

**Tonga Statistics Department**

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HIES-01  
 STRICTLY CONFIDENTIAL



KINGDOM OF TONGA

**HOUSEHOLD QUESTIONNAIRE**  
**Household Income and Expenditure Survey 2009**

Quarter: <input type="text"/>	Division Name: _____
CB Number: <input type="text"/>	Village Name: _____
Household Number: <input type="text"/> <input type="text"/> <input type="text"/>	
Name of Interviewer: _____	

**Roster of Household Member**

List the names, sex and Date of Birth (DOB) of all persons residing in the household.

Name	M	F	DOB
1.Head			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

<b>Males</b>		<b>Females</b>		<b>Total Persons</b>
<input type="text"/> <input type="text"/>	+	<input type="text"/> <input type="text"/>	=	<input type="text"/> <input type="text"/>

## **Confidentiality of Information Supplied**

All data supplied in this questionnaire will remain strictly **CONFIDENTIAL** in accordance with the Tonga Statistics Act, 1978.

The information you give will be combined with information from other households to produce accurate and up to date statistics on the income and expenditure patterns of households.

The information will be used solely for statistical purposes **ONLY**.

## **Who must complete this questionnaire?**

Each household must complete this questionnaire and no household shall have more than one household questionnaire.

## **Survey period**

The reference period for this questionnaire differs for each question. Please make sure the correct reference period is applied.

## **Recording Dollar Amounts**

Record whole dollar amounts in Tongan Pa'anga. If a purchase was made overseas with a different currency then record the amount in the currency used and write down the currency. If a purchase was made with something other than a standard currency, then convert the amount to Tongan Pa'anga.

## **Household questionnaire**

This questionnaire has 14 sections. You will be asked to provide the following information:

1. Dwelling Characteristics
2. Household Possessions
3. Dwelling Tenure
4. Construction & Improvements of Dwellings
5. Household Bills
6. Transport Expenses
7. Acquisition of Major Durables
8. Education & Recreation/Sport
9. Medical & Health Services
10. Overseas Travel
11. Special Events
12. Agriculture, Livestock, Fishing and Other Sales
13. Remittance Activities
14. Contributions to Church, Village, Schools

# Section 1: Dwelling Characteristics

1.1 What is the main material used for the outside walls of this dwelling? (encircle code and write it in the box)

- 1. Poured Concrete
- 2. Concrete block
- 3. Metal
- 4. Wood
- 5. Thatch
- 6. Other, describe .....

1.2 What is the main material used for the roof of this dwelling? (encircle code and write it in the box)

- 1. Concrete
- 2. Metal
- 3. Wood
- 4. Thatch
- 5. Other, describe .....

1.3 What is the main material used for the floor of this dwelling? (encircle code and write it in the box)

- 1. Concrete
- 2. Wood
- 3. Other, describe .....

1.4 What is the main source of drinking water your household uses? (encircle code and write it in the box)

- 1. Piped water supply
- 2. Cement / Tank
- 3. Own well covered/protected
- 4. Own well opened/unprotected
- 5. Bottled water
- 6. Boiled water
- 7. Other, describe .....

1.5 What is the main source of water apart from drinking water your household uses? (encircle code and write it in the box)

- 1. Piped water supply
- 2. Cement / Tank
- 3. Own well
- 4. Other, describe .....

1.6 Do you have to travel for water:  
(Please encircle appropriate code and write it in the box)

1 - Yes                      2 - No                      If No, Go To 1.7

a) How long does it take to get to the water source? (hours / minutes)

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b) How many trips are usually made per day? (no. of trips)

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**1.7 What is the main type of toilet facility your household usually use?**

(encircle code and write it in the box)

- 1. Flush toilet
- 2. Manual flush
- 3. Pit
- 4. None

**1.8 What is the main source of lighting for your household? (encircle code and write it in the box)**

- 1. Electricity supply
- 2. Electricity generator
- 3. Kerosene
- 4. Benzene
- 5. Solar
- 6. Other light (specify fuel)

**1.9 What is the main type of energy for cooking for your household? (encircle code and write it in the box)**

- 1. Electricity supply
- 2. Gas
- 3. Kerosene
- 4. Firewood collected
- 5. Firewood bought
- 6. Other describe .....

**1.10 Does this household have access to the internet? (encircle code and write it in the box)**

- 1. Yes – at home
- 2. Yes – at work or internet cafe
- 3. Yes – at other family or friends house
- 4. No – no access to internet


**1.11 How does this household normally dispose of its waste? (encircle code and write it in the box)**

- 1. Burn
- 2. Bury
- 3. Lagoon/ocean
- 4. Dump area
- 5. Decomposed
- 6. Commercial waste collection
- 7. Other describe .....


**1.12 How many separate rooms does your household occupy, including the kitchen?**

No. of rooms or equivalent (bedroom, lounge, dining) .....

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**1.13 When was this building constructed? Please provide best guess if possible**

Year

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(If don't know, write 9999)

## Section 2: Household Possessions

2.1 Does your household own any of the following? Provide the total number of items for each in the corresponding box.

(Please encircle appropriate code and write it in the box)

1 - Yes

2 - No

Item	Total	Item	Total
1. Boat (including canoe)		8. Video/DVD player	
2. Hot water system		9. Telephone-landline-private	
3. Bath or shower		10. Mobile telephone	
4. Motor vehicle		11. Computer	
5. Refrigerator		12. Stereo/Radio	
6. Washing machine		13. Electric cooker/stove	
7. Television set/screen		14. Gas/Kerosene cooker	

## Section 3. Dwelling tenure

3.1 In what year did you move into this house?

Year

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(Write '9999' if answer is 'always lived here')

3.2 Does your household:

(Please encircle appropriate code and write it in the box)

- |                                                         |                  |                      |
|---------------------------------------------------------|------------------|----------------------|
| 1. Rent – and pay rent for this dwelling?               | <b>Go To 3.3</b> | <input type="text"/> |
| 2. Rent – paid by employer                              | <b>Go To 3.4</b> |                      |
| 3. Rent – but occupy free of charge?                    | <b>Go To 3.4</b> |                      |
| 4. Occupy the dwelling with mortgage / loan repayments? | <b>Go To 3.6</b> |                      |
| 5. Own the dwelling outright?                           | <b>Go To 3.6</b> |                      |

3.3. What was the latest amount of rent paid for this dwelling (and any other dwellings rented by the household) Include land lease if as a tenant you are required to pay in addition to rent but not bond payments. Exclude any contributions by a person from outside the household, such as a business.

Type of payment	Amount Paid	Period Covered (e.g. <i>monthly</i> )
Rent	\$	

**Go To Q3.5**

3.4 For this house you are renting free of charge, what is the estimated value of the rent?

Type of payment	Estimated Rent Per Month
Rent free dwelling	\$

**3.5 Who are you renting this house from?**

*(Please encircle appropriate code and write it in the box)*

**Rented from:**

- 1. Private Owner
- 2. Employer
- 3. Church
- 4. Relatives
- 5. Other

**Go To Q3.8**

**3.6 If you were to sell this house now what would be your asking price?**

Item	Value
1. House	\$
2. Lot (Land if private)	\$

**3.7 If you were to rent this house, how much would you charge per month?**

Type of payment	Estimated Rent Per Month
Mortgage/Own dwelling	\$

**3.8 In the last 12 months, were any of the payments below made in connection/ reconnection with your dwelling (or any other dwelling owned or rented by the household)?**

*(Please encircle appropriate code and write it in the box)*

1 - Yes                      2 - No      **If NO Go To 3.9**

**For each payment, would you please provide the amount paid for:**

Type of payment	Amount Paid
1. Electricity Reconnection/ Connection Fees	\$
2. Telephone Reconnection/ Connection Fees	\$
3. Water Connection Fees	\$

**3.9 In the last 12 months, were any payments made for insurance policies on the dwelling or its contents (or any other dwelling owned by the household)?**  
*(Please encircle appropriate code and write it in the box)*

1 - Yes                      2 - No      **If NO Go To 4.1**

**What was the amount of the latest premium (payment) for the policies?**

Type of insurance policy	Amount of latest premium	Claims made against policy	Period covered by this premium
1. House	\$	\$	
2. Contents	\$	\$	
3. Fire	\$	\$	

## Section 4. Construction & Improvement of Dwellings

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**4.1. In the last 12 months, did any member of this household make a payment in connection to the construction of a new dwelling?**

*(Please encircle appropriate code and write it in the box)*

1 - Yes                      2 - No      **If NO Go To 4.2**

**Payments for construction items**

Types of payments for construction of new dwelling	Amount Paid
1. Site preparation	\$
2. Surveying fees	\$
3. Architectural or design fees	\$
4. Building permit fees	\$
5. Registration Fees	\$
6. Contract payments to builders	\$
7. Contract payments to other trades people	\$
8. Materials used in the basic construction – non-traditional	\$
9. Materials used in the basic construction - traditional	\$
10. Transport of Materials	\$
11. Other costs of construction (specify)	
1.	\$
2.	\$
3.	\$
<b>TOTAL</b>	\$

**4.2 In the last 12 months, did any member of this household pay a person or a business to do any improvements to any private dwelling?**

*(Please encircle appropriate code and write it in the box)*

1 - Yes                      2 - No      **If NO Go To 4.3**

**Payments to contractors**

Type of payment	Amount Paid
1. To carry out repairs, renovations, or improvements	\$
2. To carry out structural additions or alterations	\$
3. To build a garage or other building	\$
4. To landscape premise	\$
5. Other payment to contractor <i>(specify)</i>	
1.	\$
2.	\$
<b>TOTAL</b>	\$

**4.3 In the last 12 months, did any member of this household purchase any of the items below for major home improvements?**

*(Please encircle appropriate code and write it in the box)*

1 - Yes                      2 - No      **If NO Go To 4.4**

**Purchase of materials**

Item	Amount paid	Item	Amount paid
1. Cement	\$	17. Bathroom fittings	\$
2. Paint	\$	18. Ceramic tiles	\$
3. Timber	\$	19. Roofing iron	\$
4. Plywood	\$	20. Spouting (Pipes)	\$
5. Hard Board (flooring & wall)	\$	21. Window frames & glass	\$
6. Thin Board (walls)	\$	22. Doors	\$
7. Cement Board, Hard glaze	\$	23. Nails	\$
8. Piping	\$	24. Kitchen fittings	\$
9. Water supply tanks	\$	25. Vinyl (lino)	\$
10. Septic tanks	\$	26. Water heating unit	\$
11. Shower unit	\$	27. Others <i>(specify)</i>	
12. Toilet unit	\$	1.	\$
13. Bricks	\$	2.	\$
14. Flooring boards (particle)	\$	3.	\$
15. Cupboards	\$	4.	\$
16. Concrete blocks	\$	<b>TOTAL</b>	\$

4.4 In the last 12 months, did any member of this household pay for the hire of home-maintenance plant or equipment?

(Please encircle appropriate code and write it in the box)

1 - Yes

2 - No

If NO Go to question 5.1

**Hiring of equipment**

Item hired	Amount Paid
1. Cement mixer	\$
2. Drain digger/Back hoe	\$
3. Water blaster	\$
4. Other equipment ( <i>specify</i> )	
1.	\$
2.	\$
3.	\$
4.	\$
<b>Total</b>	\$

**Section 5. Household Bills**

5.1 In the last 12 months, did any member of this household pay any of the following household bills? This includes payments deducted from a household members pay to cover these expenses (allotments).

(Please encircle appropriate code and write it in the box)

1 - Yes

2 - No

If NO Go To 6.1

**Household bills**

Type of account	Amount of latest payment ( <i>own funds</i> )	Amount of latest payment ( <i>as gifts</i> )	Period covered
1. Electricity	\$	\$	Monthly
2. Water – Piped	\$	\$	
3. Phone - Land line	\$	\$	Monthly
- Cell/Mobile phone	\$	\$	
4. Post Office Rental	\$	\$	
5. Cable TV	\$	\$	
6. Fax Machine	\$	\$	
7. Internet at home	\$	\$	

## Section 6. Transport Expenses

6.1 In the last 12 months, did any member of this household acquire any of the items below for household vehicles?

(Please encircle appropriate code and write it in the box)

1 - Yes                      2 - No      If NO Go To 6.2

### Vehicle purchases

Type of vehicle bought	Total Cost (Pa'anga)	Status (a)
1. Private car/station wagon		
2. Van		
3. Utility, Pick-up, 4-Wheel Drive		
4. Motorcycle / Motor Scooter		
5. Bicycle		
6. Truck		
7. Bus		
8. Boat		
9. Canoe		
10. Outboard Motor		

(a) The 'Status' options are: 1 – Bought from own funds, 2 – Received as gifts

6.2 In the last 12 months, did any member of this household pay for the repair or maintenance of a vehicle or purchase parts or accessories?

(Please encircle appropriate code and write it in the box)

1 - Yes                      2 - No      If NO Go To 6.3

### Vehicle parts, accessories, repairs

Vehicle part (etc)	Amount paid (own fund)	Received as Gift	Item	Amount paid (own fund)	Received as Gift
1. New Tires	\$	\$	6. Panel beating	\$	\$
2. Tires Repairs	\$	\$	7. Windscreen/Window	\$	\$
3. Painting	\$	\$	8. Boat/canoe repairs	\$	\$
4. Repairs (labour)	\$	\$	9. New engine, outboard	\$	\$
5. General repairs , inc parts	\$	\$	10. Outboard	\$	\$

**6.3 In the last 12 months, did any member of this household pay for the hire of a motor vehicle?**  
*(Please encircle appropriate code and write it in the box)*

1 - Yes                      2 - No      **If NO Go To 6.4**

**Vehicle hire details**

Hired vehicles	Amount paid	Received as Gift <i>(Paid by others)</i>
1. Car or station wagon	\$	\$
2. Van	\$	\$
3. Pick-up, 4 Wheel Drive	\$	\$
4. Truck	\$	\$
5. Motor Cycle/Motor Scooter	\$	\$
6. Boat / canoes	\$	\$
7. Outboard Motors	\$	\$
8. Other hired vehicles (specify)		
1.	\$	\$
2.	\$	\$

**6.4 In the last 12 months, did any member of this household pay for any registration and/or insurance of a vehicle (includes, boats, canoes, OBM, etc)**  
*(Please encircle appropriate code and write it in the box)*

1 - Yes                      2 - No      **If NO Go To 7.1**

**Vehicle Registration and Insurance**

Type of vehicle	Amount paid for registration	Amount paid for insurance
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Office use only</b>	\$	\$

## Section 7. Acquisition of Major Consumer Durables

7.1 In the last 12 months, did any member of this household acquire any of the items below for household furniture and fittings?

(Please encircle appropriate code and write it in the box)

1 - Yes    2 - No    If NO, Go to 7.2

Item	Bought		Gift Recd.		Item	Bought		Gift Recd.	
	No.	Value	No.	Value		No.	Value	No.	Value
1. Beds		\$		\$	10. Blankets bedspread		\$		\$
2. Mattresses		\$		\$	11. Sheets, bed linen		\$		\$
3. Lounge Chair		\$		\$	12. Pillow Cases		\$		\$
4. Sofa, couch, etc		\$		\$	13. Pillow		\$		\$
5. Dining table/ chairs		\$		\$	14. Light fittings		\$		\$
6. Dressing Table		\$		\$	15. Standard lamp		\$		\$
7. Chest of drawers		\$		\$	16. Curtains, drapes		\$		\$
8. Mosquito Net		\$		\$	17. Painting		\$		\$
9. Outdoor furniture		\$		\$	18. Floor Carpet		\$		\$

7.2 In the last 12 months, did any member of this household acquire any of the following items? (e.g., fridge, TV, etc)?

(Please encircle appropriate code and write it in the box)

1 - Yes    2 - No    If NO Go to 8.1

Item	Bought		Gift Recd		Item	Bought		Gift Recd.	
	No.	Value	No.	Value		No.	Value	No.	Value
1. Washing machine		\$		\$	18. Blender		\$		\$
2. Refrigerator		\$		\$	19. Power tools		\$		\$
3. Freezer		\$		\$	20. Rice cooker		\$		\$
4. Electric jug		\$		\$	21. Microwave Oven		\$		\$
5. Coffee maker		\$		\$	22. Electric Toaster		\$		\$
6. Gas / electric stove		\$		\$	23. Coolers		\$		\$
7. Gas burner		\$		\$	24. Telephone (fixed)		\$		\$
8. Television		\$		\$	25. Mobile phone		\$		\$
9. Video set/ VCD		\$		\$	26. Dinner set		\$		\$
10. DVD player		\$		\$	27. Cutlery set		\$		\$
11. Video Games		\$		\$	28. Saucepans/Pots		\$		\$
12. Radio/ Stereo		\$		\$	29. Knives		\$		\$
13. Vacuum cleaner		\$		\$	30. Plastic Containers		\$		\$
14. Sewing machine		\$		\$	31. Glass set		\$		\$
15. Computer/ Lap top		\$		\$	32. Lawn mower		\$		\$
16. Kerosene Stove		\$		\$	33. Grass Cutter		\$		\$
17. Electric Frying pans		\$		\$	34. Chainsaw		\$		\$

## Section 8: Education & Recreation/Sport

8.1 In the last 12 months, did any member of this household make any regular payments associated with education and/or recreation/sport?  
 (Please encircle appropriate code and write it in the box)

1 - Yes                      2 - No      **If NO Go To 9.1**

### Fee or subscription details

Type of fee or subscription	Amount paid	Received as Gift <i>(Paid by others)</i>
<i><u>A. Education Expenses</u></i>		
1. Formal education fees - Early childhood (e.g., Kindergarten)	\$	\$
- Primary school	\$	\$
- Secondary school	\$	\$
- Tertiary school	\$	\$
- Other educational institution	\$	\$
2. Boarding/Lodging Fees	\$	\$
3. Clothing (school, sport uniforms etc)	\$	\$
4. Books & School Supplies	\$	\$
5. Other educational expenses - Teachers Day	\$	\$
Sports Day	\$	\$
Private Tuition	\$	\$
PTA		
Others (eg, mufti)	\$	\$
<i><u>B. Recreation &amp; Sport</u></i>		
1. Fees charged for hobby classes (eg, music)	\$	\$
2. Subscriptions levied by clubs or leisure groups (eg, annual golf club subscription, gym membership, etc)	\$	\$

## Section 9: Medical and health services

**9.1 In the last 3 months, did any member of this household pay for the services or medications from health practitioners and service providers? Include payment-in-kind**  
*(Please encircle appropriate code and write it in the box)*

1 - Yes                      2 - No                      **If NO Go To 9.2**

Person No.					
Type of service or medication payment for	Amount Paid <i>by members</i> in the last 3 months				
1. Private Practitioners	\$	\$	\$	\$	\$
2. Outpatient Visits	\$	\$	\$	\$	\$
3. Hospital Charges	\$	\$	\$	\$	\$
4. Medicine, Antibiotics or other prescribed medication	\$	\$	\$	\$	\$
5. Traditional Medicine Practices	\$	\$	\$	\$	\$
6. Prenatal/Maternal and Antenatal care outside of hospital (eg, mid-wife)	\$	\$	\$	\$	\$

**9.2 In the last 3 months, did any member of this household avail of free (or paid for by other persons outside the household) services or medications from health practitioners and service providers? Include payment-in-kind**  
*(Please encircle appropriate code and write it in the box)*

1 - Yes                      2 - No                      **If NO Go To 10.1**

Person No.					
Type of service or medication payment for	Amount Paid <i>by others</i> in the last 3 months				
1. Private Practitioners	\$	\$	\$	\$	\$
2. Outpatient Visits	\$	\$	\$	\$	\$
3. Hospital Charges	\$	\$	\$	\$	\$
4. Medicine, Antibiotics or other prescribed medication	\$	\$	\$	\$	\$
5. Traditional Medicine Practices	\$	\$	\$	\$	\$
6. Prenatal/Maternal and Antenatal care outside of hospital (eg, mid-wife)	\$	\$	\$	\$	\$

## Section 10: Overseas travel

10.1 Did any member of this household have any travel expenses for trips to other countries taken in the last 12 months? **INCLUDE** expenses made by members of this household for persons outside the household.  
(Please encircle appropriate code and write it in the box)

1 - Yes                      2 - No      **If NO Go To 10.2**

### Expenditure by household members for overseas travel

Person No.					
Household Member    1					
Non Household Member 2					
Travel expense	Trip 1	Trip 2	Trip 3	Trip 4	Trip 5
1. Air fare	\$	\$	\$	\$	\$
2. Sea fare	\$	\$	\$	\$	\$
3. Departure tax	\$	\$	\$	\$	\$
4. Accommodation	\$	\$	\$	\$	\$
5. Meals/Drinks	\$	\$	\$	\$	\$
6. Clothing	\$	\$	\$	\$	\$
7. Household Goods	\$	\$	\$	\$	\$

10.2 Did any member of this household have any travel expenses for trips to other countries taken in the last 12 months **RECEIVED** as gifts or paid for by other persons outside this household?  
(Please encircle appropriate code and write it in the box)

1 - Yes                      2 - No      **If NO Go To 11.1**

### Expenditure by household members for overseas travel

Person No.					
Travel expense	Trip 1	Trip 2	Trip 3	Trip 4	Trip 5
1. Air fare	\$	\$	\$	\$	\$
2. Sea fare	\$	\$	\$	\$	\$
3. Departure tax	\$	\$	\$	\$	\$
4. Accommodation	\$	\$	\$	\$	\$
5. Meals/Drinks	\$	\$	\$	\$	\$
6. Clothing	\$	\$	\$	\$	\$
7. Household Goods	\$	\$	\$	\$	\$

## Section 11: Special Events

11.1 In the last 12 months, did this household contribute significantly to a special event, such as Funeral, Wedding, etc?

(Please encircle appropriate code and write it in the box)

1 - Yes

2 - No If NO Go To 12.1

Type of event	Amount paid
1. Funerals	\$
2. Weddings	\$
3. Birthday	\$
4. Church Conference	\$
5. Other Special Event (eg: court case, pastor waiting)	
a.	\$
b.	\$

## Section 12: Agriculture, Livestock, Fishing and Other Sales

### Agriculture

12.1 Has any member of your household sold any of the following fruit and vegetables in the last 30 days? If yes, give details below.

(Please encircle appropriate code and write it in the box)

1 - Yes

2 - No If NO Go To 12.2

Type of Crop	Sales (a)	Expenses (b)	Net (a-b)
1. Taro Futuna	\$	\$	\$
2. Yam	\$	\$	\$
3. Copra	\$	\$	\$
4. Head Cabbage	\$	\$	\$
5. Chinese Cabbage	\$	\$	\$
6. Banana	\$	\$	\$
7. Cucumber	\$	\$	\$
8. Papaya	\$	\$	\$
9. Pumpkin	\$	\$	\$
10. Beans	\$	\$	\$
11. Green Coconut	\$	\$	\$
12. Coconut (ripe)	\$	\$	\$
13. Manioke	\$	\$	\$
14. Taro Tonga	\$	\$	\$
15. Tomatoes	\$	\$	\$
16. Others (specify)			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$

**Livestock**

**12.2 Has any member of your household sold any of the following livestock in the last 30 days? If Yes, give details below.**  
*(Please encircle appropriate code and write it in the box)*

1 - Yes

2 - No **If NO Go To 12.3**

Type of Livestock	Sales (a)	Expenses (b)	Net (a-b)
1. Cow	\$	\$	\$
2. Pig	\$	\$	\$
3. Chicken	\$	\$	\$
4. Others (specify)			
1.	\$	\$	\$
2.	\$	\$	\$

**Seafood**

**12.3 Has any member of your household sold any of the following seafood in the last 30 days? If Yes, give details below.**  
*(Please encircle appropriate code and write it in the box)*

1 - Yes

2 - No **If NO Go To 12.4**

Type of Seafood	Sales (a)	Expenses (b)	Net (a-b)
1. Fish	\$	\$	\$
2. Shrimp	\$	\$	\$
3. Crab (Mangrove)	\$	\$	\$
4. Lobster	\$	\$	\$
5. Sea	\$	\$	\$
6. Sea Urchin	\$	\$	\$
7. Octopus	\$	\$	\$
8. Sea Eel	\$	\$	\$
9. Clamp	\$	\$	\$
10. Seaweed	\$	\$	\$
11. Others (specify)			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
5.	\$	\$	\$
6.	\$	\$	\$
7.	\$	\$	\$
8.	\$	\$	\$
9.	\$	\$	\$
10.	\$	\$	\$

**Homemade Produce**

**12.4 Has any member of your household sold any of the following home made produce in the last 30 days? If Yes, give details below.**  
*(Please encircle appropriate code and write it in the box)*

1 - Yes                      2 - No      **If NO Go To 12.5**

Type of Homemade Produce	Sales (a)	Expenses (b)	Net (a-b)
1. Process Food	\$	\$	\$
2. Process Drink (ice pop, etc)	\$	\$	\$
3. Chips	\$	\$	\$
4. Cake (Pie, Scone, etc.)	\$	\$	\$
5. Tongan Oil	\$	\$	\$
6. Coconut cream	\$	\$	\$
7. Others (specify)			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$

**Handicrafts**

**12.5 Has any member of your household sold any of the following handicrafts in the last 30 days? If Yes, provide details below.**  
*(Please encircle appropriate code and write it in the box)*

1 - Yes                      2 - No      **If NO Go To 13.1**

Type of Handicraft	Sales (a)	Expenses (b)	Net (a-b)
1. Fine Mat	\$	\$	\$
2. Basket	\$	\$	\$
3. Hand held Fan	\$	\$	\$
4. Wood Carving (storyboard)	\$	\$	\$
5. Necklaces, earrings, rings	\$	\$	\$
6. Woven Hats	\$	\$	\$
7. Painting	\$	\$	\$
8. Hiapo	\$	\$	\$
9. Spears	\$	\$	\$
10. Model Canoe	\$	\$	\$
11. Fish Nets	\$	\$	\$
12. Pandanus purses	\$	\$	\$
13. Fala / Papa Pango	\$	\$	\$
14. Traditional Broom	\$	\$	\$
15. Others (specify)			
1.	\$	\$	\$
2.	\$	\$	\$

### Section 13: Remittance Activities

13.1 In the last 12 months, has your household given any remittances, whether it be in a cash payment or in-kind?

(Please encircle appropriate code and write it in the box)

1 - Yes                      2 - No      If NO, Go To 13.2

Type of remittance	Amount given
1. Paid to overseas – cash	\$
2. Paid to overseas – in-kind	\$
3. Paid to Tonga – cash	\$
4. Paid to Tonga – in-kind	\$

13.2 In the last 12 months, has your household received any remittances, whether it be in a cash payment or in kind?

(Please encircle appropriate code and write it in the box)

1 - Yes                      2 - No      If NO, Go To 14.1

Type of remittance	Amount received
1. Received from overseas – cash	\$
2. Received from overseas – in-kind	\$
3. Received from Tonga – cash	\$
4. Received from Tonga – in-kind	\$

### Section 14: Contributions to Church, Village and Schools

14.1 In the last 12 months, has your household made a contribution to your church, village or local schools?

(Please encircle appropriate code and write it in the box)

1 - Yes                      2 - No      If NO, no more questions

14.2 How much in total has your household contributed? (include regular and irregular payments)

Payments received by	Amount (Cash)	Amount (In kind)
1. Church	\$	\$
2. Village	\$	\$
3. Schools	\$	\$

**END OF QUESTIONNAIRE**