

APPENDIX E TONGA MICS 2019 QUESTIONNAIRES

The questionnaires of the Tonga MICS 2019 are presented in Appendix E:

- Household questionnaire
- Water Quality Testing Questionnaire
- Questionnaire for Individual Women
- Questionnaire for Individual Men
- Questionnaire for Children Under Five
- Questionnaire Form for Vaccination Records at Health Facility
- Questionnaire for Children Age 5-17



HOUSEHOLD QUESTIONNAIRE

Tonga Multiple Indicator Cluster Survey 2019



HOUSEHOLD INFORMATION PANEL			HH
HH1. Cluster number:	HH2. Household number:		
HH3. Interviewer's name and number: NAME _____	HH4. Supervisor's name and number: NAME _____		
HH5. Day / Month / Year of interview: _____ / _____ / <u>2 0 1</u> _____	HH7. ISLAND DIVISION: TONGATAPU 1 VAVA'U 2 HA'APAI 3 'EUA 4 ONGO NIUA 5		
HH6. AREA:	URBAN 1 RURAL 2		
HH8. Is the household selected for Questionnaire for Men?	YES 1 NO 2		
HH9. Is the household selected for Water Quality Testing?	YES 1 NO 2	HH10. Is the household selected for blank testing?	YES 1 NO 2

Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may only interview a child age 15-17 if there is no adult member of the household or all adult members are incapacitated. You may not interview a child under age 15.

HH11. Record the time.
HOURS : MINUTES
: _____

HH12. Hello, my name is (*your name*). We are from **TONGA STATISTICS DEPARTMENT OFFICE**. We are conducting a survey about the situation of children, families and households. I would like to talk to you about these subjects. This interview usually takes about **40** minutes. Following this, I may ask to conduct additional interviews with you or other individual members of your household. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now?

YES 1 1 ⇒ LIST OF HOUSEHOLD MEMBERS
NO / NOT ASKED 2 2 ⇒ HH46

HH46. Result of Household Questionnaire interview:	COMPLETED 01
	NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT
	RESPONDENT AT HOME AT TIME OF VISIT 02
	ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 03
	REFUSED 04
<i>Discuss any result not completed with Supervisor.</i>	DWELLING VACANT OR ADDRESS NOT A DWELLING 05
	DWELLING DESTROYED 06
	DWELLING NOT FOUND 07
	OTHER (<i>specify</i>) 96

HH47. Name and line number of the respondent to Household Questionnaire interview:

NAME _____

HOUSEHOLD MEMBERS

WOMEN AGE 15-49

If household is selected for Questionnaire for Men:
MEN AGE 15-49

CHILDREN UNDER AGE 5

CHILDREN AGE 5-17

To be filled after the Household Questionnaire is completed

TOTAL NUMBER

HH48 _____

HH49 _____

HH50 _____

HH51 _____

HH52 _____

To be filled after all the questionnaires are completed

COMPLETED NUMBER

HH53 _____

HH54 _____

HH55 _____

HH56 ZERO 0
ONE 1

First complete HL2-HL4 vertically for all household members, starting with the head of the household. Once HL2-HL4 are complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household. Then, ask questions HL5-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box:

LINE	HL1	HL2	HL3	HL4	HL5	HL6	HL8	HL9	HL10	HL11	HL12	HL13	HL14	HL15	HL16	HL17	HL18	HL19	HL20				
LINE	NAME	RELATION	M	F	AGE	YEAR	AGE	W 15-49	M 15-49	Y	N	Y	N	DK	Y	N	DK	Y	N	DK			
01		01 HEAD	1	2				01	01	1	2	1	2	1	2	8	1	2	1	2	3	4	8
02		02 SPOUSE / PARTNER	1	2				02	02	1	2	1	2	1	2	8	1	2	1	2	3	4	8
03		03 SON / DAUGHTER	1	2				03	03	1	2	1	2	1	2	8	1	2	1	2	3	4	8
04		04 SON-IN-LAW / DAUGHTER-IN-LAW	1	2				04	04	1	2	1	2	1	2	8	1	2	1	2	3	4	8
05		05 GRANDCHILD	1	2				05	05	1	2	1	2	1	2	8	1	2	1	2	3	4	8
06		06 PARENT	1	2				06	06	1	2	1	2	1	2	8	1	2	1	2	3	4	8
07		07 PARENT-IN-LAW	1	2				07	07	1	2	1	2	1	2	8	1	2	1	2	3	4	8
08		08 BROTHER / SISTER	1	2				08	08	1	2	1	2	1	2	8	1	2	1	2	3	4	8
09		09 BROTHER-IN-LAW / SISTER-IN-LAW	1	2				09	09	1	2	1	2	1	2	8	1	2	1	2	3	4	8
10		10 UNCLE / AUNT	1	2				10	10	1	2	1	2	1	2	8	1	2	1	2	3	4	8

* Codes for HL3, Relationship to head of household:

- 01 HEAD
- 02 SPOUSE / PARTNER
- 03 SON / DAUGHTER
- 04 SON-IN-LAW / DAUGHTER-IN-LAW
- 05 GRANDCHILD
- 06 PARENT
- 07 PARENT-IN-LAW
- 08 BROTHER / SISTER
- 09 BROTHER-IN-LAW / SISTER-IN-LAW
- 10 UNCLE / AUNT
- 11 NIECE / NEPHEW
- 12 OTHER RELATIVE
- 13 ADOPTED / FOSTER
- 14 SERVANT (LIVE-IN)
- 15 CHILD OF SPOUSE/STEPCHILD
- 96 OTHER (NOT RELATED)
- 98 DK

EDUCATION 1		ED												
ED1. Line number	ED2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	ED3. Age 3 or above? 1 YES 2 NO ∇ Next Line	ED4. Has (name) ever attended school or any Early Childhood Education programme? 1 YES 2 NO ∇ Next Line	ED5. What is the highest level and class, form or year of school (name) has ever attended? LEVEL: 0 ECE ∇ 1 PRIMARY 2 LOWER SECONDARY 3 UPPER SECONDARY 4 TECHNICAL AND VOCATIONAL 5 TERTIARY / UNIVERSITY 8 DK	ED6. Did (name) ever complete that (class/form/year)? 1 YES 2 NO 8 DK	ED7. Age 3-24? 1 YES 2 NO ∇ Next Line	ED8. Check ED4: Ever attended school or ECE? 1 YES 2 NO ∇ Next Line							
LINE	NAME	AGE	YES	NO	YES	NO	Y	N	DK	YES	NO	YES	NO	
01		_____	1	2	0	1	2	1	2	8	1	2	1	2
02		_____	1	2	0	1	2	1	2	8	1	2	1	2
03		_____	1	2	0	1	2	1	2	8	1	2	1	2
04		_____	1	2	0	1	2	1	2	8	1	2	1	2
05		_____	1	2	0	1	2	1	2	8	1	2	1	2
06		_____	1	2	0	1	2	1	2	8	1	2	1	2
07		_____	1	2	0	1	2	1	2	8	1	2	1	2
08		_____	1	2	0	1	2	1	2	8	1	2	1	2
09		_____	1	2	0	1	2	1	2	8	1	2	1	2
10		_____	1	2	0	1	2	1	2	8	1	2	1	2

EDUCATION 2										ED	
ED1. Line number	ED2. Name and age.	ED9. At any time during the 2019 school year did (name) attend school or any Early Childhood Education programme?	ED10. During 2019 school year, which level and class, form or year is (name) attending?	ED11. Is (he/she) attending a public school?	ED12. In the 2019 school year, has (name) received any school tuition support?	ED13. Who provided the tuition support?	ED14. For the 2019 school year, has (name) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies?	ED15. At any time during the 2018 school year did (name) attend school or any Early Childhood Education programme?	ED16. During 2018 school year, which level and grade or year did (name) attend?		
LINE	NAME	AGE	YES NO	LEVEL	CLASS/YEAR	AUTHORITY	YES NO DK	TUITION	YES NO DK	LEVEL	CLASS/YEAR
01			1 2	0 1 2 3 4 5 8	1 2 3 6 8	A B D E F X Z	1 2 8	A B D E F X Z	1 2 8	0 1 2 3 4 5 8	
02			1 2	0 1 2 3 4 5 8	1 2 3 6 8	A B D E F X Z	1 2 8	A B D E F X Z	1 2 8	0 1 2 3 4 5 8	
03			1 2	0 1 2 3 4 5 8	1 2 3 6 8	A B D E F X Z	1 2 8	A B D E F X Z	1 2 8	0 1 2 3 4 5 8	
04			1 2	0 1 2 3 4 5 8	1 2 3 6 8	A B D E F X Z	1 2 8	A B D E F X Z	1 2 8	0 1 2 3 4 5 8	
05			1 2	0 1 2 3 4 5 8	1 2 3 6 8	A B D E F X Z	1 2 8	A B D E F X Z	1 2 8	0 1 2 3 4 5 8	
06			1 2	0 1 2 3 4 5 8	1 2 3 6 8	A B D E F X Z	1 2 8	A B D E F X Z	1 2 8	0 1 2 3 4 5 8	
07			1 2	0 1 2 3 4 5 8	1 2 3 6 8	A B D E F X Z	1 2 8	A B D E F X Z	1 2 8	0 1 2 3 4 5 8	
08			1 2	0 1 2 3 4 5 8	1 2 3 6 8	A B D E F X Z	1 2 8	A B D E F X Z	1 2 8	0 1 2 3 4 5 8	
09			1 2	0 1 2 3 4 5 8	1 2 3 6 8	A B D E F X Z	1 2 8	A B D E F X Z	1 2 8	0 1 2 3 4 5 8	
10			1 2	0 1 2 3 4 5 8	1 2 3 6 8	A B D E F X Z	1 2 8	A B D E F X Z	1 2 8	0 1 2 3 4 5 8	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. What is the religion of (<i>name of the head of the household from HL2</i>)?	FREE WESLEYAN CHURCH (FWC)..... 01 LATTER DAY SAINTS (LDS) 02 ROMAN CATHOLIC (RC) 03 FREE CHURCH OF TONGA (FCOT) 04 CHURCH OF TONGA (COT) 05 ASSEMBLY OF GOD (AOG) 06 SEVENTH DAY ADVENTIST (SDA) 07 TOKAIKOLO/MAAMAFO'OU 08 CONSTITUTIONAL CHURCH OF TONGA (CCOT) 09 BAHAI FAITH 10 ISLAM 11 HINDUISM 12 JEHOVAH WITNESS 13 OTHER RELIGION (<i>specify</i>) _____ 96 NO RELIGION 97	
HC1B. What is the mother tongue/native language of (<i>name of the head of the household from HL2</i>)?	TONGAN 1 ENGLISH 2 CHINESE 3 HINDI 4 FIJIAN 5 OTHER LANGUAGE (<i>specify</i>) _____ 6	
HC2. To what ethnic group does (<i>name of the head of the household from HL2</i>) belong?	TONGAN 01 PART TONGAN 02 EUROPEAN 03 FIJIAN 04 FIJI-INDIAN 05 CHINESE 06 OTHER PACIFIC ISLANDER 07 OTHER ASIAN 08 OTHER (<i>specify</i>) _____ 96	
HC3. How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS __ __	

<p>HC4. Main material of the dwelling floor.</p> <p><i>Record observation.</i></p> <p><i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i></p>	<p>NATURAL FLOOR EARTH / SAND 11</p> <p>RUDIMENTARY FLOOR WOOD PLANKS.....21 PALM / BAMBOO22</p> <p>FINISHED FLOOR PARQUET OR POLISHED WOOD31 CERAMIC TILES.....33 CEMENT/CONCRETE/BRICKS34 CARPET35</p> <p>OTHER (<i>specify</i>) 96</p>	
<p>HC5. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>NO ROOF 11</p> <p>NATURAL ROOFING THATCH / PALM LEAF 12</p> <p>RUDIMENTARY ROOFING WOOD PLANKS.....23 CARDBOARD.....24</p> <p>FINISHED ROOFING METAL / TIN31 WOOD32 CALAMINE / CEMENT FIBRE.....33 CERAMIC TILES.....34 CEMENT35 ROOFING SHINGLES.....36</p> <p>OTHER (<i>specify</i>) 96</p>	
<p>HC6. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>NO WALLS 11</p> <p>NATURAL WALLS CANE / PALM / TRUNKS 12</p> <p>RUDIMENTARY WALLS PLYWOOD24 CARDBOARD.....25 REUSED WOOD.....26 METAL/TIN27</p> <p>FINISHED WALLS CEMENT31 STONE WITH LIME / CEMENT32 BRICKS33 CEMENT BLOCKS34 WOOD PLANKS / SHINGLES36</p> <p>OTHER (<i>specify</i>) 96</p>	

<p>HC7. Does your household have: 'Oku ma'u he 'api ni ha:</p> <p>[A] A fixed telephone line?</p> <p>[B] A radio?</p> <p>[C] A sofa</p> <p>[D] A Bed</p> <p>[E] A Table</p> <p>[F] A Chair</p> <p>[G] A Cupboard or cabinet</p> <p>[H] A Water storage tank</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>FIXED TELEPHONE LINE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SOFA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BED.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TABLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHAIR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CUPBOARD/CABINET</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WATER TANK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	FIXED TELEPHONE LINE.....	1	2	RADIO	1	2	SOFA	1	2	BED.....	1	2	TABLE.....	1	2	CHAIR	1	2	CUPBOARD/CABINET	1	2	WATER TANK	1	2				
	YES	NO																														
FIXED TELEPHONE LINE.....	1	2																														
RADIO	1	2																														
SOFA	1	2																														
BED.....	1	2																														
TABLE.....	1	2																														
CHAIR	1	2																														
CUPBOARD/CABINET	1	2																														
WATER TANK	1	2																														
<p>HC8. Does your household have electricity?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">YES, INTERCONNECTED GRID</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"></td> </tr> <tr> <td>YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM).....</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>NO</td> <td style="text-align: center;">3</td> <td></td> </tr> </tbody> </table>	YES, INTERCONNECTED GRID	1		YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM).....	2		NO	3		3 ⇨ HC10																					
YES, INTERCONNECTED GRID	1																															
YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM).....	2																															
NO	3																															
<p>HC9. Does your household have:</p> <p>[A] A television?</p> <p>[B] A refrigerator?</p> <p>[C] A freezer</p> <p>[D] A washing machine?</p> <p>[E] A DVD player?</p> <p>[F] A microwave?</p> <p>[G] An electric sewing machine?</p> <p>[H] An air conditioner?</p> <p>[I] A water heater?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FREEZER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WASHING MACHINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DVD PLAYER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MICROWAVE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ELECTRIC SEWING MACHINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AIR CONDITIONER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WATER HEATER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	TELEVISION	1	2	REFRIGERATOR	1	2	FREEZER	1	2	WASHING MACHINE	1	2	DVD PLAYER	1	2	MICROWAVE	1	2	ELECTRIC SEWING MACHINE	1	2	AIR CONDITIONER	1	2	WATER HEATER.....	1	2	
	YES	NO																														
TELEVISION	1	2																														
REFRIGERATOR	1	2																														
FREEZER	1	2																														
WASHING MACHINE	1	2																														
DVD PLAYER	1	2																														
MICROWAVE	1	2																														
ELECTRIC SEWING MACHINE	1	2																														
AIR CONDITIONER	1	2																														
WATER HEATER.....	1	2																														

	YES	NO	
HC10. Does any member of your household own:			
[A] A wristwatch?	WRISTWATCH	1 2	
[B] A bicycle?	BICYCLE	1 2	
[C] A motorcycle or scooter?	MOTORCYCLE / SCOOTER	1 2	
[D] Animal-Drawn Cart?	ANIMAL-DRAWN CART	1 2	
[E] A car, truck or van?	CAR / TRUCK / VAN	1 2	
[F] A boat with a motor?	BOAT WITH MOTOR.....	1 2	
[G] A generator?	GENERATOR	1 2	
[H] A solar panel?	SOLAR PANEL	1 2	
HC11. Does any member of your household have a computer or a tablet?	YES	1	
	NO	2	
HC12. Does any member of your household have a mobile telephone?	YES	1	
	NO	2	
HC13. Does your household have access to internet at home?	YES	1	
	NO	2	
HC14. Do you or someone living in this household own this dwelling? <i>If 'No', then ask: Do you rent this dwelling from someone not living in this household?</i> <i>If 'Rented from someone else', record '2'. For other responses, record '6' and specify.</i>	OWN	1	
	RENT	2	
	OCCUPY FREE	3	
	OTHER (<i>specify</i>)	6	
HC15. Does any member of this household own any land that can be used for agriculture?	YES	1	
	NO	2	2⇒HC17
HC16. How many acres of agricultural land do members of this household own? <i>If less than 1, record '00'.</i>	ACRES.....	___	
	95 OR MORE	95	
	DK.....	98	
HC17. Does this household own any livestock, herds, other farm animals, or poultry?	YES	1	
	NO	2	2⇒HC19

<p>HC18. How many of the following animals does this household have?</p> <p>[A] Milk cows or bulls?</p> <p>[B] Other cattle?</p> <p>[C] Horses/donkeys?</p> <p>[D] Goats?</p> <p>[E] Sheep?</p> <p>[F] Chickens?</p> <p>[G] Pigs?</p> <p>[H] Ducks</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>MILK COWS OR BULLS __ __</p> <p>OTHER CATTLE __ __</p> <p>HORSES __ __</p> <p>GOATS __ __</p> <p>SHEEP __ __</p> <p>CHICKENS __ __</p> <p>PIGS __ __</p> <p>DUCKS __ __</p>	
<p>HC19. Does any member of this household have a bank account?</p>	<p>YES 1</p> <p>NO 2</p>	

SOCIAL TRANSFERS		ST	
ST1. I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.			
[A] AGED-CARE SERVICES FOR ELDERLY POLOKALAMA TOKANGA'I KAU TOULEKELEKA	[B] DISABILITY WELFARE POLOKALAMA TOKONI KI HE KAU FAINGATA'IA	[C] EARLY CHILDREN INTERVENTION SERVICES (0 – 4 YEARS OLD) POLOKALAMA TOKONIA FANAU IIKI (0 – 4 YEARS OLD)	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME HA FA'AHINGA TOKONI MAKEHE PE MEI TU'A
ST2. Are you aware of (<i>name of programme</i>)? YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2 <i>(specifi)</i> 1 NO 2
[B]	[C]	[X]	End
[A] YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
ST3. Has your household or anyone in your household received assistance through (<i>name of programme</i>)? YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
ST4. When was the <u>last time</u> your household or anyone in your household received assistance through (<i>name of programme</i>)? MONTHS AGO ...1 YEARS AGO2 DK 998	MONTHS AGO...1 YEARS AGO2 DK 998	MONTHS AGO...1 YEARS AGO2 DK 998	MONTHS AGO...1 YEARS AGO2 DK 998
If less than one month, record '1' and record '00' in Months. If less than 12 months, record '1' and record in Months. If 1 year/12 months or more, record '2' and record in Years.			

HOUSEHOLD ENERGY USE		EU
EU1. In your household, what type of cookstove is <u>mainly</u> used for <u>cooking</u> ?	ELECTRIC STOVE..... 01	01 ⇨EU5
	SOLAR COOKER 02	02 ⇨EU5
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE 03	03 ⇨EU5
	BIOGAS STOVE 05	05 ⇨EU5
	LIQUID FUEL STOVE..... 06	06 ⇨EU4
	MANUFACTURED SOLID FUEL STOVE..... 07	
	TRADITIONAL SOLID FUEL STOVE..... 08	
	THREE STONE STOVE / OPEN FIRE..... 09	09 ⇨EU4
	OTHER (<i>specify</i>) 96	96 ⇨EU4
NO FOOD COOKED IN HOUSEHOLD 97	97 ⇨EU9	
EU2. Does it have a chimney?	YES 1	
	NO 2	
	DK..... 8	
EU3. Does it have a fan?	YES 1	
	NO 2	
	DK..... 8	
EU4. What type of fuel or energy source is used in this cookstove? <i>If more than one, record the main energy source for this cookstove.</i>	ALCOHOL / ETHANOL..... 01	
	GASOLINE / DIESEL..... 02	
	KEROSENE / PARAFFIN 03	
	COAL / LIGNITE 04	
	CHARCOAL..... 05	
	WOOD 06	
	GARBAGE / PLASTIC 10	
	OTHER (<i>specify</i>) 96	
EU5. Is the cooking usually done in the house, in a separate building, or outdoors? <i>If in main house, probe to determine if cooking is done in a separate room.</i> <i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i>	IN MAIN HOUSE NO SEPARATE ROOM..... 1	
	IN A SEPARATE ROOM 2	
	IN A SEPARATE BUILDING 3	
	OUTDOORS OPEN AIR 4	
	ON VERANDA OR COVERED PORCH..... 5	
	OTHER (<i>specify</i>) 6	

<p>EU9. At night, what does your household <u>mainly</u> use to <u>light</u> the household?</p>	<p>ELECTRICITY01 SOLAR LANTERN02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN04 BIOGAS LAMP05 GASOLINE LAMP06 KEROSENE OR PARAFFIN LAMP07 CHARCOAL08 WOOD09 ANIMAL DUNG / WASTE11 OIL LAMP12 CANDLE13 OTHER (<i>specify</i>)96 NO LIGHTING IN HOUSEHOLD97</p>	
--	--	--

FOOD INSECURITY EXPERIENCES		FIES
FIE1. During the last 12 months, was there a time when you worried/there were concerns/ that you or any adult in the household would not have enough food to eat because of lack of enough money or other resources?	YES..... 1 NO..... 2 DON'T KNOW 8	
FIE2. During the last 12 months, was there any time when you or any other adult in your household were unable to eat /healthy and nutritious/good/ food because of a lack of money or other resources?	YES..... 1 NO..... 2 DON'T KNOW 8	
FIE3. During the last 12 months, were there periods when you or any other adult in your household had to eat only a few kinds of foods, because of a lack of money or other resources?	YES..... 1 NO..... 2 DON'T KNOW 8	
FIE4. During the last 12 months, was there any time when, because of lack of money or other means to get food, you or any other adult in your household had to skip a meal?	YES..... 1 NO..... 2 DON'T KNOW 8	
FIE5. During the last 12 months, was there any time when, because of lack of money or other resources to get food, you or any other adult in your household ate less than you thought you should?	YES..... 1 NO..... 2 DON'T KNOW 8	
FIE6. During the last 12 months, did it ever happen that your household ran out of food because of a lack of money or other resources?	YES..... 1 NO..... 2 DON'T KNOW 8	
FIE7. During the last 12 months, was there any time when, because of lack of money or other resources to get food, you or any other adult in your household were hungry but did not eat?	YES..... 1 NO..... 2 DON'T KNOW 8	
FIE8. During the last 12 months, was there any time when, because of lack of money or other resources to get food, you or any other adult in your household went without eating for a whole day?	YES..... 1 NO..... 2 DON'T KNOW 8	

WATER AND SANITATION		WS		
<p>WS1. What is the <u>main</u> source of drinking water used by members of your household?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).</i></p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING..... 11</p> <p>PIPED TO YARD / PLOT..... 12</p> <p>PIPED TO NEIGHBOUR..... 13</p> <p>PUBLIC TAP / STANDPIPE 14</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL..... 32</p> <p>RAINWATER</p> <p>OWN CEMENT OR OTHER TANK 52</p> <p>NEIGHOR'S CEMENT OR OTHER TANK 53</p> <p>COMMUNITY CEMENT OR OTHER TANK 54</p> <p>TANKER TRUCK..... 61</p> <p>PACKAGED WATER</p> <p>BOTTLED WATER 91</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11 ⇒WS7</p> <p>12 ⇒WS7</p> <p>13 ⇒WS3</p> <p>14 ⇒WS3</p> <p>31 ⇒WS3</p> <p>32 ⇒WS3</p> <p>61 ⇒WS4</p> <p>96 ⇒WS3</p>		
	<p>WS2. What is the <u>main</u> source of water used by members of your household for other purposes such as cooking and handwashing?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect water for other purposes.</i></p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING..... 11</p> <p>PIPED TO YARD / PLOT..... 12</p> <p>PIPED TO NEIGHBOUR..... 13</p> <p>PUBLIC TAP / STANDPIPE 14</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL..... 32</p> <p>RAINWATER</p> <p>OWN CEMENT OR OTHER TANK 52</p> <p>NEIGHOR'S CEMENT OR OTHER TANK 53</p> <p>COMMUNITY CEMENT OR OTHER TANK 54</p> <p>TANKER TRUCK..... 61</p> <p>PACKAGED WATER</p> <p>BOTTLED WATER 91</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11 ⇒WS7</p> <p>12 ⇒WS7</p> <p>13 ⇒WS3</p> <p>14 ⇒WS3</p> <p>31 ⇒WS3</p> <p>32 ⇒WS3</p> <p>52 ⇒WS3</p> <p>53 ⇒WS3</p> <p>54 ⇒WS3</p> <p>61 ⇒WS4</p> <p>91 ⇒WS3</p> <p>96 ⇒WS3</p>	
		<p>WS3. Where is that water source located?</p>	<p>IN OWN DWELLING..... 1</p> <p>IN OWN YARD / PLOT 2</p> <p>ELSEWHERE..... 3</p>	<p>1 ⇒WS7</p> <p>2 ⇒WS7</p>

<p>WS4. How long does it take for members of your household to go there, get water, and come back?</p>	<p>MEMBERS DO NOT COLLECT 000</p> <p>NUMBER OF MINUTES ____</p> <p>DK..... 998</p>	<p>000 ⇒ WS7</p>
<p>WS5. Who usually goes to this source to collect the water for your household?</p> <p><i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i></p>	<p>NAME _____</p> <p>LINE NUMBER ____</p>	
<p>WS6. Since last (<i>day of the week</i>), how many times has this person collected water?</p>	<p>NUMBER OF TIMES ____</p> <p>DK..... 98</p>	
<p>WS7. In the last month, has there been any time when your household did not have sufficient quantities of drinking water?</p>	<p>YES, AT LEAST ONCE 1</p> <p>NO, ALWAYS SUFFICIENT 2</p> <p>DK..... 8</p>	<p>2 ⇒ WS9</p> <p>8 ⇒ WS9</p>
<p>WS8. What was the main reason that you were unable to access water in sufficient quantities when needed?</p>	<p>WATER NOT AVAILABLE FROM SOURCE ... 1</p> <p>WATER TOO EXPENSIVE 2</p> <p>SOURCE NOT ACCESSIBLE 3</p> <p>OTHER (<i>specify</i>) 6</p> <p>DK..... 8</p>	
<p>WS9. Do you or any other member of this household do anything to the water to make it safer to drink?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>	<p>2 ⇒ WS11</p> <p>8 ⇒ WS11</p>

<p>WS10. What do you usually do to make the water safer to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all methods mentioned.</i></p>	<p>BOIL A</p> <p>ADD BLEACH / CHLORINE.....B</p> <p>STRAIN IT THROUGH A CLOTH.....C</p> <p>USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.)..... D</p> <p>SOLAR DISINFECTIONE</p> <p>LET IT STAND AND SETTLE F</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>DK.....Z</p>	
<p>WS11. What kind of toilet facility do members of your household usually use?</p> <p><i>If 'Flush' or 'Pour flush', probe:</i> Where does it flush to?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>FLUSH / POUR FLUSH</p> <p>FLUSH TO PIPED SEWER SYSTEM 11</p> <p>FLUSH TO SEPTIC TANK 12</p> <p>FLUSH TO PIT LATRINE..... 13</p> <p>FLUSH TO OPEN DRAIN..... 14</p> <p>FLUSH TO DK WHERE..... 18</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED PIT LATRINE 21</p> <p>PIT LATRINE WITH SLAB 22</p> <p>PIT LATRINE WITHOUT SLAB / OPEN PIT 23</p> <p>COMPOSTING TOILET..... 31</p> <p>BUCKET..... 41</p> <p>HANGING TOILET / HANGING LATRINE..... 51</p> <p>NO FACILITY / BUSH / FIELD 95</p> <p>OTHER (<i>specify</i>) _____ 96</p>	<p>11 ⇒ WS14</p> <p>14 ⇒ WS14</p> <p>18 ⇒ WS14</p> <p>41 ⇒ WS14</p> <p>51 ⇒ WS14</p> <p>95 ⇒ End</p> <p>96 ⇒ WS14</p>
<p>WS12. Has your (<i>answer from WS11</i>) ever been emptied?</p>	<p>YES, EMPTIED..... 1</p> <p>NO, NEVER EMPTIED 4</p> <p>DK..... 8</p>	<p>4 ⇒ WS14</p> <p>8 ⇒ WS14</p>
<p>WS13. The last time it was emptied, where were the contents emptied to?</p> <p><i>Probe:</i> Was it removed by a service provider?</p>	<p>REMOVED BY SERVICE PROVIDER</p> <p>TO A TREATMENT PLANT 1</p> <p>BURIED IN A COVERED PIT..... 2</p> <p>TO DON'T KNOW WHERE 3</p> <p>EMPTIED BY HOUSEHOLD</p> <p>BURIED IN A COVERED PIT 4</p> <p>TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE 5</p> <p>OTHER (<i>specify</i>) _____ 6</p> <p>DK..... 8</p>	
<p>WS14. Where is this toilet facility located?</p>	<p>IN OWN DWELLING..... 1</p> <p>IN OWN YARD / PLOT 2</p> <p>ELSEWHERE..... 3</p>	

<p>WS15. Do you share this facility with others who are not members of your household?</p>	<p>YES 1 NO 2</p>	<p>2⇒End</p>
<p>WS16. Do you share this facility only with members of other households that you know, or is the facility open to the use of the general public?</p>	<p>SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC)..... 1 SHARED WITH GENERAL PUBLIC 2</p>	<p>2⇒End</p>
<p>WS17. How many households in total use this toilet facility, including your own household?</p>	<p>NUMBER OF HOUSEHOLDS (IF LESS THAN 10)..... <u>0</u> ___ TEN OR MORE HOUSEHOLDS 10 DK..... 98</p>	

HANDWASHING		HW
<p>HW1. We would like to learn about where members of this household wash their hands.</p> <p>Can you please show me where members of your household <u>most often</u> wash their hands?</p> <p><i>Record result and observation.</i></p>	<p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p>IN DWELLING 1</p> <p>IN YARD / PLOT 2</p> <p>MOBILE OBJECT OBSERVED (BUCKET / JUG / KETTLE/TINI VAI)..... 3</p> <p>NOT OBSERVED</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT 4</p> <p>NO PERMISSION TO SEE 5</p> <p>OTHER REASON (<i>specify</i>) 6</p>	<p>4 ⇨ HW5</p> <p>5 ⇨ HW4</p> <p>6 ⇨ HW5</p>
<p>HW2. Observe presence of water at the place for handwashing.</p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>WATER IS AVAILABLE 1</p> <p>WATER IS NOT AVAILABLE 2</p>	
<p>HW3. Is soap or detergent present at the place for handwashing?</p>	<p>YES, PRESENT 1</p> <p>NO, NOT PRESENT 2</p>	<p>1 ⇨ HW7</p> <p>2 ⇨ HW5</p>
<p>HW4. Where do you or other members of your household most often wash your hands?</p>	<p>FIXED FACILITY (SINK / TAP)</p> <p>IN DWELLING 1</p> <p>IN YARD / PLOT 2</p> <p>MOBILE OBJECT (BUCKET / JUG / KETTLE/TINI VAI)..... 3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT 4</p> <p>OTHER (<i>specify</i>) 6</p>	
<p>HW5. Do you have any soap or detergent or ash/sand/leaves in your house for washing hands?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇨ End</p>
<p>HW6. Can you please show it to me?</p>	<p>YES, SHOWN 1</p> <p>NO, NOT SHOWN 2</p>	<p>2 ⇨ End</p>
<p>HW7. Record your observation.</p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAP A</p> <p>DETERGENT (POWDER / LIQUID / PASTE).....B</p> <p>ASH / SAND/LEAVES.....C</p>	

SALT IODISATION		SA
<p>SA1. We would like to check whether the salt used in your household is iodised. May I have a sample of the salt used <u>to cook meals</u> in your household?</p> <p><i>Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the result (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION).....1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM)...2 ABOVE 15 PPM (AT LEAST 15 PPM)3</p> <p>SALT NOT TESTED NO SALT IN THE HOUSE4 OTHER REASON (specify)_____ 6</p>	<p>2 ⇨HH13 3 ⇨HH13 4 ⇨HH13 6 ⇨HH13</p>
<p>SA2. I would like to perform one more test. May I have another sample of the same salt?</p> <p><i>Apply 5 drops of recheck solution. Then apply 2 drops of test solution on the same spot. Observe the darkest reaction within 30 seconds, compare to the colour chart and then record the result (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION).....1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM)...2 ABOVE 15 PPM (AT LEAST 15 PPM)3</p> <p>SALT NOT TESTED OTHER REASON (specify)_____ 6</p>	

HH13. Record the time.	HOUR AND MINUTES..... : ____			
HH14. Language of the Questionnaire.	ENGLISH 1 TONGAN..... 2			
HH15. Language of the Interview.	ENGLISH 1 TONGA..... 2 CHINESE..... 3 OTHER LANGUAGE (specify) 6			
HH16. Native language of the Respondent.	ENGLISH 1 TONGAN..... 2 CHINESE..... 3 OTHER LANGUAGE (specify) 6			
HH17. Was a translator used for any parts of this questionnaire?	YES, ENTIRE QUESTIONNAIRE..... 1 YES, PART OF QUESTIONNAIRE 2 NO, NOT USED 3			
HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:	NO CHILDREN..... 0 1 CHILD 1 2 OR MORE CHILDREN (NUMBER) __	0 ⇒ HH29 1 ⇒ HH27		
HH19. List each of the children age 5-17 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.				
HH20. Rank number	HH21. Line number from HL1	HH22. Name from HL2	HH23. Sex from HL4	HH24. Age from HL6
RANK	LINE	NAME	M F	AGE
1	_____		1 2	_____
2	_____		1 2	_____
3	_____		1 2	_____
4	_____		1 2	_____
5	_____		1 2	_____
6	_____		1 2	_____
7	_____		1 2	_____
8	_____		1 2	_____

HH25. Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.

Check the total number of children age 5-17 years in HH18 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and record the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

HH26. Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.

RANK NUMBER __

LINE NUMBER __

HH27. (When HH18=1 or when there is a single child age 5-17 in the household):

Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this child from the LIST OF HOUSEHOLD MEMBERS.

NAME

AGE __

HH28. Issue a QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the mother/caretaker of this child.

HH29. Check HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any women age 15-49?

YES, AT LEAST ONE WOMAN AGE 15-49 1
NO..... 2

2⇒HH34

HH30. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN for each woman age 15-49 years.

HH30A

. CHECK HL8 IN THE LIST OF HOUSEHOLD MEMBERS: ARE THERE ANY WOMEN AGE 15-49?

1 YES, AT LEAST ONE WOMAN AGE 15-49 ... 1

1⇒HH30I

2 OR MORE WOMEN (NUMBER)..... __

HH31. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any girls age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17 1 NO 2	2⇒HH34
HH32. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one girl age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17 WITH HL20≠90 1 NO, HL20=90 FOR ALL GIRLS AGE 15-17 2	2⇒HH34
<p>HH33. As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews.</p> <p>For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (<i>name(s) of female member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all girls age 15-17 ⇒ Continue with HH34.</p> <p><input type="checkbox"/> 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH34.</p> <p><input type="checkbox"/> 'No' for all girls age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH34.</p>		
HH34. CHECK HH8 IN THE HOUSEHOLD INFORMATION PANEL: IS THE HOUSEHOLD SELECTED FOR QUESTIONNAIRE FOR MEN?	YES, HH8=1 1 NO, HH8=2 2	2⇒HH40
HH35. Check HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any men age 15-49?	YES, AT LEAST ONE MAN AGE 15-49 1 NO 2	2⇒HH40
HH36. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL MEN for each man age 15-49 years.		
HH37. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any boys age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 1 NO 2	2⇒HH40
HH38. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one boy age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠90 1 NO, HL20=90 FOR ALL BOYS AGE 15-17 2	2⇒HH40
<p>HH39. As part of the survey we are also interviewing men age 15-49. We ask each person we interview for permission. A male interviewer conducts these interviews.</p> <p>For boys age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (<i>name(s) of male member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all boys age 15-17 ⇒ Continue with HH40.</p> <p><input type="checkbox"/> 'No' for at least one boy age 15-17 and 'Yes' to at least one boy age 15-17 ⇒ Record '06' in MWM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH40.</p> <p><input type="checkbox"/> 'No' for all boys age 15-17 ⇒ Record '06' in MWM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH40.</p>		
HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?	YES, AT LEAST ONE 1 NO 2	2⇒HH42

HH41. Issue a separate <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> for each child age 0-4 years.		
HH42. CHECK HH9 IN THE HOUSEHOLD INFORMATION PANEL: IS THE HOUSEHOLD SELECTED FOR WATER QUALITY TESTING QUESTIONNAIRE?	YES, HH9=1 1 NO, HH9=2 2	2⇒HH45
HH43. Issue a separate <i>WATER QUALITY TESTING QUESTIONNAIRE</i> for this household		
HH44. As part of the survey we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test? <i>If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.</i>	YES, PERMISSION IS GIVEN 1 NO, PERMISSION IS NOT GIVEN 2	2⇒Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE
HH45. Now return to the <i>HOUSEHOLD INFORMATION PANEL</i> and, <ul style="list-style-type: none"> • Record '01' in question HH46 (Result of the Household Questionnaire interview), • Record the name and the line number (from the <i>LIST OF HOUSEHOLD MEMBERS</i>) of the Respondent to the Household Questionnaire interview in HH47, • Fill the questions HH48 – HH52, • Thank the respondent for his/her cooperation and then • Proceed with the administration of the remaining individual questionnaire(s) in this household. <i>If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.</i>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS