

Household Schedule				Enumerator's Name	
Census District Number				Village Name	
Census Block Number				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:		13		
2			14		
3			15		
4			16		
5			17		
6			18		
7			19		
8			20		
9			21		
10			22		
11			23		
12			24		

Total Males + Females = Persons

	+		=	
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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"/> 1	Tongan Style, Thatch Roof, Thatch Walls	<input type="checkbox"/> 3	European Style, Wooden	<input type="checkbox"/> 5
Tongan Style, Thatch Roof, Wooden Walls	<input type="checkbox"/> 2	European Style, Brick/Cement	<input type="checkbox"/> 4	Other	<input type="checkbox"/> 6

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"/> 1 Cement/Tank <input type="checkbox"/> 2 Own Well <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Flush Toilet <input type="checkbox"/> 1 Manual Flush <input type="checkbox"/> 2 Pit <input type="checkbox"/> 3 None <input type="checkbox"/> 4 Other <input type="checkbox"/> 5	Electricity Supply <input type="checkbox"/> 1 Electric Generator <input type="checkbox"/> 2 Kerosene <input type="checkbox"/> 3 Benzine <input type="checkbox"/> 4 Solar <input type="checkbox"/> 5 Other <input type="checkbox"/> 6	Electricity Supply <input type="checkbox"/> 1 Gas <input type="checkbox"/> 2 Firewood <input type="checkbox"/> 3 Kerosene <input type="checkbox"/> 4 Other <input type="checkbox"/> 5
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5 Does this Household have any of the following:

(a) Radio/Tape/CD player <input type="checkbox"/> 1 Bicycle <input type="checkbox"/> 2 Boat <input type="checkbox"/> 3 Hotwater System <input type="checkbox"/> 4 Bath and/or shower <input type="checkbox"/> 5 Motor Vehicle <input type="checkbox"/> 6 Refrigerator <input type="checkbox"/> 7 TV <input type="checkbox"/> 8 Video Recorder <input type="checkbox"/> 9 Computer <input type="checkbox"/> 0	(b) Livestock <input type="checkbox"/> 1 Cattle <input type="checkbox"/> 1 Horses <input type="checkbox"/> 2 Pigs <input type="checkbox"/> 3 Chickens <input type="checkbox"/> 4 Goats <input type="checkbox"/> 5
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6 Has this Household at any time in 1996 grown:

Crops (No squash pumpkin)	<input type="checkbox"/> 1
Squash Pumpkin only	<input type="checkbox"/> 2
Squash Pumpkin and other crops	<input type="checkbox"/> 3
No Crops grown	<input type="checkbox"/> 4

7 Tenure of House:

Own House	<input type="checkbox"/> 1
Rented	<input type="checkbox"/> 2
Rent-Free	<input type="checkbox"/> 3
Other	<input type="checkbox"/> 4

8 Household Waste Disposal

Burn	<input type="checkbox"/> 1
Bury	<input type="checkbox"/> 2
Lagoon/Ocean	<input type="checkbox"/> 3
Other:	<input type="checkbox"/> 4

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

Office Use
Checked
Initials
Date

Pre-Listing of Households

Census District Number				
Census Block Number				

Enumerator's Name	
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	