>

Clip all Individual Questionnaires [Forms PC3] for this household to this Household Schedule

Household Characteristics: Answer the following questions for the household. CIRCLE the appropriate response code and ENTER in the box provided"

H2 Main Dwelling Style and Construction Material Used

1. What is the main type of material used for the outside walls of this dwelling ?

- 1. Poured concrete
- 2. Concrete block
- 3. Metal
- 4. Wood
- 5. Thatch
- 6. Other >> specify _____

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2. What is the main type of material used for the roof of this dwelling ?

- 1. Concrete
- 2. Metal
- 3. Wood
- 4. Thatch
- 5. Other >> specify _____

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3. What is the main type of material used for the floor of this dwelling ?

- 1. Concrete
- 2. Wood
- 3. Other >> specify _____

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H3 Give only the main source

1. What is the main source of drinking water ?

- 1. Piped water supply
- 2. Cement / Tank
- 3. Own well covered/protected
- 4. Own well opened/unprotected
- 5. Bottled water
- 6. Boiled water
- 7. Other >> specify _____

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2. What is the main source of water apart from drinking water ?

- 1. Piped water supply
- 2. Own cement / tank
- 3. Own well
- 4. Other >> specify _____

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3. What is the main toilet facility ?

- 1. Flush toilet
- 2. Manual flush
- 3. Pit
- 4. None
- 5. Other >> specify _____

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4. What is the main source of lighting ?

- 1. Electricity supply
- 2. Electricity generator
- 3. Kerosene
- 4. Benzene
- 5. Solar
- 6. Other >> specify _____

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5. What is the main type of energy for cooking ?

1. Electricity supply
2. Gas
3. Kerosene
4. Firewood collected
5. Firewood bought
6. Other >> specify _____

2. Who is the owner and where does the owner live ?

Name: _____

Village or Country if outside Tonga _____

H4 Goods in the household

1. Does this household have any of the following goods ?
(if yes, circle the appropriate answer codes and enter in the boxes)

01. Boat
02. Hot water system
03. Bath or shower
04. Motor vehicle
05. Refrigerator
06. Washing machine
07. Television
08. Video/DVD player
09. Telephones-landline-private
10. Mobile telephone
11. Computer
12. Other >> specify _____

H8 Income

1. What was the main source of income for this household during the past 12 months?

1. No income
2. Wages/salary
3. Own business
4. Sale own product (fish, crops, handicraft, etc)
5. Land lease
6. House rent
7. Remittances
8. Other source >> specify _____

H5 Information Technology (answer as many as appropriate)

1. Does this household have access to the internet ?

1. Yes - at home
2. Yes - at work or internet cafes
3. Yes - at other family or friends house
4. No - no access to internet

H9 Remittances

1. Did this household receive any remittances from within Tonga or outside Tonga during the past 12 months ?

1. Yes - within Tonga only
2. Yes - outside Tonga only
3. Yes - both within and outside Tonga
4. No - never receive any remittances >> GO TO H10

Frequency of Remittances

2. How often did this household receive these remittances ?

1. Every 2 weeks
2. Monthly
3. Every 2 - 3 months
4. Twice a year
5. Once a year
6. Occasionally

H6 Household Waste Disposal

1. How does this household mainly dispose its waste?

1. Burn
2. Bury
3. Lagoon/ocean
4. Dump area
5. Decomposed
6. Commercial waste collection
7. Other >> specify _____

H10 Mortality

1. Have any residents of this household died during the last 12 months?

1. Yes >> COMPLETE details below
2. No >> GO TO Personal Questionnaire

	Sex	Month	Year	Age	Cause of Death
1	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	_____
2	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	_____
3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	_____

H7 Tenure

1. What is the tenure of this household ?

1. Owned >> GO TO H8
2. Rented
3. Rent free
4. Other >> specify _____

This is to certify that the Household above headed by Mr/Mrs
in the village of has been enumerated on 2006

Signed: Enumerator Checked Supervisor

Official Use

Checked _____

Initials _____

Entered _____

Personal Questionnaire

Village Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Village Name:	<input style="width:90%;" type="text"/>
Census Block Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Enumerators Name:	<input style="width:90%;" type="text"/>
Household Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Person Number:	<input type="text"/> <input type="text"/>

CIRCLE the appropriate code and ENTER in the boxe(s) provided

P01 What is this person's full name ?

P02 What is this person's relationship to head of household ?

P03 What is this person's sex ?
 1. Male
 2. Female

P04 What is this person's date of birth and age?

Day	Month	Year	Age
<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"/>

P05 What is this person's place of birth ? (Village or Country if outside Tonga)

Where was this person born ? (usual residence of mother at time of person's birth)

P06 What is this person's Ethnic Origin?

01. Tongan	07. Other Pacific Island
02. Part - Tongan	08. Other Asian
03. European	09. Not elsewhere specified
04. Fijian	10. Other >> specify
05. Fijian Indian	
06. Chinese	

P07 What is this person's Marital Status?
 1. Never Married
 2. Married
 3. Widowed
 4. Divorced or Separated
 5. Other >> specify

P08 What is this person's Religion?

P09 Usual Place of residence
 1. Does this person usually live in this village?
 1. Yes >> GO TO P10
 2. No
 2. If no, where does this person usually live ?
Village or Country if outside Tonga

P10 Internal Migration:
 1. Where did this person live 1 year ago ?
(If this person is less than 1 year of age, mark 0000)
Village or Country if outside Tonga

 2. Where did this person live 5 years ago ?
(If this person is less than 5 years of age, mark 0000)
Village or Country if outside Tonga

P11 DISABILITY
 1. Does this person have any disabilities?
 1. Yes
 2. No >> GO TO P12

2. Does this person have difficulty in; (insert the appropriate codes in boxes)

a. Seeing, even wearing glasses?	1 = No difficulty at all	<input style="width:100%;" type="text"/>
b. Hearing, even if using a hearing aid?	2 = Some difficulties	<input style="width:100%;" type="text"/>
c. Walking, or climbing steps?	3 = A lot of difficulties	<input style="width:100%;" type="text"/>
d. Remembering or concentrating?	4 = Cannot do at all	<input style="width:100%;" type="text"/>

P12 Injury or illness
 1. Did this person have any health complaint, illness or injury during the last 2 weeks?
 1. Yes
 2. No >> GO TO P13

2. Where did this person seek care ?

0. Did not seek care	>> GOTO P12.3	<input style="width:100%;" type="text"/>
1. Public hospital	}	>> GOTO P13
2. Private Doctor		
3. Midwife		
5. Self treated with traditional medicine		
6. Self treated with modern medicine		
7. Other >> specify <input style="width:10%; text-align:center;" type="text"/>		<input style="width:100%;" type="text"/>

3. Why did this person not seek care ?

ASK P13 and P14 ONLY TO PERSONS 3 YEARS OF AGE AND OVER

P13 School Enrolment
 1. Is this person currently attending school or pursuing other forms of education or training?
 1. Yes Full-time
 2. Yes Part-time
 3. No >> GO TO P13.3

2. What type of school is this person attending?
 1. Government or Public School
 2. Private or Church School

3. What is the highest level of schooling completed?
 0. Never been to school >> GO TO P15
 1. Pre-school / Kindergarten
 2. Primary school
 3. Secondary school (Form I - Form IV)
 4. Secondary school (Form V - Form VII)
 5. University
 6. Other post secondary
 7. Other

P14 Educational and professional qualifications
 1. What is the highest qualification this person has achieved?
(eg. Certificate, diploma, BA, MA etc)

ASK P15 and P16 ONLY TO PERSONS 6 YEARS OF AGE AND OVER

P15 Literacy
 1. Can this person read and write a simple sentence ?

a. In Tongan ?	1. Yes	<input style="width:100%;" type="text"/>
	2. No	<input style="width:100%;" type="text"/>
b. In English ?	1. Yes	<input style="width:100%;" type="text"/>
	2. No	<input style="width:100%;" type="text"/>

P16 Smoking Habits
 1. Does this person smoke tobacco or cigarettes on a daily basis?
 1. Yes
 2. No

Labor Market Activity																																									
ASK P17.1 - P28 ONLY TO PERSONS 15 YEARS OF AGE AND OVER																																									
(CIRCLE the appropriate answer and ENTER in the boxe(s) provided)																																									
<p>P17</p> <p>1. During last week, did this person do any work?</p> <p>1. Yes <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>2. No >> GO TO P18</p> <p>2. If Yes, what type of work did this person mainly do?</p> <p>(a). Work for pay</p> <p>1. Work for pay (wages, salary, contract, commission) or was operating a business.</p> <p>(b). Work to support the household by producing goods mainly for sale</p> <p>2. Farming or gardening mainly for sale</p> <p>3. Fishing mainly for sale</p> <p>4. Handicrafts mainly for sale</p> <p>(c). Work to support the household by producing goods mainly for own consumption</p> <p>5. Farming or gardening for own consumption</p> <p>6. Fishing for own consumption</p> <p>7. Producing Handicrafts for own consumption</p> <p>(d). 8. Other >> specify _____</p>	<p>P24. Why didn't this person look for paid work last week?</p> <p>1. Not interested in finding work</p> <p>2. Weather conditions</p> <p>3. Believes no work available</p> <p>4. Retired, disabled, family responsibilities</p> <p>5. Cannot afford transportation cost</p> <p>6. Attending school full time (student)</p> <p>7. Other >> specify _____</p> <p style="text-align: right; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">insert the appropriate answer code and GO TO P26</p> <input style="width: 40px; height: 20px; margin-left: 20px;" type="checkbox"/>																																								
<p>P18. During the last week, did this person have a job at which he/she did not work?</p> <p>1. Yes <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>2. No >> GO TO P23</p>	<p>P25. During the last week, was this person willing and available to start work?</p> <p>1. Yes <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>2. No <input style="width: 40px; height: 20px;" type="checkbox"/></p>																																								
<p>P19. What was the main reason this person did not work at his/her job the last week?</p> <p>1. Illness <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>2. Temporary lay-off</p> <p>3. On vacation or holidays</p> <p>5. Weather conditions</p> <p>6. Cultural/national events (funeral, wedding etc.)</p> <p>7. Other >> specify _____</p>	<p>P26. Is this person registered with the Tongan Ministry of Labor Employment Service unit?</p> <p>1. Yes <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>2. No <input style="width: 40px; height: 20px;" type="checkbox"/></p>																																								
<p>P20. Occupation</p> <p>1. What is this person's principal occupation ?</p> <p>_____ <input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>2. What tasks did this person perform in that job ?</p> <p>_____</p>	<p>P27. Unpaid Work</p> <p>1. During the last week, did this person do any unpaid work for the family, church or community?</p> <p>1. Yes <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>2. No >> GO TO P28</p> <p>2. What was the main type of unpaid work that this person did ?</p> <p>1. Housework only (including child care)</p> <p>2. Other family, church or community work</p> <p>3. Collecting firewood</p> <p>4. Building traditional houses</p> <p>5. Other >> specify _____</p>																																								
<p>P21. Industry</p> <p>1. What is the name of this person's main employer ?</p> <p>_____ <input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>2. What is the main activity of this employer ?</p> <p>_____</p>	<p>P28. During the last week, what other activities did this person engage in?</p> <p>1. Farming <input style="width: 40px; height: 20px;" type="checkbox"/> <small>(including gathering live or dead marine products)</small></p> <p>2. Fishing <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>3. Handicrafts <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>4. Others <input style="width: 40px; height: 20px;" type="checkbox"/></p>																																								
<p>P22. Class of worker <small>(answer question P22 and then GO TO P27)</small></p> <p>1. What is this person's class of worker?</p> <p>1. An employee</p> <p>2. An employer</p> <p>3. Self employed</p> <p>4. An unpaid family worker</p> <p style="text-align: right; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">insert the appropriate answer code and GO TO P27</p> <input style="width: 40px; height: 20px; margin-left: 20px;" type="checkbox"/>	<p style="text-align: center;">ASK QUESTIONS P29.1 - P29.5 ONLY TO FEMALE 15 YEARS OF AGE AND OVER</p> <p>P29. Fertility</p> <p>1. Has this female ever given birth, even if the child died later?</p> <p>1. Yes 2. No >> finish the questionnaire <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>2. How many children did this female gave birth to who are still alive and are living ...</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Males</th> <th style="text-align: center;">Females</th> <th style="text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td>(a) In the household</td> <td><input style="width: 40px; height: 20px;" type="checkbox"/></td> <td><input style="width: 40px; height: 20px;" type="checkbox"/></td> <td><input style="width: 40px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td>(b) Somewhere else in Tonga</td> <td><input style="width: 40px; height: 20px;" type="checkbox"/></td> <td><input style="width: 40px; height: 20px;" type="checkbox"/></td> <td><input style="width: 40px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td>(c) Overseas</td> <td><input style="width: 40px; height: 20px;" type="checkbox"/></td> <td><input style="width: 40px; height: 20px;" type="checkbox"/></td> <td><input style="width: 40px; height: 20px;" type="checkbox"/></td> </tr> </tbody> </table> <p>3. How many children of each sex did this female give birth to who have died?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Males</th> <th style="text-align: center;">Females</th> <th style="text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td></td> <td><input style="width: 40px; height: 20px;" type="checkbox"/></td> <td><input style="width: 40px; height: 20px;" type="checkbox"/></td> <td><input style="width: 40px; height: 20px;" type="checkbox"/></td> </tr> </tbody> </table> <p>4. How many children have ever been born alive to this female?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Males</th> <th style="text-align: center;">Females</th> <th style="text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td></td> <td><input style="width: 40px; height: 20px;" type="checkbox"/></td> <td><input style="width: 40px; height: 20px;" type="checkbox"/></td> <td><input style="width: 40px; height: 20px;" type="checkbox"/></td> </tr> </tbody> </table> <p>5. What is the date of birth and sex of this female's last child born alive? <small>(including a child that may have died later)</small></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Day</th> <th style="text-align: center;">Month</th> <th style="text-align: center;">Year</th> <th style="text-align: center;">Sex</th> </tr> </thead> <tbody> <tr> <td><input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/></td> <td><input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/></td> <td><input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/></td> <td>M=1 <input style="width: 20px; height: 20px;" type="checkbox"/> F=2 <input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> </tbody> </table>		Males	Females	Total	(a) In the household	<input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="checkbox"/>	(b) Somewhere else in Tonga	<input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="checkbox"/>	(c) Overseas	<input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="checkbox"/>		Males	Females	Total		<input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="checkbox"/>		Males	Females	Total		<input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="checkbox"/>	Day	Month	Year	Sex	<input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	M=1 <input style="width: 20px; height: 20px;" type="checkbox"/> F=2 <input style="width: 20px; height: 20px;" type="checkbox"/>
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<p>P23. Did this person look for paid work last week?</p> <p>1. Yes >> GO TO P25 <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>2. No <input style="width: 40px; height: 20px;" type="checkbox"/></p>																																									