

National Population Census - Kingdom of Tonga 2011  
Personal Questionnaire

Village Number:       
 Census Block Number:      
 Household Number:

Village Name: \_\_\_\_\_  
 Enumerator's Name: \_\_\_\_\_  
 Person Number:

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

**P01** What is this person's full name ?

**P02** What is this person's relationship to head of household ? *office use only*

**P03** What is this person's sex ?  
 1. Male   
 2. Female

**P04** What is this person's date of birth and age?  
 Day:   Month:   Year:     Age:

**P05** What is this person's place of birth ? *office use only*  
 (Village / Island in Tonga or Country if outside Tonga)  
     
 Where was this person born ? [usual residence of mother at time of person's birth]

**P06** Ethnic Origin and Citizenship  
 1. What is this person's Ethnic Origin?  
 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 >> specify  
   
 2. What is this person's Citizenship ?  
 1. Tonga by birth  
 2. Tonga by naturalization  
 3. Other country >> specify  
     
 (Name the country)

**P07** What is this person's Marital Status?  
 1. Never Married      3. Widowed  
 2. Married            4. Divorced or Separated  
 5. Other >> specify \_\_\_\_\_

**P08** What is this person's Religion? *office use only*

**P09** Usual Place of residence  
 1. Does this person usually live in this village?  
 1. Yes  **GO TO P10**  
 2. No   
 2. If no, where does this person usually live ?  
      
 (Village / Island in Tonga or Country if outside Tonga)

**P10** Internal Migration:  
 1. Where did this person live 1 year ago ?  
 (If this person is less than 1 year of age, mark 0000)  
      
 (Village/Island in Tonga or Country if outside Tonga)  
 2. Where did this person live 5 years ago ?  
 (If this person is less than 5 years of age, mark 0000)  
      
 (Village / Island in Tonga or Country if outside Tonga)

**P11** DISABILITY  
 1. Does this person have any disabilities?  
 1. Yes      2. No  **GO TO P12**

2. Does this person have difficulty in; (circle the appropriate letter and insert the right number in boxes)  
 a. Seeing, even wearing glasses?        
 b. Hearing, even if using a hearing aid?        
 c. Walking, climbing steps or use of Arms?        
 d. Remembering or concentrating?        
 1 = No difficulty at all  
 2 = Some difficulties  
 3 = A lot of difficulties  
 4 = Cannot do at all

**P12** Injury or illness  
 1. Did this person have any health complaint, illness or injury during the last 2 weeks?  
 1. Yes   
 2. No  **GO TO P13**  
 2. Where did this person seek care ?  
 0. Did not seek care  **GO TO P12.3**  
 1. Public hospital  
 2. Private Doctor  
 3. Midwife  
 4. Self treated with traditional medicine  
 5. Self treated with modern medicine  
 6. Other >> specify \_\_\_\_\_ *office use only*  
**GO TO P13**  
 3. Why did this person not seek care ? *office use only*

**ASK P13 - P16 ONLY TO PERSONS 5 YEARS OF AGE AND OVER**

**P13** School Enrolment and Educational Attainment  
 1. Is this person currently attending school or pursuing other forms of education or training?  
 1. Yes Full-time   
 2. Yes Part-time   
 3. No  **GO TO P13.3**  
 2. What type of school is this person attending?  
 1. Government or Public School   
 2. Private or Church School   
 3. What is the highest level and grade of schooling reached?  
 0. Never been to school  **GO TO P15**  
 1. Pre-school / Kindergarten  
 2. Primary school  
 3. Secondary School  
 4. Technical /Vocational (TVET)  
 5. University  
 6. Other  
 Highest class reached:          
 Highest form reached:          
 Year reached:          
 Year reached:

**P14** Educational and professional qualifications  
 1. What is the highest qualification this person has achieved?  
 1. Primary School (pass to secondary school)   
 2. Secondary School Certificate (specify below)  
 3. Certificate or Diploma (specify subject below)  
 4. Degree (BA, BSc, LLB, MBBS etc.) (specify subject below)  
 5. Post Graduate Degree (MA, MSc. PhD) (specify subject below)  
 6. Other qualification (specify below)  
 7. None of the Above  *office use only*

**P15** Literacy  
 1. Can this person read and write a simple sentence ?  
 a. In Tongan ?      1. Yes      2. No  
 b. In English ?      1. Yes      2. No  
 c. Other Language ?      1. Yes      2. No  
 >> specify \_\_\_\_\_

**P16** Smoking Habits  
 1. Does this person smoke tobacco or cigarettes on a daily basis?  
 1. Yes      2. No

**Labor Market Activity**

**ASK P17.1 - P28 ONLY TO PERSONS 15 YEARS OF AGE AND OVER**  
(CIRCLE the appropriate answer and ENTER in the box(es) provided)

**P17.** During the last week, what type of work did this person mainly do?

(a). **Work for pay**  
1. Work for pay (wages,salary,contract,commission) or was operating a business.

(b). **Work to support the household by producing goods mainly for sale**  
2. Farming or gardening mainly for sale  
3. Fishing mainly for sale  
4. Handicrafts mainly for sale

If answer 1-8 GO To P20, if answer 9 GO TO P18 →

(c). **Work to support the household by producing goods mainly for own consumption**  
5. Farming or gardening for own consumption  
6. Fishing for own consumption  
7. Producing Handicrafts for own consumption

(d).8. Other >> specify \_\_\_\_\_

(e).9. None of the above → **GO TO P18**

**P18.** During the last week, did this person have a job at which he/she did not work?  
1. Yes  
2. No → **GO TO P23**

**P19.** What was the main reason this person did not work at his/her job during the last week ?  
1. Illness  
2. Temporary lay-off  
3. On vacation or holidays  
4. Weather conditions  
5. Cultural/national events (Traditional ceremony: funeral, wedding, birthday, reunion etc.)  
6. Other >> specify \_\_\_\_\_

**P20.** **Occupation**  
1. What is this person's principal occupation ?      
office use only

2. What tasks did this person perform in that job ? \_\_\_\_\_

**P21.** **Industry**  
1. What is the name of this person's main employer ? \_\_\_\_\_     
office use only

2. What is the main activity of this employer ? \_\_\_\_\_     
office use only

**P22.** **Status in Employment** (answer question P22 and then GO TO P27)  
1. What is this person's status of employment?  
1. Employee - Government  
2. Employee - Quasi-Government  
3. Employee - Private Employer  
4. Employer  
5. Self employed  
6. An unpaid family worker

Insert the appropriate answer code and GO TO P27 →

**P23.** Did this person look for paid work last week?  
1. Yes → **GO TO P25**   
2. No

**P24.** Why didn't this person look for paid work last week?  
1. Attending school full time (student)  
2. Retired / too old  
3. Disabled  
4. Home responsibilities or domestic duties  
5. Believes no work available  
6. Weather conditions & cannot afford transportation cost  
7. Other >> specify \_\_\_\_\_

Insert the appropriate answer code and GO TO P26 →

**P25.** During the last week, was this person willing and available to start work?  
1. Yes   
2. No

**P26.** Is this person registered for employment?  
1. Yes by Government Ministries  
2. Yes by Non Government Organization (NGO)  
3. No

**P27.** **Unpaid Work**  
1. During the last week, did this person do any unpaid work for the family, church or community?  
1. Yes 2. No → **GO TO P28**

2. What was the main type of unpaid work that this person did ?  
1. Housework only  
2. Taking care of children  
3. Taking care of disabled and handicapped  
4. Taking care of elderly  
5. Other family, church or community work  
6. Other >> specify \_\_\_\_\_

**P28.** During the last week, what other activities did this person engage in?  
1. Fishing (including gathering live or dead marine)   
2. Farming   
3. Handicrafts   
4. Other cultural activity (traditional performing arts, etc.)

**ASK QUESTION P29.1 - P29.3 ONLY TO PERSON 22 YEARS OF AGE AND OVER**

**P29.** **Electoral Voter**  
1. Did this person register to vote in the 2010 election?  
1. Yes → **GO TO P29.3**   
2. No

2. Why this person did not register to vote .  
1. Travel overseas 3. Not interested  
2. Sick 4. I don't know  
5. Other >> specify \_\_\_\_\_

3. Where this person most likely to be in the next 3 years?  
\_\_\_\_\_  
(Village in Tonga or Country if outside Tonga)     
office use only

**ASK QUESTIONS P30.1 - P30.5 ONLY TO FEMALE 15 YEARS OF AGE AND OVER**

**P30.** **Fertility**  
1. Has this female ever given birth, even if the child died later?  
1. Yes 2. No → **Finish the questionnaire**

2. How many children did this female gave birth to who are still alive and are living ...

|                             | Males   | Females   | Total   |
|-----------------------------|---|---|---|
| (a) In the household        | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| (b) Somewhere else in Tonga | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| (c) Overseas                | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |

3. How many children of each sex did this female give birth to who have died?

|  | Males   | Females   | Total   |
|--|---|---|---|
|  | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |

4. How many children have ever been born alive to this female?

|  | Males   | Females   | Total   |
|--|---|---|---|
|  | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |

5. What is the date of birth and sex of this female's last child born alive?  
(including a child that may have died later)

|   |   |   |  |
|---|---|---|--|
| Day   | Month   | Year  | Sex  |
| <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | M=1<br>F=2 <input style="width: 20px; height: 20px;" type="text"/> |