

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	.....

National Population Census - Kingdom of Tonga 2006

Household Questionnaire

Village Number:

Village Name: _____

Census Block Number:

Enumerators Name: _____

Household Number:

Household Type:

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

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 _____

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 _____

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

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

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 _____

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 _____

3. What is the main toilet facility ?

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

4. What is the main source of lighting ?

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

<p>5. What is the main type of energy for cooking ?</p> <ol style="list-style-type: none"> 1. Electricity supply 2. Gas 3. Kerosene 4. Firewood collected 5. Firewood bought 6. Other >> specify _____ <div style="border: 1px solid black; width: 50px; height: 30px; margin-left: 300px;"></div>	<p>2. Who is the owner and where does the owner live ?</p> <p>Name: _____</p> <p>Village or Country if outside Tonga</p> <div style="border: 1px solid black; width: 100px; height: 30px; margin-left: 780px;"></div>																																				
<p>H4 Goods in the household</p> <p>1. Does this household have any of the following goods ? (if yes, circle the appropriate answer codes and enter in the boxes)</p> <table style="width: 100%;"> <tr><td>01. Boat</td><td></td><td></td></tr> <tr><td>02. Hot water system</td><td></td><td></td></tr> <tr><td>03. Bath or shower</td><td></td><td></td></tr> <tr><td>04. Motor vehicle</td><td></td><td></td></tr> <tr><td>05. Refrigerator</td><td></td><td></td></tr> <tr><td>06. Washing machine</td><td></td><td></td></tr> <tr><td>07. Television</td><td></td><td></td></tr> <tr><td>08. Video/DVD player</td><td></td><td></td></tr> <tr><td>09. Telephones-landline-private</td><td></td><td></td></tr> <tr><td>10. Mobile telephone</td><td></td><td></td></tr> <tr><td>11. Computer</td><td></td><td></td></tr> <tr><td>12. Other >> specify _____</td><td></td><td></td></tr> </table>	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 _____			<p>H8 Income</p> <p>1. What was the main source of income for this household during the past 12 months?</p> <ol style="list-style-type: none"> 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 _____ <div style="border: 1px solid black; width: 50px; height: 30px; margin-left: 850px;"></div>
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10. Mobile telephone																																					
11. Computer																																					
12. Other >> specify _____																																					
<p>H5 Information Technology (answer as many as appropriate)</p> <p>1. Does this household have access to the internet ?</p> <ol style="list-style-type: none"> 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 <div style="border: 1px solid black; width: 50px; height: 30px; margin-left: 350px;"></div>	<p>H9 Remittances</p> <p>1. Did this household receive any remittances from within Tonga or outside Tonga during the past 12 months ?</p> <ol style="list-style-type: none"> 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 <div style="border: 1px solid black; width: 50px; height: 30px; margin-left: 850px;"></div> <p>Frequency of Remittances</p> <p>2. How often did this household receive these remittances ?</p> <ol style="list-style-type: none"> 1. Every 2 weeks 2. Monthly 3. Every 2 - 3 months 4. Twice a year 5. Once a year 6. Occasionally <div style="border: 1px solid black; width: 50px; height: 30px; margin-left: 850px;"></div>																																				
<p>H6 Household Waste Disposal</p> <p>1. How does this household mainly dispose its waste?</p> <ol style="list-style-type: none"> 1. Burn 2. Bury 3. Lagoon/ocean 4. Dump area 5. Decomposed 6. Commercial waste collection 7. Other >> specify _____ <div style="border: 1px solid black; width: 50px; height: 30px; margin-left: 350px;"></div>	<p>H10 Mortality</p> <p>1. Have any residents of this household died during the last 12 months?</p> <ol style="list-style-type: none"> 1. Yes >> COMPLETE details below 2. No >> GO TO Personal Questionnaire <div style="border: 1px solid black; width: 50px; height: 30px; margin-left: 850px;"></div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Sex</th> <th style="text-align: center;">Month</th> <th style="text-align: center;">Year</th> <th style="text-align: center;">Age</th> <th style="text-align: center;">Cause of Death</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border-bottom: 1px solid black; width: 150px;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border-bottom: 1px solid black; width: 150px;"></td> </tr> <tr> <td style="text-align: center;">3</td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border-bottom: 1px solid black; width: 150px;"></td> </tr> </tbody> </table>		Sex	Month	Year	Age	Cause of Death	1						2						3																	
	Sex	Month	Year	Age	Cause of Death																																
1																																					
2																																					
3																																					
<p>H7 Tenure</p> <p>1. What is the tenure of this household ?</p> <ol style="list-style-type: none"> 1. Owned >> GO TO H8 2. Rented 3. Rent free 4. Other >> specify _____ <div style="border: 1px solid black; width: 50px; height: 30px; margin-left: 350px;"></div>	<table style="width: 100%;"> <tr> <td colspan="2" style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">Official Use</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">Checked</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">Initials</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">Entered</td> </tr> </table>				Official Use			Checked			Initials			Entered																							
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<p>This is to certify that the Household above headed by Mr/Mrs in the village of has been enumerated on 2006</p> <p>Signed: Enumerator Checked Supervisor</p>																																					

[Form PC3]				National Population Census - Kingdom of Tonga 2006 Personal Questionnaire			
Village Number	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	Village Name: _____				
Census Block Number:	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	Enumerators Name: _____				
Household Number:	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	Person Number: _____				
CIRCLE the appropriate code and ENTER in the boxe(s) provided							
P01 What is this person's full name ?	<div style="border-bottom: 1px solid black; width: 100%;"></div>						
P02 What is this person's relationship to head of household ?	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; float: right;"></div>						
P03 What is this person's sex ?	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; float: right;"></div>						
1. Male 2. Female							
P04 What is this person's date of birth and age?	<div style="display: flex; justify-content: space-around; font-size: 0.8em;"> Day Month Year Age </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <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: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>						
P05 What is this person's place of birth ?	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; float: right;"></div>						
(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?	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; float: right;"></div>						
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?	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; float: right;"></div>						
1. Never Married 2. Married 3. Widowed 4. Divorced or Separated 5. Other >> specify							
P08 What is this person's Religion?	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; float: right;"></div>						
P09 Usual Place of residence	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; float: right;"></div>						
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	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; float: right;"></div>						
P10 Internal Migration:	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; float: right;"></div>						
1. Where did this person live 1 year ago ? (If this person is less than 1 year of age, mark 0000)	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; float: right;"></div>						
2. Where did this person live 5 years ago ? (If this person is less than 5 years of age, mark 0000)	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; float: right;"></div>						
P11 DISABILITY	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; float: right;"></div>						
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)							
<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> a. Seeing, even wearing glasses? b. Hearing, even if using a hearing aid? c. Walking, or climbing steps? d. Remembering or concentrating? </div> <div style="flex: 0.5; border: 1px solid black; padding: 2px; font-size: 0.8em;"> 1 = No difficulty at all 2 = Some difficulties 3 = A lot of difficulties 4 = Cannot do at all </div> <div style="flex: 0.5; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>							
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 1. Public hospital 2. Private Doctor 3. Midwife 5. Self treated with traditional medicine 6. Self treated with modern medicine 7. Other >> specify							
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 2. No b. In English ? 1. Yes 2. No							
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)	
P17 1. During last week, did this person do any work? 1. Yes <input style="width: 40px; height: 20px;" type="text"/> 2. No >> GO TO P18	P24. Why didn't this person look for paid work last week? 1. Not interested in finding work 2. Weather conditions 3. Believes no work available 4. Retired, disabled, family responsibilities 5. Cannot afford transportation cost 6. Attending school full time (student) 7. Other >> specify _____ <div style="text-align: right; border: 1px solid black; border-radius: 50%; padding: 5px; width: fit-content; margin: 10px auto;">insert the appropriate answer code and GO TO P26</div> <div style="float: right; border: 1px solid black; width: 40px; height: 20px; margin-top: 10px;"></div>
P18. During the last week, did this person have a job at which he/she did not work? 1. Yes <input style="width: 40px; height: 20px;" type="text"/> 2. No >> GO TO P23	P25. During the last week, was this person willing and available to start work? 1. Yes <input style="width: 40px; height: 20px;" type="text"/> 2. No
P19. What was the main reason this person did not work at his/her job the last week? 1. Illness 2. Temporary lay-off 3. On vacation or holidays 4. Weather conditions 5. Cultural/national events (funeral, wedding etc.) 6. Other >> specify _____ <div style="text-align: right; border: 1px solid black; border-radius: 50%; padding: 5px; width: fit-content; margin: 10px auto;">insert the appropriate answer code and GO TO P20</div> <div style="float: right; border: 1px solid black; width: 40px; height: 20px; margin-top: 10px;"></div>	P26. Is this person registered with the Tongan Ministry of Labor Employment Service unit? 1. Yes <input style="width: 40px; height: 20px;" type="text"/> 2. No
P20. Occupation 1. What is this person's principal occupation ? _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div><div style="width: 10px; height: 10px; border: 1px solid black;"></div><div style="width: 10px; height: 10px; border: 1px solid black;"></div><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div> 2. What tasks did this person perform in that job ? _____	P27. Unpaid Work 1. During the last week, did this person do any unpaid work for the family, church or community? 1. Yes <input style="width: 40px; height: 20px;" type="text"/> 2. No >> GO TO P28 2. What was the main type of unpaid work that this person did ? 1. Housework only (including child care) 2. Other family, church or community work 3. Collecting firewood 4. Building traditional houses 5. Other >> specify _____
P21. Industry 1. What is the name of this person's main employer ? _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div><div style="width: 10px; height: 10px; border: 1px solid black;"></div><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div> 2. What is the main activity of this employer ? _____	P28. During the last week, what other <u>activities</u> did this person engage in? 1. Farming <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div> 2. Fishing <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div> <div style="text-align: center; font-size: small; margin: 5px 0;">including gathering live or dead marine products</div> 3. Handicrafts <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div> 4. Others <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>
P22. Class of worker (answer question P22 and then GO TO P27) 1. What is this person's class of worker? 1. An employee 2. An employer 3. Self employed 4. An unpaid family worker <div style="text-align: right; border: 1px solid black; border-radius: 50%; padding: 5px; width: fit-content; margin: 10px auto;">insert the appropriate answer code and GO TO P27</div> <div style="float: right; border: 1px solid black; width: 40px; height: 20px; margin-top: 10px;"></div>	ASK QUESTIONS P29.1 - P29.5 ONLY TO FEMALE 15 YEARS OF AGE AND OVER P29. Fertility 1. Has this female ever given birth, even if the child died later? 1. Yes <input style="width: 40px; height: 20px;" type="text"/> 2. No >> finish the questionnaire 2. How many children did this female gave birth to who are still alive and are living ... <div style="display: flex; justify-content: space-around; font-size: small; margin-bottom: 5px;"> Males Females Total </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div> </div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> (a) In the household (b) Somewhere else in Tonga (c) Overseas </div>

Males
Females
Total