

INDIVIDUAL QUESTIONNAIRE - PART 1

STRICTLY CONFIDENTIAL

Quarter	<input type="text"/>	Division Name:	<input type="text"/>
CB Number:	<input type="text"/>	Village Name:	<input type="text"/>
Household Number:	<input type="text"/>	Person Number:	<input type="text"/>
		Name of Interviewer:	<input type="text"/>

Ask question 01 - 11.15 to every person in the household (for persons 0 - 14 ask parent or guardian)

CIRCLE the appropriate code and ENTER in the box(es) provided

01 What is this person's full name ?	<input type="text"/>														
02 What is this person's relationship to head of household ?	<input type="text"/>														
<table border="0"> <tr> <td>1 Head</td> <td>4 Parent</td> </tr> <tr> <td>2 Spouse</td> <td>5 Other relatives</td> </tr> <tr> <td>3 Son/Daughter</td> <td>6 Friend/Visitor</td> </tr> </table>	1 Head	4 Parent	2 Spouse	5 Other relatives	3 Son/Daughter	6 Friend/Visitor	<input type="text"/>								
1 Head	4 Parent														
2 Spouse	5 Other relatives														
3 Son/Daughter	6 Friend/Visitor														
03 What is this person's sex ?	<input type="text"/>														
<table border="0"> <tr> <td>1 Male</td> </tr> <tr> <td>2 Female</td> </tr> </table>	1 Male	2 Female	<input type="text"/>												
1 Male															
2 Female															
04 What is this person's date of birth? 05 What is this person's age at last birthday?	<input type="text"/>														
<table border="0"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td>Year</td> <td>Age</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year	Age	<input type="text"/>						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
Day	Month	Year	Age												
06 What is this person's Ethnic Origin?	<input type="text"/>														
<table border="0"> <tr> <td>01 Tongan</td> <td>06 Chinese</td> </tr> <tr> <td>02 Part - Tongan</td> <td>07 Other Pacific Island</td> </tr> <tr> <td>03 European</td> <td>08 Other Asian</td> </tr> <tr> <td>04 Fijian</td> <td>09 Not elsewhere specified</td> </tr> <tr> <td>05 Fijian Indian</td> <td>10 Other</td> </tr> </table>	01 Tongan	06 Chinese	02 Part - Tongan	07 Other Pacific Island	03 European	08 Other Asian	04 Fijian	09 Not elsewhere specified	05 Fijian Indian	10 Other	<input type="text"/>				
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07 What is this person's Marital Status?	<input type="text"/>														
<table border="0"> <tr> <td>1 Never married</td> <td>4 Widowed</td> </tr> <tr> <td>2 Married</td> <td>5 Defacto</td> </tr> <tr> <td>3 Divorced or Separated</td> <td></td> </tr> </table>	1 Never married	4 Widowed	2 Married	5 Defacto	3 Divorced or Separated		<input type="text"/>								
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08 Literacy status	<input type="text"/>														
Can this person read & write a simple sentence in:															
<table border="0"> <tr> <td>1 English & Tongan</td> <td>3 Tongan Only</td> </tr> <tr> <td>2 English Only</td> <td>4 Other language</td> </tr> <tr> <td></td> <td>5 None</td> </tr> </table>	1 English & Tongan	3 Tongan Only	2 English Only	4 Other language		5 None	<input type="text"/>								
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09 Internet Usage:	<input type="text"/>														
Where does this person mostly use internet?															
<table border="0"> <tr> <td>1 Home</td> <td>4 Library</td> <td>7 Other Place</td> </tr> <tr> <td>2 Work</td> <td>5 Café</td> <td>8 Don't Use</td> </tr> <tr> <td>3 School/Uni</td> <td>6 Friends/Relatives</td> <td></td> </tr> </table>	1 Home	4 Library	7 Other Place	2 Work	5 Café	8 Don't Use	3 School/Uni	6 Friends/Relatives		<input type="text"/>					
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10. HEALTH															
10.1 Did you have a health problem or sickness in the last 3 months?	<input type="text"/>														
<table border="0"> <tr> <td>1 Yes</td> </tr> <tr> <td>2 No (GO TO 11.1)</td> </tr> </table>	1 Yes	2 No (GO TO 11.1)	<input type="text"/>												
1 Yes															
2 No (GO TO 11.1)															
10.2 Did you get help or care for the health problem or sickness?	<input type="text"/>														
<table border="0"> <tr> <td>1 Yes</td> </tr> <tr> <td>2 No (GO TO 10.6)</td> </tr> </table>	1 Yes	2 No (GO TO 10.6)	<input type="text"/>												
1 Yes															
2 No (GO TO 10.6)															
10.3 Where did you go to get help for the health problem or sickness?	<input type="text"/>														
<table border="0"> <tr> <td>1 Hospital</td> <td rowspan="3">} (GO TO 10.5)</td> <td>4 Traditional healer</td> </tr> <tr> <td>2 Health/Care</td> <td>5 Village nurse</td> </tr> <tr> <td>3 Dispensary</td> <td>6 Others</td> </tr> </table>	1 Hospital	} (GO TO 10.5)	4 Traditional healer	2 Health/Care	5 Village nurse	3 Dispensary	6 Others	<input type="text"/>							
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10.4 If you got help but did not use a health facility, what was the main reason?	<input type="text"/>														
<table border="0"> <tr> <td>01 Facility is too far</td> <td>08 No transport available</td> </tr> <tr> <td>02 Facility staff not friendly</td> <td>09 Sick at night</td> </tr> <tr> <td>03 Facility is not nice</td> <td>10 Bad weather</td> </tr> <tr> <td>04 Health staff not available</td> <td>11 Too busy to go to Facility</td> </tr> <tr> <td>05 Relative works at Facility</td> <td>12 Illness not serious</td> </tr> <tr> <td>06 No medication at Facility</td> <td>13 Use local healer first</td> </tr> <tr> <td>07 Can't pay for transport</td> <td>14 Other reasons</td> </tr> </table>	01 Facility is too far	08 No transport available	02 Facility staff not friendly	09 Sick at night	03 Facility is not nice	10 Bad weather	04 Health staff not available	11 Too busy to go to Facility	05 Relative works at Facility	12 Illness not serious	06 No medication at Facility	13 Use local healer first	07 Can't pay for transport	14 Other reasons	<input type="text"/>
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10.5 What was the diagnosed health problem?	<input type="text"/>																																																												
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10.7 How long were you sick?	<input type="text"/>																																																												
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10.8 Did this health condition prevent you from undertaking your usual activities?	<input type="text"/>																																																												
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11. EDUCATION																																																													
11.1 Is this person now attending a formal education institution?	<input type="text"/>																																																												
<table border="0"> <tr> <td>1 Yes, currently attending</td> <td>(GO TO 11.2)</td> </tr> <tr> <td>2 No, never attended</td> <td>(GO TO 11.9)</td> </tr> <tr> <td>3 No, have now left school</td> <td>(GO TO 11.10)</td> </tr> </table>	1 Yes, currently attending	(GO TO 11.2)	2 No, never attended	(GO TO 11.9)	3 No, have now left school	(GO TO 11.10)	<input type="text"/>																																																						
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11.2 What level and grade are you currently in?	<input type="text"/>																																																												
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11.3 What is your main mode of travelling to school?	<input type="text"/>																																																												
<table border="0"> <tr> <td>1 walk</td> <td>4 boat / canoe</td> </tr> <tr> <td>2 public transport</td> <td>5 others</td> </tr> <tr> <td>3 private vehicle</td> <td></td> </tr> </table>	1 walk	4 boat / canoe	2 public transport	5 others	3 private vehicle		<input type="text"/>																																																						
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11.6 How many hours each week do you attend at school?	<input type="text"/>																																																												
<table border="0"> <tr> <td>1 < 10 hours</td> <td>3 20 - 29 hours</td> <td>5 40 or more hours</td> </tr> <tr> <td>2 10 - 19 hours</td> <td>4 30 - 39 hours</td> <td></td> </tr> </table>	1 < 10 hours	3 20 - 29 hours	5 40 or more hours	2 10 - 19 hours	4 30 - 39 hours		<input type="text"/>																																																						
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11.7 Do you sometimes miss school which you should be attending?	<input type="text"/>																																																												
<table border="0"> <tr> <td>1 No (GO TO 12.1)</td> <td>3 Yes sometimes</td> </tr> <tr> <td>2 Yes but rarely</td> <td>4 Yes frequently</td> </tr> </table>	1 No (GO TO 12.1)	3 Yes sometimes	2 Yes but rarely	4 Yes frequently	<input type="text"/>																																																								
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11.8 What is the main reason for missing school?	<input type="text"/>																																																												
<table border="0"> <tr> <td>01 School fees</td> <td>05 Suspended</td> <td>09 Disaster</td> </tr> <tr> <td>02 Sick</td> <td>06 Family problems</td> <td>10 Others</td> </tr> <tr> <td>03 Have to work</td> <td>07 Bad weather</td> <td></td> </tr> <tr> <td>04 Distance to travel</td> <td>08 Teacher absent</td> <td></td> </tr> </table>	01 School fees	05 Suspended	09 Disaster	02 Sick	06 Family problems	10 Others	03 Have to work	07 Bad weather		04 Distance to travel	08 Teacher absent		(GO TO 12.1)																																																
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<p>11.9 Why have you never attended school?</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> 1 Too young <input type="checkbox"/> 2 School fees <input type="checkbox"/> 3 Distance to travel </td> <td style="width: 50%;"> <input type="checkbox"/> 4 Family problems <input type="checkbox"/> 5 Disability <input type="checkbox"/> 6 Others (specify) _____ </td> </tr> </table> <p style="text-align: right;">(GO TO 12.1)</p>	<input type="checkbox"/> 1 Too young <input type="checkbox"/> 2 School fees <input type="checkbox"/> 3 Distance to travel	<input type="checkbox"/> 4 Family problems <input type="checkbox"/> 5 Disability <input type="checkbox"/> 6 Others (specify) _____	<p>12.4 What type of work does this person mainly do?</p> <p>work for pay (cash & kind)</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> 01 Work for pay (government) <input type="checkbox"/> 02 Work for pay (quasi government) <input type="checkbox"/> 03 Work for pay (private) <input type="checkbox"/> 04 Operate own business </td> <td style="width: 50%;"> (GO TO 12.6) (GO TO 12.5) </td> </tr> </table> <p>unpaid family business work</p> <input type="checkbox"/> 06 Unpaid family business work (GO TO 12.6) <p>producing goods mainly for sale</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> 07 Farming or gardening <input type="checkbox"/> 08 Fishing <input type="checkbox"/> 09 Handicrafts </td> <td style="width: 50%;"> (GO TO 12.5) </td> </tr> </table> <p>producing goods mainly for consumption</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> 10 Farming/gardening <input type="checkbox"/> 11 Fishing <input type="checkbox"/> 12 Handicrafts <input type="checkbox"/> 13 Others (specify) _____ </td> <td style="width: 50%;"> (GO TO 12.8) </td> </tr> </table>	<input type="checkbox"/> 01 Work for pay (government) <input type="checkbox"/> 02 Work for pay (quasi government) <input type="checkbox"/> 03 Work for pay (private) <input type="checkbox"/> 04 Operate own business	(GO TO 12.6) (GO TO 12.5)	<input type="checkbox"/> 07 Farming or gardening <input type="checkbox"/> 08 Fishing <input type="checkbox"/> 09 Handicrafts	(GO TO 12.5)	<input type="checkbox"/> 10 Farming/gardening <input type="checkbox"/> 11 Fishing <input type="checkbox"/> 12 Handicrafts <input type="checkbox"/> 13 Others (specify) _____	(GO TO 12.8)																									
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<p>11.10 What is the highest level and grade this person completed?</p> <table style="width: 100%;"> <tr> <td style="width: 20%;"> <input type="checkbox"/> 1 Kindergarten <input type="checkbox"/> 2 Primary <input type="checkbox"/> 3 Secondary 1 <input type="checkbox"/> 4 Secondary 2 <input type="checkbox"/> 5 University <input type="checkbox"/> 6 Technical/Vocational </td> <td style="width: 40%;"> <table border="1" style="font-size: 8px;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td></td><td></td></tr> <tr><td>5</td><td>6</td><td>7</td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> </table> </td> <td style="width: 40%;"> <div style="display: flex; justify-content: space-around;"> <div>level <input type="text"/></div> <div>grade <input type="text"/></div> </div> </td> </tr> </table>	<input type="checkbox"/> 1 Kindergarten <input type="checkbox"/> 2 Primary <input type="checkbox"/> 3 Secondary 1 <input type="checkbox"/> 4 Secondary 2 <input type="checkbox"/> 5 University <input type="checkbox"/> 6 Technical/Vocational	<table border="1" style="font-size: 8px;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td></td><td></td></tr> <tr><td>5</td><td>6</td><td>7</td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> </table>	1	2	3	4	5	6	1	2	3	4			5	6	7				1	2	3	4	5	6	1	2	3	4	5	6	<div style="display: flex; justify-content: space-around;"> <div>level <input type="text"/></div> <div>grade <input type="text"/></div> </div>	<p>12.5 Do you employ people in this business operation?</p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
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1	2	3	4	5	6																													
<p>11.11 What year did you complete formal schooling?</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	<p>12.6 What does the person do most of the time as part of his/her work?</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">occupation code</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> </div> <p style="text-align: right; font-size: 8px;">(office use only)</p>																																	
<p>11.12 Did you get any technical and vocational training after completing schooling?</p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (GO TO 11.14)	<p>12.7 What is the main activity of the employer?</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">industry code</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> </div> <p style="text-align: right; font-size: 8px;">(office use only)</p>																																	
<p>11.13 Please give details of technical and vocational training</p> <table border="1" style="width: 100%; font-size: 8px;"> <thead> <tr> <th>LN</th> <th>Training</th> <th>Training Provider</th> <th>Duration in months</th> <th>Year</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	LN	Training	Training Provider	Duration in months	Year	1					2					3					4					<p>12.8 On average, how many hours a week does this person work?</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>								
LN	Training	Training Provider	Duration in months	Year																														
1																																		
2																																		
3																																		
4																																		
<p>11.14 After completion of schooling or training, how long did it take you to find a job?</p> <input type="checkbox"/> 1 never found a job (GO TO 12.1) <input type="checkbox"/> 2 < 1 month <input type="checkbox"/> 3 1 - 6 months <input type="checkbox"/> 4 7 - 12 months <input type="checkbox"/> 5 > 12 months	<p>12.9 Would this person be willing & available to work additional hours?</p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (If 12.4 = 1 - 9, END QUESTIONS)																																	
<p>11.15 What type of work was this first job?</p> <input type="checkbox"/> 1 work for pay for government <input type="checkbox"/> 2 work for pay for quasi government <input type="checkbox"/> 3 work for pay for private or operate own business <input type="checkbox"/> 4 unpaid family business work <input type="checkbox"/> 5 producing goods mainly for sale <input type="checkbox"/> 6 producing goods mainly for consumption	<p>12.10 Did this person look for paid work last week? (including self employment)</p> <input type="checkbox"/> 1 Yes (GO TO 12.12) <input type="checkbox"/> 2 No																																	
12. LABOUR FORCE (for persons aged 10 and above)																																		
<p>12.1 During last week, did this person do any work? (Include subsistence activities and unpaid family business work)</p> <input type="checkbox"/> 1 Yes (GO TO 12.4) <input type="checkbox"/> 2 No	<p>12.11 Why didn't this person look for paid job last week?</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> 1 Attending school <input type="checkbox"/> 2 Retired <input type="checkbox"/> 3 Home duties/child care <input type="checkbox"/> 4 Not interested <input type="checkbox"/> 5 Disabled <input type="checkbox"/> 6 Weather conditions <input type="checkbox"/> 7 Believes no work available <input type="checkbox"/> 8 Transport costs <input type="checkbox"/> 9 Others </td> <td style="width: 50%;"> (GO TO 12.14) (GO TO 12.12) (GO TO 12.13) </td> </tr> </table>	<input type="checkbox"/> 1 Attending school <input type="checkbox"/> 2 Retired <input type="checkbox"/> 3 Home duties/child care <input type="checkbox"/> 4 Not interested <input type="checkbox"/> 5 Disabled <input type="checkbox"/> 6 Weather conditions <input type="checkbox"/> 7 Believes no work available <input type="checkbox"/> 8 Transport costs <input type="checkbox"/> 9 Others	(GO TO 12.14) (GO TO 12.12) (GO TO 12.13)																															
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<p>12.2 During the last week, did this person have a job at which he/she did not work?</p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (GO TO 12.10)	<p>12.12 During the last week, was this person willing and available to start work?</p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No																																	
<p>12.3 What was the main reason this person did not work in the last week?</p> <input type="checkbox"/> 1 Illness/sickness <input type="checkbox"/> 2 Temporary layoff <input type="checkbox"/> 3 Seasonal worker <input type="checkbox"/> 4 On holiday <input type="checkbox"/> 5 Bad weather <input type="checkbox"/> 6 Custom event <input type="checkbox"/> 7 Other	<p>12.13 How long has this person been unemployed?</p> <table style="width: 100%;"> <tr> <td style="width: 33%;"> <input type="checkbox"/> 1 < 1 month <input type="checkbox"/> 2 1 - <2 months </td> <td style="width: 33%;"> <input type="checkbox"/> 3 2 - <6 months <input type="checkbox"/> 4 6 - <12 months </td> <td style="width: 33%;"> <input type="checkbox"/> 5 1 - 2 years <input type="checkbox"/> 6 > 2 years </td> </tr> </table>	<input type="checkbox"/> 1 < 1 month <input type="checkbox"/> 2 1 - <2 months	<input type="checkbox"/> 3 2 - <6 months <input type="checkbox"/> 4 6 - <12 months	<input type="checkbox"/> 5 1 - 2 years <input type="checkbox"/> 6 > 2 years																														
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<p>12.14 During the last week, did this person do more than 10 hours unpaid work for the family, church or community, not covered in questions 12.1 - 12.8?</p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (END QUESTIONS)	<p>12.15 What was the main type of unpaid work that this person did?</p> <table style="width: 100%;"> <tr> <td style="width: 33%;"> <input type="checkbox"/> 1 Home duties/child care <input type="checkbox"/> 2 Family </td> <td style="width: 33%;"> <input type="checkbox"/> 4 Community work <input type="checkbox"/> 3 Church </td> <td style="width: 33%;"> <input type="checkbox"/> 5 Relatives <input type="checkbox"/> 6 Others </td> </tr> </table>	<input type="checkbox"/> 1 Home duties/child care <input type="checkbox"/> 2 Family	<input type="checkbox"/> 4 Community work <input type="checkbox"/> 3 Church	<input type="checkbox"/> 5 Relatives <input type="checkbox"/> 6 Others																														
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KINGDOM OF TONGA

INDIVIDUAL QUESTIONNAIRE

Household Income and Expenditure Survey

2009

QUARTER:

☐

Division Name:

Village Name:

CB Number:

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Household Number:

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Person Number:

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Person Name:

Name of Interviewer:

Confidentiality of Information Supplied

All data supplied in this questionnaire will remain strictly **CONFIDENTIAL** in accordance with the Tonga Statistics Act, 1978

The information you give will be combined with information from other households to produce accurate and up to date statistics on the income and expenditure patterns of households.

The information will be used solely for statistical purposes **ONLY**.

Who must complete this questionnaire?

This questionnaire must be completed for **all** persons 15 and above and have lived with the household for 3 months or more.

Survey period

The reference period for this questionnaire differs for each question. Please make sure the correct reference period is applied.

Recording Dollar Amounts

Record whole dollar amounts in Tonga Pa'anga. **Do not** record seniti. If a purchase was made overseas with a different currency, then record the amount and the currency used. The office will convert the amount to Tongan Pa'anga.

Person questionnaire

This questionnaire has 7 sections. You will be asked to provide the following information:

1. Wages & Salary
2. Self-Employed & Other Business Activities
3. Previous Jobs
4. Services provided to other private households
5. Pensions/Welfare Benefits
6. Other Income
7. Loan Information
8. Contributions to Benefit Schemes

Section 1. Wages & Salary

1.1 Are you currently working for pay in a job, business or profession?

(Please encircle appropriate code and write in the box)

1 - Yes

2 - No If NO, Go To 2.1

(1)	Job 1	Code	Job 2	Code
	(2)	(3)	(4)	(5)
1.11 Occupation				
1.12 Name of Employer				
1.13 What sector are you working in? 1 - Public Sector 2 - Private Sector 3.- Religious organisation 4- Other	Enter code here <input type="text"/>		Enter code here <input type="text"/>	
		Code (6)		Code (7)
1.14 Main duty/ activity at place of work				
1.15 Number of hours worked a week (usual, including overtime)				
1.16 How long have you been working at this job (years and months)?				

1.2 How much did you earn from this job in the last 12 months?

(1)	Job 1	Job 2
	(2)	(3)
a) Gross cash pay for this job	\$	\$
b) Commission / bonus	\$	\$
c) Payment in kind – rent	\$	\$
d) - utilities	\$	\$
e) - food	\$	\$
f) - other	\$	\$
(g) TOTAL (a + b + c + d + e + f)	\$	\$

Section 2. Self-Employed and Other Business Activities

- 2.1 Did you receive any income from any other commercial activities during the last 12 months, excluding the subsistence activities covered in the household questionnaire?

(Please encircle appropriate code and write in the box)

Examples include:

- a) Operation of a transport business
- b) Operation of a retail store
- c) Operation of a trade business (e.g., electrician, mechanic, plumber, etc)
- d) Tourism business

1. Yes

2. No If No GO To 3.1

☐

- 2.2 Please give details of the income earned from the above commercial activities: Answer below for the total for all persons involved in the activity in the household

BUSINESS	Business 1	Business 2	Business 3
(1)	(2)	(3)	(4)
1. Nature of Activity			
2. Type of industry			
(ISIC Code)			
3. Estimated value of drawings from business – cash only	\$	\$	\$
4. Estimated value of drawings from business – non cash items used for consumption at home	\$	\$	\$
5. TOTAL (3 + 4)	\$	\$	\$

The estimated value of drawings from a business means the value of profits brought home to this household as a result of the business activities. The drawings from the business can include either cash withdrawn from the business activities or items taken from the business and consumed at home.

Section 3. Previous Jobs

- 3.1 Apart from the jobs you have already mentioned, are there any jobs that you held during the last 12 months which you do not hold at the moment?

(Please encircle appropriate code and write in the box)

1- Yes

2 - No

If NO Go To 4.1

- 3.2 For each job please provide the following information about the income:

Job No.	Name of Employer	Number of months worked	Gross amount received (include bonuses and commission)	Other (e.g. redundancy payment)
(1)	(2)	(3)	(4)	(5)
1			\$	\$
2			\$	\$
3			\$	\$
4			\$	\$
5			\$	\$

4. Services provided to other private households

- 4.1 In the last 12 months, did you receive any money from casual jobs for other households or non-profit organisations? 'Casual jobs' include casual work such as lawn mowing, baby-sitting etc. done for other households.

(Please encircle appropriate code and write in the box)

1- Yes

2 - No

If NO Go To 5.1

- 4.2 For each job, please provide the following information about the income:

Type of Job (eg lawn mowing, baby sitting, work in taro patch)	Gross Pay in last 12 months	
	Cash	In Kind (*)
(1)	(2)	(3)
1. Lawn mowing	\$	\$
2. Baby sitting / Child minding	\$	\$
3. Work in food garden	\$	\$
4. Repair work	\$	\$
5. Fishing assistance	\$	\$
6. House Cleaner/Domestic	\$	\$
7. Other (specify)	\$	\$
	\$	\$

(*) estimate the value of any items provided according to how much they would have cost to buy

Section 5. Pensions/Welfare Benefits

- 5.1 In the last 12 months, did you receive any social welfare benefit payments from the government/ other non profit agency or any other regular benefit payments, such as old age pension or ACC?
(Please encircle appropriate code and write in the box)

1 - Yes

2 - No

If NO Go To 5.3

- 5.2 What was the gross amount received for these benefit payments in the last 12 months?

Type of benefit	Amount
(1)	(2)
1.	\$
2.	\$

- 5.3 In the last 12 months, did you receive any regular payments from the National Provident Fund or other pension plan?
(Please encircle appropriate code and write in the box)

1 - Yes

2 - No

If NO Go To 5.5

- 5.4 What was the gross amount received for these regular payments?

Type of fund (eg, old pension)	Amount
(1)	(2)
1.	\$
2.	\$

- 5.5 In the last 12 months, did you receive any lump sum payments from your National Provident Fund or other pension plan?
(Please encircle appropriate code and write in the box)

1 - Yes

2 - No

If NO Go To 6.1

- 5.6 What was the gross amount received for these lump sum payments?

Type of fund (eg, retiree)	Amount
(1)	(2)
1.	\$
2.	\$

Section 6. Other Income

6.1 In the last 12 months, did you receive any income from the following sources?

(Please encircle appropriate code and write in the box)

1 - Yes

2 - No If NO Go To 7.1

☐

Income Source	Amount
(1)	(2)
1. Interest	\$
2. Rent – House	\$
3. Rent – Lease for land	\$
4. Income from partnership as a non-working shareholder	\$
5. Income as a non-working proprietor	\$
6. Directors fees, remuneration for committees and boards	\$
7. Life Insurance	\$
8. Sale of motor vehicle	\$
9. Sale of other assets (such as land)	\$
10. Inheritance	\$
11. Matrimonial property settlement	\$
12. Child support for dependent child	\$
13. Royalties	\$
14. Other (please specify)	
a.	\$
b.	\$
c.	\$

Section 7. Loan Information

7.1 In the last 12 months, have you been paying a loan for one of the following:

- a) Purchase of land and/or dwelling
- b) Purchase of a vehicle
- c) Hosting of a Cultural/Religious Event
- d) Any other type of loan

(Please encircle appropriate code and write in the box)

1 – Yes **Provide relevant details below**

2 – No **IF No Go to 8.1**

☐

Loans for the purchase of land and/or dwelling

7.2 Please provide the following information for each mortgage or loan:

(1)	Mortgage/ Loan 1	Mortgage/ Loan 2	Mortgage/ Loan 3
	(2)	(3)	(4)
7.21 Amount originally borrowed	\$	\$	\$
7.22 Who borrowed from			
7.23 Year			
7.24 Borrower's cash contribution	\$	\$	\$
7.25 Term of mortgage or loan	Years	Years	Years
7.26 Amount of latest payment	\$	\$	\$
7.27 Period covered by latest payment			
7.28 Interest rate (current)	%	%	%

Loans for vehicles**7.3 Please provide the following information for each loan:**

(1)	Loan 1	Loan 2	Loan 3
	(2)	(3)	(4)
7.31 Amount originally borrowed	\$	\$	\$
7.32 Who borrowed from			
7.33 Year			
7.34 Borrower's cash contribution	\$	\$	\$
7.35 Term of loan	Years	Years	Years
7.36 Amount of latest payment	\$	\$	\$
7.37 Period covered by latest payment			
7.38 Interest rate (current)	%	%	%

Loans for cultural/religious events**7.4 Please provide the following information for each loan:**

(1)	Loan 1	Loan 2	Loan 3	Loan 4
	(2)	(3)	(4)	(5)
7.41 Amount originally borrowed	\$	\$	\$	\$
7.42 Who borrowed from				
7.43 Year				
7.44 Borrower's cash contribution	\$	\$	\$	\$
7.45 Term of loan	Years	Years	Years	Years
7.46 Amount of latest payment	\$	\$		\$
7.47 Period covered by latest payment				
7.48 Interest rate (current)	%	%	%	%

All other loans not covered above**7.5 Please provide the following information for each loan:**

(1)	Loan 1	Loan 2	Loan 3	Loan 4
	(2)	(3)	(4)	(5)
7.51 Amount originally borrowed	\$	\$	\$	\$
7.52 Who borrowed from				
7.53 Year				
7.54 Borrower's cash contribution	\$	\$	\$	\$
7.55 Term of loan	Years	Years	Years	Years
7.56 Amount of latest payment	\$	\$	\$	\$
7.57 Period covered by latest payment				
7.58 Interest rate (current)	%	%	%	%

Section 8. Contributions to benefit schemes

8.1 In the last 12 months, did you make a contribution to a life insurance, social security or pension plan/retirement?

(Please encircle appropriate code and write in the box)

1 – Yes Provide relevant details below 2 – No If NO, END QUESTIONNAIRE

☐

Expenditure for benefit scheme(s):

Type of scheme	Latest Amount Paid			Period covered
(1)	(2)	(3)	(4)	(5)
8.11 Credit Union	\$	\$	\$	
8.12 Medical Insurance	\$	\$	\$	
8.13 Life Insurance	\$	\$	\$	
8.14 Other schemes (specify)				
a.	\$	\$	\$	
b.	\$	\$	\$	

END OF QUESTIONNAIRE