

NATIONAL POPULATION CENSUS - KINGDOM OF TONGA - 1986

A. HOUSEHOLD SCHEDULE Enumerator's Name: _____

CENSUS DISTRICT NO.

VILLAGE NAME _____

CENSUS BLOCK NO.

HOUSEHOLD NUMBER:

LIST ALL PERSONS PRESENT IN HOUSEHOLD ON 28 NOV - 29 NOV MIDNIGHT

HEAD	NAME	M or F	NAME	M or F	
1.	_____	_____	11.	_____	
2.	_____	_____	12.	_____	
3.	_____	_____	13.	_____	
4.	_____	_____	14.	_____	
5.	_____	_____	15.	_____	
6.	_____	_____	16.	_____	
7.	_____	_____	17.	_____	
8.	_____	_____	18.	_____	
9.	_____	_____	19.	_____	
10.	_____	_____	20.	_____	
		TOTAL	M	F	Persons

Attach all Individual Schedules, in numerical order to this Household Schedule:

B. HOUSEHOLD CHARACTERISTICS: Answer the following questions for the household as a whole:

1. Source of Water:

<input type="checkbox"/>	1	Piped Supply
<input type="checkbox"/>	2	Own Tank
<input type="checkbox"/>	3	Own Well
<input type="checkbox"/>	4	Other

4. Source of Energy for Lighting:

<input type="checkbox"/>	1	Electricity Supply
<input type="checkbox"/>	2	Electric Generator
<input type="checkbox"/>	3	Kerosene
<input type="checkbox"/>	4	Benzine
<input type="checkbox"/>	5	Solar
<input type="checkbox"/>	6	Other

6. Tick if Household has:

<input type="checkbox"/>	Radio	Y	N
<input type="checkbox"/>	Bicycle	Y	N
<input type="checkbox"/>	Boat	Y	N
<input type="checkbox"/>	Hot water system	Y	N
<input type="checkbox"/>	Bath and/or shower	Y	N
<input type="checkbox"/>	Motor cycle	Y	N
<input type="checkbox"/>	Truck	Y	N
<input type="checkbox"/>	Car	Y	N
<input type="checkbox"/>	Refrigerator	Y	N
<input type="checkbox"/>	TV	Y	N
<input type="checkbox"/>	Video Tape Recorder	Y	N
<input type="checkbox"/>	Washing Machine	Y	N

2. Type of Latrine:

<input type="checkbox"/>	1	Flush toilet
<input type="checkbox"/>	2	Manual flush
<input type="checkbox"/>	3	Pit
<input type="checkbox"/>	4	Other type
<input type="checkbox"/>	5	None

5. Source of Energy for Cooking:

<input type="checkbox"/>	1	Electricity Supply
<input type="checkbox"/>	2	Gas
<input type="checkbox"/>	3	Firewood
<input type="checkbox"/>	4	Kerosene
<input type="checkbox"/>	5	Other

3. Type of Building:

(Main house if more than one building for Household)

<input type="checkbox"/>	1	Tongan style, Iron roof, wooden walls
<input type="checkbox"/>	2	Tongan style, Thatch roof, wooden walls
<input type="checkbox"/>	3	Tongan style, Thatch roof, thatch walls
<input type="checkbox"/>	4	European style, Brick/cement
<input type="checkbox"/>	5	European style, Wooden
<input type="checkbox"/>	6	Other

7. Tenure of House:

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

1986 POPULATION CENSUS

This is to certify that Household NO. headed by Mr/Mrs in CB No. in the village of has been enumerated on November 1986.

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ENUMERATOR

NATIONAL POPULATION CENSUS - KINGDOM OF TONGA - 1986

PERSONAL SCHEDULE

Office Use only

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CENSUS DISTRICT NUMBER - CD NO.

VILLAGE NAME:

CENSUS BLOCK NUMBER - CB NO.

HOUSEHOLD NUMBER - HH NO.

PERSON NUMBER -

Q.17, 18, 19 AND 20 FOR ALL PERSONS BORN IN 1971 OR BEFORE

1 FULL NAME:

2 RELATIONSHIP TO HEAD OF HOUSEHOLD

3 SEX M F

4 DATE OF BIRTH Day Mth Year

5 PLACE OF BIRTH (If born in hospital, state village where mother lived at time of birth, if born outside Tonga state country only).

6 ETHNIC ORIGIN Tongan, Part-Tongan, European, Samoan, Fijian, Fiji Indian etc.

7 MARITAL STATUS
 1) Never Married
 2) Married
 3) Widowed
 4) Divorced or Separated

8 What is this person's Religion?

9 Is this the usual PLACE OF RESIDENCE for this person? Y N
 If NO, give usual place. (Village or Country)

10 How long has this person lived in this place? Years Mths

11 Where was this person living at the time of Hurricane Isaac? (3rd March 1982) (Village or Country)

12 Where was this person at the time of the previous Census (30th Nov. 1975)? (Village or Country)

13 What countries has this person lived in (6 mths or more)? (Tonga only, NZ, Hawaii, US Mainland, Am Samoa etc.)

14 SCHOOL ATTENDANCE
 1) Too Young
 2) At School
 3) Left School
 4) Never at School

15 EDUCATIONAL ATTAINMENT Highest level reached.

16 PERSONS WITH POST-SECONDARY QUALIFICATIONS, specify with level and field.

17 TYPE OF MAIN ACTIVITY LAST WEEK.
 What did this person do last week?
 1) Worked at paid employment
 2) On leave or temporary absence from work
 3) Worked in family business (including unpaid helper)
 4) Farming/Fishing/Livestock Production for cash income
 5) Farming/Fishing/Livestock Production subsistence only
 6) Full-time student
 7) Housewife
 8) Too old to work
 9) Retired
 10) Disabled/Handicapped
 11) Unemployed/Seeking Work
 12) Other activities
 If answer is either 1,2,3,4 or 5 in Q.17 ask Q.18, 19, and 20.

18 PRINCIPAL OCCUPATION
 What kind of work did the person do last week? State the type of work or give Job Title.

19 INDUSTRY AFFILIATION
 Who does person work for? Name the Department if Government or large Company, SELF if self employed.

20 EMPLOYMENT STATUS
 1) Own Account Worker
 2) Employer
 3) Employee - Govt. Employee
 4) Employee - Quasi-Govt.
 5) Employee - Private
 6) Unpaid Family Worker
 7) Other

21 REAL FATHER
 Alive now or Dead Alive Dead

22 REAL MOTHER
 Alive now or Dead Alive Dead
 Person No. if present in Household.

23 OWN CHILDREN - For FEMALES born in 1971 or before ONLY.
 BOY GIRL
 Number of children ever born Alive.
 Number of these children Still Living
 Age of Mother at first birth Years
 Last live child born Date of Birth. Day Mth Year
 Sex of last child. M F
 Is this child alive still? Y N
 If NO give date of death Day Mth Year

Choose ONE only.

Choose ONE only.

DID THE PERSON NAMED ON THIS FORM GIVE HIS/HER OWN ANSWERS TO THE QUESTIONS OR WERE THEY GIVEN BY ANOTHER PERSON IN THE HOUSEHOLD? IF GIVEN BY ANOTHER PERSON GIVE THAT PERSON'S NUMBER.

Own Another