

Pre-Listing of Households

Census District Number

Enumerator's Name

Census Block Number

Village Name

Household	Name of Head of Household	Household	Name of Head of Household
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 Schedule

Census District Number

Census Block Number

Enumerator's Name

Village Name

Household Number

List All Adults Children and Babies Present In The Household On 30th November Midnight

	Name	M or F	Name	M or F
1	Head:			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
	Total		Males	Females
			<input type="text"/>	<input type="text"/>
			= <input type="text"/>	

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

Household Characteristics: Answer the following questions for the household as a whole by putting a circle around the appropriate box(es)

Type of Building: (Describe main building if there is more than one building for Household)

Tongan Style, Iron Roof, Thatch Walls	<input type="checkbox"/>	Tongan Style, Thatch Roof, Thatch Walls	<input type="checkbox"/>	European Style, Wooden	<input type="checkbox"/>
Tongan Style, Thatch Roof, Wooden Walls	<input type="checkbox"/>	European Style, Brick/Cement	<input type="checkbox"/>	Other	<input type="checkbox"/>

1 Source of Water:	2 Type of Latrine:	3 Source of Energy for Lighting:	4 Source of Energy for Cooking:
Piped Supply <input type="checkbox"/>	Flush Toilet <input type="checkbox"/>	Electricity Supply <input type="checkbox"/>	Electricity Supply <input type="checkbox"/>
Cement/Tank <input type="checkbox"/>	Manual Flush <input type="checkbox"/>	Electric Generator <input type="checkbox"/>	Gas <input type="checkbox"/>
Own Well <input type="checkbox"/>	Pit <input type="checkbox"/>	Kerosene <input type="checkbox"/>	Firewood <input type="checkbox"/>
Other <input type="checkbox"/>	None <input type="checkbox"/>	Benzine <input type="checkbox"/>	Kerosene <input type="checkbox"/>
	Other <input type="checkbox"/>	Solar <input type="checkbox"/>	Other <input type="checkbox"/>
		Other <input type="checkbox"/>	

5 Does this Household have any of the following:

(a) Radio/Tape/CD player	<input type="checkbox"/>	(b) Livestock	
Bicycle	<input type="checkbox"/>	Cattle	<input type="checkbox"/>
Boat	<input type="checkbox"/>	Horses	<input type="checkbox"/>
Hotwater System	<input type="checkbox"/>	Pigs	<input type="checkbox"/>
Bath and/or shower	<input type="checkbox"/>	Chickens	<input type="checkbox"/>
Motor Vehicle	<input type="checkbox"/>	Goats	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>		
TV	<input type="checkbox"/>		
Video Recorder	<input type="checkbox"/>		
Computer	<input type="checkbox"/>		

6 Has this Household at any time in 1996 grown:

Crops (No squash pumpkin)	<input type="checkbox"/>
Squash Pumpkin only	<input type="checkbox"/>
Squash Pumpkin and other crops	<input type="checkbox"/>
No Crops grown	<input type="checkbox"/>

7 Tenure of House:

Own House	<input type="checkbox"/>
Rented	<input type="checkbox"/>
Rent-Free	<input type="checkbox"/>
Other	<input type="checkbox"/>

8 Household Waste Disposal

Burn	<input type="checkbox"/>
Bury	<input type="checkbox"/>
Lagoon/Ocean	<input type="checkbox"/>
Other:	<input type="text"/>

This is to certify that the Household above headed by Mr/Mrs CB No:

in the Village of has been enumerated on 1996

Signed: Enumerator Checked: Supervisor

Form PC3
Personal
Village Na
Census Bl
Household
1 Full Na
2 Relatio
3 Sex
4 Date o
5 Place o
Where
6 Ethnic
10 T
31 S
50 C
60 A
90 C
91 N
7 Marita
1 N
2 N
8 Religi
11 F
12 P
13 L
20 E
30 C
90 F
9 Place
Does
1
2
Wh
10 Inter
How
11 Scho
Is thi
1
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12 Educ
What
1
2
30
13 Edu
/Wh
1
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6
7
8
9
Office Use
Checked
Initials
Entered
14 Litter
Can

National Population Census - Kingdom of Tonga 1996

Form PC3]

Personal Questionnaire

1 Village Name

2 Census Block Number

3 Household Number **4** Person Number

5 Full Name

6 Relationship to Head of Household

7 Sex 1 Male 2 Female

8 Date of Birth (Day) (Month) (Year) >>> **9** Age > (Years)

10 Place of Birth (Village/Country)
Where was this person born?
(Usual residence of mother at birth)

11 Ethnic Origin

10 Tongan	15 Part-Tongan	20 European
31 Samoan	32 Fijian	39 Fijian Indian
50 Other Pacific Island: specify >>		
60 Asian: specify >>		
90 Other: specify >>		
91 Mixed (No Tongan)		

12 Marital Status

1 Never Married	3 Widowed
2 Married	4 Divorced or Separated

13 Religion

11 Free Wesleyan Church	14 Free Church of Tonga	17 Anglican /CofE
12 Roman Catholic	15 Church of Tonga	18 7th Day Adventist
13 Latter Day Saints	16 Tokaikolo Christian Ch.	19 Assemblies of God
20 Bahai	98 None	
30 Other specify >>		
90 Refuse to Answer		

14 Place of Usual Residence

Does this person usually live in this village?

1 Yes	
2 If No	(Village/Country) <input type="text"/>

Where does this person usually live? >>

15 Internal Migration

How long has this person lived in this village? (Years) (Months)

16 School Enrolment

Is this person currently attending school or pursuing some kind of education or training?

1 Yes	
2 No	

17 Educational Attainment:

What is the highest level of schooling reached?

1 Some Primary	Highest class completed						
	1	2	3	4	5	6	
2 Some Secondary	Highest form completed						
	1	2	3	4	5	6	7
30 Tertiary	98 No Schooling						

18 Education - Highest Qualification *Ask only of those aged 11 and over*

What is the highest level of qualification this person has obtained?

1 Primary School	(pass entry to secondary school)
2 High School Certificate	(specify below)
5 Diploma	(specify subject below)
6 Degree (BA, BSc)	(specify subject below)
7 Post Graduate Degree	(MA, MSc, PhD) (specify subject below)
8 Other Degree	(specify below)
9 None of the above	(specify field/subject of study)

19 Literacy *Ask only of those aged 6 and over*

Can you Read and Write? English 1 Yes 2 No

15 Economic Activity Last Week *Ask only of those aged 15 and over*

Did this person work at any time in the reference week, either full time or part time? (Work includes helping without pay in a family business, and with farming/gardening/fishing/handicrafts)

1 Yes 2 No 9 Other specify >>>

1 Full/part time at a job or in a business	>> Go To Q18
2 Mainly in farming/fishing/handicrafts	>> Go To Q16
3 Mainly Housework some farming/fishing/handicrafts	>> Go To Q16
4 Temporarily absent due to leave, sickness etc.	>> Go To Q18
5 Unemployed	>> Go To Q21
6 Housework only	>> Go To Q21
7 Student only	>> Go To Q21
8 Too old/Retired	>> Go To Q21
9 Disabled/Handicapped	>> Go To Q21

16 Farming, Fishing & Handicrafts

What did this Person mainly do?

61 Farming/Gardening	64 Fishing	75 Weaving/Making Tapa etc.
98 Other specify >>>		

17 Produce Sold

The food the person grows, the fish caught, the mats, tapa, handicrafts produced Are they for the persons own/family use, or is some sold?

1 Own/Family use/NEVER sell
2 Occasionally Sell
3 Regularly Sell

18 Principal Occupation

What is your principal occupation?

19 Industry Affiliation

Who does this person work for? State name of Department if Government or name of Employer

20 Employment Status

1 Own account worker	5 Employee - Private Employer
2 Employer	6 Unpaid Family Worker
3 Employee - Government	7 Other: (specify)
4 Employee - Quasi-Government	

21 Real Father and Mother *Ask Everyone*

Real Father Alive? 1 Yes 2 No 3 Don't Know

Real Mother Alive? 1 Yes 2 No 3 Don't Know

Person number of Mother >>

22 Own Children *Ask only of Females aged 15 - 49*

	Boys	Girls	Total
How many of your own children are living In Tonga >>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Elsewhere >>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Did you give birth to any baby or child who has died Enter No. >>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check Total Live births Enter No. >>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Most recent live birth (whether still alive or not)

Date of Birth (Day) (Month) (Year) Sex 1 Male 2 Female

Is This Child Still Alive? 1 Yes 2 No

Age of Mother when she Had first live born child (Years)

Did the person named in this form give his/her own answers to the questions. 1 Yes 2 No

If the answers were given by another person give that person's number