

Personal Questionnaire

Village Name

Census Block Number

Household Number Person Number

1 Full Name

2 Relationship to Head of Household

3 Sex 1 Male 2 Female

4 Date of Birth (Day) (Month) (Year) >>> Age > (Years)

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

6 Ethnic Origin

<input type="checkbox"/> 10 Tongan	<input type="checkbox"/> 15 Part-Tongan	<input type="checkbox"/> 20 European
<input type="checkbox"/> 31 Samoan	<input type="checkbox"/> 32 Fijian	<input type="checkbox"/> 39 Fiji Indian
<input type="checkbox"/> 50 Other Pacific Island specify >>		<input type="checkbox"/> 5
<input type="checkbox"/> 60 Asian specify >>		<input type="checkbox"/> 6
<input type="checkbox"/> 90 Other specify >>		
<input type="checkbox"/> 91 Mixed (No Tongan)		

7 Marital Status

<input type="checkbox"/> 1 Never Married	<input type="checkbox"/> 3 Widowed
<input type="checkbox"/> 2 Married	<input type="checkbox"/> 4 Divorced or Separated

8 Religion

<input type="checkbox"/> 11 Free Wesleyan Church	<input type="checkbox"/> 14 Free Church of Tonga	<input type="checkbox"/> 17 Anglican /CofE
<input type="checkbox"/> 12 Roman Catholic	<input type="checkbox"/> 15 Church of Tonga	<input type="checkbox"/> 18 7th Day Adventist
<input type="checkbox"/> 13 Latter Day Saints	<input type="checkbox"/> 16 Tokaikolo Christian Ch.	<input type="checkbox"/> 19 Assemblies of God
<input type="checkbox"/> 20 Bahai	<input type="checkbox"/> 98 None	
<input type="checkbox"/> 30 Other specify >>>		<input type="checkbox"/> 3
<input type="checkbox"/> 90 Refuse to Answer		

9 Place of Usual Residence

Does this person usually live in this village? 1 Yes 2 If No

Where does this person usually live? >>> (Village/Country)

10 Internal Migration

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

11 School Enrolment

Is this person currently attending school or pursuing some kind of education or training? 1 Yes 2 No

12 Educational Attainment:

What is the highest level of schooling reached?

<input type="checkbox"/> 1 Some Primary	Highest class completed
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
<input type="checkbox"/> 2 Some Secondary	Highest form completed
	<input type="checkbox"/> 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"/> 30 Tertiary	
<input type="checkbox"/> 98 No Schooling	

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

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

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

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

Can you Read and Write? English 1 Yes 2 No Tongan 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

<input type="checkbox"/> 1 Full/part time at a job or in a business	>> Go To Q18
<input type="checkbox"/> 2 Mainly in farming/fishing/handicrafts	>> Go To Q16
<input type="checkbox"/> 3 Mainly Housework some farming/fishing/handicrafts	>> Go To Q16

2 No

<input type="checkbox"/> 1 Temporarily absent due to leave, sickness etc.	>> Go To Q18
<input type="checkbox"/> 2 Unemployed	>> Go To Q21
<input type="checkbox"/> 3 Housework only	>> Go To Q21
<input type="checkbox"/> 4 Student only	>> Go To Q21
<input type="checkbox"/> 5 Too old/Retired	>> Go To Q21
<input type="checkbox"/> 6 Disabled/Handicapped	>> Go To Q21

9 Other specify >>> >> Go To Q21

16 Farming, Fishing & Handicrafts

What did this Person mainly do?

<input type="checkbox"/> 61 Farming/Gardening	<input type="checkbox"/> 64 Fishing	<input type="checkbox"/> 75 Weaving/Making Tapa etc
<input type="checkbox"/> 98 Other specify >>>	<input type="text"/>	<input type="checkbox"/>

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?

<input type="checkbox"/> 1 Own/Family use/NEVER sell
<input type="checkbox"/> 2 Occasionally Sell
<input type="checkbox"/> 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

<input type="checkbox"/> 1 Own account worker	<input type="checkbox"/> 5 Employee - Private Employer
<input type="checkbox"/> 2 Employer	<input type="checkbox"/> 6 Unpaid Family Worker
<input type="checkbox"/> 3 Employee - Government	<input type="checkbox"/> 7 Other: (specify)
<input type="checkbox"/> 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	
How many of your own children are living In Tonga >>	<input type="text"/>	<input type="text"/>	
Elsewhere >>	<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"/>	
Check Total Live births Enter No. >>	<input type="text"/>	<input type="text"/>	Total <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