# Dwelling Questionnaire

A questionnaire is to be completed for each Occupied Dwelling found in the Cook Islands on Census Night.

## D1 Name of Person In Charge of Dwelling:
- **Firstname**
- **Surname**

## D2 Number of Persons in this Dwelling:
- **Male**
- **Female**
- **Total**

**Don't forget the babies.**

## D3 Type of Dwelling:
<table>
<thead>
<tr>
<th>1</th>
<th>Private dwelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Non private dwelling, such as (Hotel, Hostel, Hospital, Guest House, etc.)</td>
</tr>
</tbody>
</table>

**IF NON PRIVATE GOTO D28**

## D4 Dwelling Tenure:
<table>
<thead>
<tr>
<th>1</th>
<th>Owned outright</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>On loan repayment/mortgage</td>
</tr>
<tr>
<td>3</td>
<td>Occupying without charge</td>
</tr>
<tr>
<td>4</td>
<td>Provided free with job</td>
</tr>
<tr>
<td>5</td>
<td>Rented</td>
</tr>
</tbody>
</table>

- **If rented, how much rent do you pay in a week?** $ ____
- **Under what condition was this house rented to the tenant?**
  | 1 | Unfurnished |
  | 2 | Partly furnished |
  | 3 | Fully furnished |

**IF 1-4 GOTO D5**

## D5 Year of Construction:

- **Year**

## D6 Number of rooms in this dwelling:
- **COUNT**
- **Total rooms:**

- **bedrooms**
- **kitchens, dining rooms**
- **lounges or living rooms**
- **study rooms**
- **family rooms, etc**

**DO NOT COUNT**
- **bathrooms, showers, toilets**
- **garages, open verandah, store rooms, etc**

**Count open-plan rooms such as kitchen-dining-lounge as three rooms.**

**If garage is furnished as bedroom count in number of rooms.**

## D7 Materials of construction of dwelling:
- **Roof**
- **Outerwall**
- **Floor**

## D8 Spouting:
- **Is this house fitted with spouting? If not spouted, GOTO D9**

<table>
<thead>
<tr>
<th>1</th>
<th>Partially spouted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Fully spouted</td>
</tr>
</tbody>
</table>

## D9 Supply of Water:
- **Indicate how this dwelling is supplied with water?**

<table>
<thead>
<tr>
<th>1</th>
<th>Public water main</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Public water catchment</td>
</tr>
<tr>
<td>3</td>
<td>Own rainwater tank</td>
</tr>
<tr>
<td>4</td>
<td>Dugout well</td>
</tr>
<tr>
<td>5</td>
<td>Other sources (specify)</td>
</tr>
</tbody>
</table>

## D10 Source of Water:
- **What is the main source of water?**

<table>
<thead>
<tr>
<th>1</th>
<th>Piped water inside dwelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Piped water from outside dwelling</td>
</tr>
<tr>
<td>3</td>
<td>Cart or carry to dwelling</td>
</tr>
</tbody>
</table>

## D11 Drinking Water:
- **What is the main source of drinking water?**

<table>
<thead>
<tr>
<th>1</th>
<th>Piped water supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Own rainwater tank</td>
</tr>
<tr>
<td>3</td>
<td>Dug out well</td>
</tr>
<tr>
<td>4</td>
<td>Bottled water</td>
</tr>
</tbody>
</table>

## D12 Electricity:
- **What is the main source of electricity?**

<table>
<thead>
<tr>
<th>1</th>
<th>Grid (Te Aponga Uira)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Generator</td>
</tr>
<tr>
<td>3</td>
<td>Solar</td>
</tr>
<tr>
<td>4</td>
<td>No electricity</td>
</tr>
</tbody>
</table>

## D13 Facilities:
- **What facilities are available in this house?**

<table>
<thead>
<tr>
<th>1</th>
<th>Hot water system</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Water filter</td>
</tr>
<tr>
<td>3</td>
<td>Kitchen sink</td>
</tr>
<tr>
<td>4</td>
<td>Bath/Shower</td>
</tr>
<tr>
<td>5</td>
<td>Flush toilet</td>
</tr>
<tr>
<td>6</td>
<td>Pour flush toilet</td>
</tr>
<tr>
<td>7</td>
<td>Pit toilet</td>
</tr>
<tr>
<td>8</td>
<td>Lagoon toilet</td>
</tr>
</tbody>
</table>

## D14 Cooking:
- **What is the main source of cooking?**

<table>
<thead>
<tr>
<th>1</th>
<th>Electricity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Gas</td>
</tr>
<tr>
<td>3</td>
<td>Firewood</td>
</tr>
<tr>
<td>4</td>
<td>Kerosene</td>
</tr>
</tbody>
</table>

## D15 Communication:
- **Does this household have access to:**

<table>
<thead>
<tr>
<th>1</th>
<th>Telephone private</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Telephone neighbor</td>
</tr>
<tr>
<td>3</td>
<td>Facsimile private</td>
</tr>
<tr>
<td>4</td>
<td>Cellular phone private</td>
</tr>
<tr>
<td>5</td>
<td>Internet at home</td>
</tr>
<tr>
<td>6</td>
<td>Internet at work/café</td>
</tr>
<tr>
<td>7</td>
<td>Internet at family/friends</td>
</tr>
<tr>
<td>8</td>
<td>None</td>
</tr>
</tbody>
</table>
**Waste:** How does this household dispose of its waste?

- 1. Burn
- 2. Bury
- 3. Recycle
- 4. Disposed in backyard
- 5. Commercial waste collection

**Cooking Appliances:**

- 1. Electric Stove
- 2. Gas Stove
- 3. Kerosene burner
- 4. Microwave oven
- 5. Coffee percolator
- 6. Rice cooker
- 7. Pressure cooker
- 8. Jug/kettle
- 9. Frying pan
- 10. Food processor
- 11. Toaster
- 12. Eggbeater
- 13. Barbecue
- 14. Microwave oven
- 15. Food processor

**Agriculture:** What agriculture activity is this household mainly engaged in?

- 1. Subsistence
- 2. Commercial
- 3. No agricultural activity

**Fishing:** What fishing activity is this household mainly engaged in?

(a) Engaged in:
- 1. Subsistence
- 2. Commercial
- 3. No fishing activity

(b) Location:
- 1. Only in reef
- 2. Only outside reef
- 3. Both in and outside reef

(c) Is the household engaged in pearl farming?
- 1. Yes
- 2. No

**Livestock & Pets:** Count only those raised by your household

- 1. Pig
- 2. Goat
- 3. Cattle
- 4. Duck
- 5. Horse
- 6. Chicken
- 7. Cat
- 8. Dog

**Farm Machinery:**

- 1. Tractor
- 2. Rotary hoe
- 3. Mist blower
- 4. Grass cutter
- 5. Motor mower
- 6. Disc
- 7. Plough
- 8. Tyne
- 9. Slasher
- 10. Knapsack

**Fishing Equipment:**

- 1. Spear gun
- 2. Canoe
- 3. Boat
- 4. Fishing rod imported
- 5. Fishing rod local

**Power Tools:**

- 1. Drill
- 2. Skill saw
- 3. Compressor

- 4. Sander

**Cooking Appliances:**

- 8. Jug/kettle
- 9. Frying pan
- 10. Food processor
- 11. Toaster
- 12. Eggbeater
- 13. Barbecue

**Household Electrical Appliances:**

- 1. Freezer
- 2. Refrigerator
- 3. Fridge/Freezer
- 4. Zip
- 5. Dishwasher
- 6. Iron
- 7. Shaver
- 8. Fan
- 9. Vacuum Cleaner

**Entertainment Appliances:**

- 1. Radio/cassette
- 2. Television Screen
- 3. Video Recorder
- 4. Video Camera
- 5. Play station
- 6. Computer
- 7. Guitar
- 8. Piano
- 9. Organ
- 10. TV Dish
- 11. DVD player

**Transport:** Does the household own any of the following vehicles?

- 1. Motor cycle
- 2. Motor Car
- 3. Van
- 4. Truck
- 5. Utility vehicle
- 6. Bicycle

**Safety Equipment:** Does this household have the following safety equipments?

- 1. Fire extinguisher
- 2. Fire safety alarm
- 3. First aid kit
- 4. Lantern
- 5. Emergency lighting
- 6. e.g. torch, candles, etc.

**Declaration:** I declare that the information given are true and complete.

Signature: [Signature]

COUNT only those owned by members of this household.

Do not count anything broken, borrowed or rented.
## COOK ISLANDS CENSUS OF POPULATION AND DWELLINGS

### Personal Questionnaire

A questionnaire is to be completed for each Person found in the Cook Islands on Census Night. Visitors need only answer Questions P1 to P9.

### P1 Name:
- Firstname
- Surname

### P2 Sex:
- Male
- Female

### P3 Relationship to Head of Household:
- Head
- Spouse/partner
- Son/daughter
- Step/adopted child
- Grandchild
- Nephew/niece
- Guest
- Other, please specify

### P4 Date of Birth:
- Day
- Month
- Year
- Age (yrs)

### P5 Place of Birth:
- Island/country

### P6 Ethnic Origin:
- Cook Island Maori
- Part Cook Island Maori
- New Zealand European
- Samoan
- Fijian incl Indo Fijian
- Other ethnic origin

### P7 Residential Status:
- Temporary contract worker
- Dependent of temporary worker
- Person granted with Permanent Residency
- Other

### P8 Your address on Census Night

(i) If you usually live at the above address, tick (■) circle, if not, where do you usually live.
- Village:
- Island:
- City:
- Country:

(ii) How long have you lived at your usual address.

### P9 Visitors:
- If a visitor tick (■) circle

A VISITOR is a person who does not usually reside in the Cook Islands.

### P10 Religion:
- No Religion
- Cook Islands Christian Church
- Roman Catholic
- Seventh Day Adventist
- Assembly of God
- Jehovah's Witnesses
- Apostolic Church
- Holy Spirit Revival Church
- Other, specify

### P11 Education:
- Are you currently attending school?
- Yes
- No, GOTO (c)

(b) What type of school are you attending?
- State
- Private

(c) What is the highest primary or secondary level completed?
- e.g Grade 6, Form 5, etc.

- Specify

(d) What is your highest school qualification gained?
- e.g NCEA L1, L2, L3 or NZSC, 6th Form, Bursary, etc.

- Specify

### P12 Are you taking extra studies or training?
- Full time (20hrs or more a week)
- Part Time (less than 20hrs a week)

### P13 What mode of study are you practicing (extension, correspondence, online, ...)?
P12 Disability: Does this person have any disability/health problems lasting six months or more?
1 Yes 2 No
If “Yes” describe the nature of disability, e.g. Hearing, sight, etc.

P13 Smoking Habits: Do you smoke tobacco or cigarettes regularly (that is one or more a day)?
1 Yes, GOTO P14 2 No
Have you ever been a regular smoker?
1 Yes 2 No

P14 Marital Status: Mark only one box
1 Never married 4 Separated from legal partner
2 Married 5 Divorced
3 Widowed 6 De facto relationship

P16 Principal Activity:
(a) Give details of work done:
e.g. Ticketing clerk, shop assistant, bank officer, etc.
(b) Give name of the business/employer that you worked for:
e.g. Trader Jack, Self, Island Craft, etc.
(c) Type of business/activity:
e.g. Restaurant, Retail trade, Manufacturing, etc.
(d) How many hours usually worked at this job in a week.

P15 Activity Status: Mark only one box
1 Employer, own business/plantation without employees
2 Employer, own business/plantation with employees
3 Working full time for wages/salary
4 Working part-time for wages/salary
5 Unpaid family worker in plantation/store/business
6 Full time students GOTO P17
7 Unemployed GOTO P18
8 Home Duties GOTO P19
9 Retired

P17 Secondary Activity: If NO activity, tick circle
(a) Give details of work done:
e.g. Bar tender, food sales, craft making, etc.

P18 Unemployed ONLY: Mark appropriate box
(a) Have you ever had paid work?
1 Yes 2 No, GOTO P18c
(b) How many weeks since you last had paid work?

P19 Unpaid Work: Mark appropriate boxes
1 Looking after children 5 Tending the garden
2 Housework 6 Fishing
3 Handicraft making 7 Catering
4 Tending the livestock 8 Sewing

P20 Social Welfare Benefits: Did you receive any of the following benefits in the last 12 months?
1 None 4 Destitute/Infirm
2 Child 5 Superannuation
3 Old Age 6 War Pension

P21 Income: Gross income from all sources, including benefits, for the 12 months ending 1st December, 2006. Mark appropriate box
1 no income 7 $30,000 - $39,999
2 less than $5,000 8 $40,000 - $49,999
3 $5,000 - $9,999 9 $50,000 - $59,999
4 $10,000 - $14,999 10 $60,000 - $69,999
5 $15,000 - $19,999 11 $70,000 - $79,999
6 $20,000 - $29,999 12 $80,000 and more

P22 Females ONLY: Number of children born alive
(a) Born alive: (b) Still living:
Males Females
Females

P23 Declaration: I declare that the information given are true and complete.
Signature