COOK ISLANDS CENSUS OF POPULATION AND DWELLINGS Dwelling Question poirs

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:	D7 Materials of construction of dwelling:
	Roof
Firstname Surname	Outerwall
Number of Persons in this Dwelling: Don't forget the babies.	Floor
+ =	
Male Female Total	D8 Spouting: Is this house fitted with spouting? If not spouted, GOTO D9
Type of Dwelling: Mark appropriate box	1 Partially spouted 2 Fully spouted
1 Private dwelling	D9 Supply of Water: Indicate how this dwelling is supplied with water?
Non private dwelling, such as (Hotel, Hostel,	1 Public water main 3 Own rainwater tank
Hospital, Guest House , etc.) IF NON PRIVATE	2 Public water catchment 4 Dugout well
GOTO D28	5 Other sources (specify)
Dwelling Tenure: What is the tenure of this household?	D10 Source of Water: What is the main source of water?
1 Owned outright	1 Piped water inside dwelling
2 On loan repayment/mortgage IF 1-4 GOTO	2 Piped water from outside dwelling
3 Occupying without charge D5	3 Cart or carry to dwelling
4 Provided free with job	D111 Drinking Water: What is the main source of drinking water?
5 Rented	1 Piped water supply 4 Boiled water
If rented, how much rent do you pay in a week?	2 Own rainwater tank 5 Dug out well
Under what condition was this house rented to the tenant?	3 Bottled water
1 Unfurnished	D12 Electricity: What is the main source of electricity?
2 Partly furnished	1 Grid (Te Aponga Uira) 3 Solar
3 Fully furnished	2 Generator 4 No electricity
D5 Year of Construction: What year was this dwellling constructed?	D13 Facilities: What facilities are available in this house?
	1 Hot water system 5 Flush toilet
L L Year	2 Water filter 6 Pour flush toilet
D6 Number of rooms in this dwelling:	3 Kitchen sink 7 Pit toilet
COUNT Total rooms:	4 Bath/Shower 8 Lagoon toilet
• bedrooms	D14 Cooking: What is the main source of cooking?
 kitchens, dining rooms Count open-plan rooms such as kitchen-dining-	1 Electricity 3 Firewood
 lounges or living rooms 	2 Gas 4 Kerosene
study rooms If garage is furnished as	D15 Communication: Does this houshold have access to:
• family rooms, etc	1 Telephone private 5 Internet at home
DO NOT COUNT	2 Telephone neighbor 6 Internet at work/café
bathrooms, showers, toilets	3 Facsimile private 7 Internet at family/friends
garages, open verandah, store rooms, etc	4 Cellular phone private 8 None

D16 Waste: He	ow does this household di	spose of its wa	iste?		D23 Coo	king App	oliances:				
1 B	urn 4	Disposed	in backyard		1		Electric Sto	ve	8		Jug/kettle
2 B	ury 5	Commerci	al waste col	lection	2		Gas Stove		9		Frying pan
3 R	ecycle other, spec <u>ify</u>				3		Kerosene b	ourner	10		Food processor
D17 Agricultu	ıre: What agriculture activ	ity is this hous	ehold mainly	engaged in?	4		Microwave	oven	11	_	Toaster
1 S	ubsistence				5		Coffee per	colator	12		Eggbeater
2 🔲 C	ommercial				6		Rice cooke	r	13		Barbecue
3 N	o agricultural activity				7		Pressure co	ooker	•		
D18 Fishing: I	What fishing activity is this	household ma	ninly engage	d in?							
(a) Engag	ed in:	(b) location	n:		D24 Hou	isehold E	lectrical Ap	pliances:			
I — 1	ubsistence	1 Onl	y in reef		1	Freeze		1	Hai	ir dryer	
2 🔲 C	ommercial	2 Onl	y outside ree	ef	2	— Refrige		2	_	,	nachine
3 N	o fishing activity	3 Botl	h in and outs	side reef	3	_	/Freezer	3		thes dr	
(c) Is the	he household engaged i	n pearl farmin	a?		4	Zip		4	_	wing ma	
	es 2 No	•	J		5	' Dishwa	asher	5	_	cuum C	
D19 Livestock	& Pets: Count only those	e raised by you	ır househola	1	6	 Iron		6	— Far	ı	
1 Pig	4 Duck	(7	Cat	7	— Shavei	r	7	— Air	Conditi	oner
2 Goa			8	— Dog	8	— Hair cu		_	_		
 3 Cat				_ ~		_					
					D25 Ente	ertainme	nt Appliance	s:			
COUNT	only those owned by	members of	this house	ehold.	1		Radio/cass	ette	7		Guitar
Do n	not count anything bro	ken, borrowe	ed or rente	ed.	2		Television		8		Piano
D20 Farm Mad	chinery:				3		Video Reco		9		Organ
1	Tractor	6	Disc		4		Video Cam	era	10		TV Dish
2	Rotary hoe	7	- Plough		5		Play station	1	11		DVD player
3	Mist blower	8	Tyne		6		Computer		•		, ,
4	Grass cutter	9	Slasher								
5	Motor mower	10	- Knapsacl	k	D26 Tran	nsport: <i>L</i>	Does the hous	sehold owi	n any of	the follo	owing vehicles
D21 Fishing E	quipment:				1		Motor cycle)	4		Truck
1	Speargun	6	Fishing n	et	2		Motor Car		5		Utility vehicle
2	Canoe	7	Scuba (fu		3		Van		6		Bicycle
3	Boat	8	Hooka (fu	ull set)					•		
4	Fishing rod imported	9	Outboard	d motor	D27 Safe	ety Equip	ment: Does	this house	ehold ha	ve the i	follwing safety
5	Fishing rod local					ipments?			_		ŭ ,
						1	Fire extinguis	her	4	La	ntern
D22 Power To	ols:						Fire safety al	arm	5 [nergency lighting
1	Drill	4	Sander				First aid kit				e.g torch, candles, et
2	Skill saw	5	Battery c	harger	D28 Dec	laration:	I declare tha	t the infor	mation g	iiven ar	e true and complete.
3	Compressor					<u>)</u>	(CI	motion		
					I			SIG	gnature		

COOK ISLANDS CENSUS OF POPULATION AND DWELLINGS Personal Questionnaire

Person No:	

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:	(iii)	If one year ago, you were at the same address as in P8(i) tick (■)
	Firstname Surname		circle if not, where were you on December 1, 2005.
P2	Sex: Mark appropriate box		Village/ Island/
	1 Male 2 Female		City Country
P3	Relationship to Head of Household: Mark appropriate box		If person is less than 5 years old GO TO END else Continue
	1 Head 5 Grandchild	(iv)	If five years ago, you were at the same address as in P8(iii) tick (III)
	2 Spouse/partner 6 Nephew/niece	(1V)	circle if not where were you on December 1, 2001
	3 Son/daughter 7 Guest		•
			Village/ Island/ City Country
	4 Step/adopted child 8 Other, please specify	DO	
		P9	Visitors ONLY: If a visitor tick(III) circle
P4	Date of Birth Day Month Year Age (yrs)		A VISITOR is a person who does not usually reside in the Cook Islands.
P5	Place of Birth:	P10	Religion: Mark appropriate box
	Island/country		1 No Religion 2 Cook Islands Christian Church
P6	Ethnic Origin: Which ethnic group do you belong to?	1	3 Roman Catholic 4 Seventh Day Adventist
	1 Cook Island Maori		5 Assembly of God 6 Jehovah's Witnessess
	2 Part Cook Island Maori		7 Apostolic Church 8 Holy Spirit Revival Church
	3 New Zealand European		9 Other, specify
	4 Samoan	D11	10 I OBJECT to answering this question
	5 Fijian incl Indo Fijian6 Other ethnic origin		Education: Mark appropriate box
		(a)	Are you currently attending school?
	Specify		1 Yes 2 No, GOTO
P7	Residential Status: Mark appropriate box	(b)	What type of school are you attending?
	1 Temporary contract worker		1 State 2 Private
	2 Dependent of temporary worker	(c)	What is the highest primary or secondary level completed?
	3 Person granted with Permanent Residency		e.g Grade 6, Form 5, etc.
	4 Other		Specify
	Nationality	(d)	What is your highest school qualification gained?
	How long have you lived in the Cook Islands?		e.g NCEA L1, L2, L3 or NZSC, 6th Form, Bursary, etc.
	Years		Specify
P8	Your address on Census Night		If person is less than 15 years old GO TO END else Continue
	Village Island	(e)	What is your highest Trade, Vocational or Professional qualification gained?
(i)	If you usually live at the above address, tick (II) circle, if not,		
	where do you usually live?		e.g Trade Certificate, Bachelors Degree, Teachers Diploma.
	Village/ Island/		Specify
	City Country	(f)	Are you taking extra studies or training? If not, tick(■) circle →
(ii)	How long have you lived at your usual address.		1 Full time (20hrs or more a week)
			2 Part Time (less than 20hrs a week) GOTO P12
		(g)	What mode of study are you practicing (extension, correspondence, online,)?
lf	person is less than I year old GO TO END else Continue		

P12 Disability : Does this person have any disability/health problems lasting six months or more?	(b) Give name of the business/employer that you worked for: e.g. Trader Jack, Self, Island Craft, etc.
1 Yes 2 No	
If "Yes" describe the nature of disability, eg. Hearing, sight, 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.
P13 Smoking Habits: Do you smoke tobacco or cigarettes regulary (that is one or more a day)?	P18 Unemployed ONLY: Mark appropriate box
1 Yes, GOTO P14 2 No	(a) Have you ever had paid work ?
Have you ever been a regular smoker?	1 Yes 2 No, GOTO P18c
1 Yes 2 No	(b) How many weeks since you last had paid work?
P14 Marital Status: Mark only one box	(c) If a paid job had been available, would you be willing to work?
1 Never married 4 Separated from legal partner	1 Yes 2 No
2 Married 5 Divorced	P19 Unpaid Work: Mark appropriate boxes
3 Widowed 6 De facto relationship	1 Looking after children 5 Tending the garden
P15 Activity Status: Mark only one box	2 Housework 6 Fishing
1 Employer, own business/plantation without employees	3 Handicraft making 7 Catering
2 Employer, own business/plantation with employees	4 Tending the livestock 8 Sewing
3 Working full time for wages/salary	Social Welfare Benefits: Did you receive any of the following benefits in
4 Working part-time for wages/salary	the last 12 months?
5 Unpaid family worker in plantation/store/business	1 None 4 Destitute/Infirm
6 Full time students GOTO P17	2 Child 5 Superannuation
7 Unemployed ————————————————————————————————————	3 Old Age 6 War Pension
8 Home Duties 9 Retired GOTO P19	P21 Income: Gross Income from all sources, including benefits, for the 12 months ending 1st December, 2006. Mark appropriate box
P16 Principal Activity:	1 no income 7 \$30,000 - \$39,999
(a) Give details of work done:	2 less than \$5,000 8 \$\ \$40,000 - \$49,999
e.g Ticketing clerk, shop assistant, bank officer, etc.	3 \$5,000 - \$9,999 9 \$50,000 - \$59,999
	4 \$10,000 - \$14,999 10 \$60,000 - \$69,999
(b) Give name of the business/employer that you worked for:	5 \$15,000 - \$19,999 11 \$70,000 - \$79,999
e.g. Island Hopper, CITC, Westpac, etc.	6 \$20,000 - \$29,999 12 \$80,000 and more
	P22 Females ONLY: Number of children born alive
(c) Type of business/activity: e.g Travel Agent, Retail Trade, Banking, etc	(a) Born alive: (b) Still living: Males Males
	Females Females
(d) How many hours usually worked at this job in a week.	(c) Date of birth of:
hrs	First child Last child Last child
P17 Secondary Activity: If NO activity, tick(III) circle	Day Month Year Day Month Year
(a) Give details of work done:	P23 Declaration: I declare that the information given are true and complete.
e.g Bar tender, food sales, craft making, etc	<u> </u>
	Signature