This Census is taken under the authority of section 23(1) of the Statistics Act 1975.

Under this Act, a Dwelling Questionnaire must be completed for every dwelling that is occupied at midnight on the night of Tuesday, 24 March 1981 (see definition of ‘dwelling’ opposite). Any dwelling not occupied at that time, which is occupied by noon on 25 March 1981, must also have a Dwelling Questionnaire completed for it unless the occupant(s) had completed Personal Questionnaire(s) at another dwelling before arriving there on that day. Any dwelling that is unoccupied from midnight on the night of 24 March 1981 to noon on 25 March 1981 is not to have a Dwelling Questionnaire completed for it.

The occupier or person in charge of a dwelling has the legal responsibility to complete a Dwelling Questionnaire for that dwelling (see definitions of ‘occupier’ and ‘person in charge’ in Question 1 below).

The occupier or person in charge is also required to ensure that a Personal Questionnaire is completed by or for:—
(i) every person (including baby) in the dwelling on Census night, and
(ii) every other person arriving at or returning to the dwelling during the morning of 25 March 1981 who did not complete a Personal Questionnaire elsewhere, except any such person who was not in New Zealand at midnight on the night of 24 March 1981.

Under section 43(1) of the Statistics Act 1975, it is an offence to neglect or refuse to supply Census information, or to make false statements on this questionnaire or to Census officers.

NOTE: Answer Questions 1, 2(A), 2(B), and 3, then continue overleaf.

1. NAME OF OCCUPIER OR PERSON IN CHARGE OF DWELLING ON CENSUS NIGHT:
   - The occupier of a private dwelling (house, flat, etc.) is the person present in the dwelling on Census night who signs the Dwelling Questionnaire for the dwelling. This person should be the head (if any) of the household, or some adult present in the dwelling on Census night.
   - The person in charge of a non-private dwelling (hotel, motel, hospital, camp, boarding house, ship, etc.) is the proprietor, superintendent or other person designated in charge on Census night.

SPECIFY: .......................................................... ...........................................................
Surname or Family Name
Christian or First Names

2. FULL ADDRESS OF DWELLING: (DO NOT GIVE P.O. BOX OR RURAL DELIVERY NUMBERS.)
   (A) SPECIFY: .......................................................... ...........................................................
Number in street, and name of street, road, etc.
Name of suburb or rural locality (if any)
Name of city, town, or county

(B) IF THIS ADDRESS IS IN A CITY, BOROUGH, COMMUNITY, OR TOWN DISTRICT, OR IN THE HEATHCOTE OR WAIMAIRI COUNTRY, TICK BOX: 

IF NOT, SPECIFY: (i) Name of nearest Post Office: ...........................................................
(ii) Distance from dwelling to nearest Post Office by usual route: ......................... kilometres OR .................. miles.

3. NUMBER OF OCCUPANTS ON CENSUS NIGHT:
   - Specify number of males, number of females, and total persons present in this dwelling on Census night.
   - Include persons who arrive or return here before noon on 25 March 1981 who were in New Zealand at midnight on the night of Tuesday, 24 March 1981, but who did not complete a Census Personal Questionnaire elsewhere.
   - Include any babies in this dwelling on Census night.
   - Do not include persons who are temporarily absent on Census night but who otherwise usually reside here. Such persons are to be listed in Question 18 on Page Four of this questionnaire.

SPECIFY: ...............Males ...............Females ...............Total persons.

Continue overleaf
4. TYPE OF PRIVATE DWELLING(*):
- The typical private dwelling is a house, flat, or apartment. Other private accommodation (such as bed-sitting room) constitutes a separate private dwelling if self-contained at least in respect of sleeping, cooking, and dining facilities.
- An outbuilding or caravan on the same section as a private dwelling is a separate dwelling if self-contained in respect of sleeping, cooking, and dining facilities. If such a dwelling is occupied on Census night, then the separate Dwelling Questionnaire should be completed for it.

(A) TICK THE BOX WHICH BEST DESCRIBES THE DWELLING YOU OCCUPY ON CENSUS NIGHT:

<table>
<thead>
<tr>
<th>Separate house (one household) not attached to any other dwelling</th>
<th>House or flat attached to shop, offices, hotels, or other business premises</th>
<th>House or flat whose cooking facilities are shared by 2 or more households who otherwise live separately in the house or flat</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>House (one household) with 1 or more flats or other private dwellings attached</td>
<td>Self-contained flat or apartment</td>
<td>Town house, row house, villa unit</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Bach, crib, or hut (not in work-camp)</td>
<td>Moveable home (e.g. caravan, houseboat)</td>
<td>Other, including temporary or improvised (e.g. shed, tent)</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

(B) IF YOU TICKED A BOX ABOVE WITH ↑ ATTACHED, PLEASE ANSWER PARTS (i) AND (ii) BELOW:

(i) How many other houses, flats, or apartments are attached to or linked to this dwelling? Tick box which applies:

- None [ ]
- One [ ]
- Two [ ]
- Three or more [ ]

(ii) How many storeys are there in the building that contains this dwelling? Tick box which applies:

- One [ ]
- Two [ ]
- Three or more [ ]

5. TYPE OF DWELLING IF OTHER THAN A PRIVATE DWELLING:
- Examples of the types of dwelling to which this question refers are hotels, motels, hospitals, school hostels, camps, boarding houses, ships and trains.
- Houses and self-contained flats situated in the grounds of an institution or permanent camp are to be regarded as separate private dwellings, and not as part of the institution or camp.

(A) TYPE OF DWELLING. Tick box which applies:

- Hotel, motel, motor inn, private hotel, guest house [ 10 ]
- Boarding house, rooming house [ 11 ]
- Educational institution, or hostel attached to such [ 12 ]
- Religious institution [ 13 ]
- Hospital (public or private), convalescent home [ 14 ]
- Home for the elderly [ 15 ]
- Work-camp, construction camp [ 17 ]
- Motor camp [ 18 ]
- Other [ ] SPECIFY: ____________________________ (e.g. Armed Forces camp or station, ship, shears quarters, nurses home)

(B) NAME OF INSTITUTION, CAMP, SHIP, HOTEL, MOTEL, ETC.: ____________________________ (If none, write NIL.)

6. PRINCIPAL MEANS OF COOKING: TICK BOX WHICH APPLIES:

- Electric [ 1 ]
- Gas (mains) [ 2 ]
- Wood, coke, or coal [ 3 ]
- Other or nil [ ] SPECIFY: ____________________________ (e.g. oil-fired, NIL)

7. TYPE OF HOT WATER SUPPLY(*): TICK BOX OR BOXES WHICH APPLY:

- Electric [ ]
- Gas (mains) [ 2 ]
- Wood, coke, or coal [ 3 ]
- Solar [ 5 ]
- Other or nil [ ] SPECIFY: ____________________________ (e.g. oil-fired, NIL)

8. HEATING OF DWELLING:

TICK BOXES WHICH APPLY TO THE HEATING APPLIANCES USED TO HEAT THIS DWELLING DURING THE LAST TWELVE MONTHS:

**ELECTRIC HEATER:**
- Portable [ 10 ]
- Wall-mounted panel or strip [ 12 ]
- Off-peak or night-storage [ 13 ]
- Under-floor furnace using vents or ducts [ 23 ]

**GAS HEATER:**
- Portable type using bottled gas or mains gas [ 20 ]
- Non-portable radiator or open type [ 21 ]
- Non-portable console or convector type [ 22 ]
- Under-floor furnace using vents or ducts [ 23 ]

**WOOD, COKE, OR COAL FIRE:**
- Open [ 30 ]
- Slow combustion [ 31 ]
- Wood or coal range [ 32 ]

**KEROSENE-BURNING OR OIL-FIRED HEATER:**
- Portable kerosene type [ 40 ]
- Oil console or convector type [ 41 ]
- Other oil-fired heating system using vents, ducts, or hot-water pipes [ 42 ]

**OTHER HEATING APPLIANCE:** [ ] SPECIFY: ____________________________
- (e.g., thermal bore radiator, solar heat)

**NO HEATING APPLIANCE USED IN THE LAST TWELVE MONTHS:** [ ]
- (e.g., thermal bore radiator, solar heat)

Continue on next page if this questionnaire refers to a private dwelling. If other than a private dwelling, no further questions need to be answered, but this questionnaire must be signed in the space provided on Page Four.

(*) See Census Guide.
9. TENURE OF DWELLING:
- This question refers to whether the household that lives in this dwelling owns it, rents or leases it, or is provided it free. Do not include the tenure of the land on which the dwelling is situated.

<table>
<thead>
<tr>
<th>Owned with mortgage</th>
<th>Rented or leased, but NOT from employer of tenant</th>
<th>Provided free, but NOT with job</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owned without mortgage</th>
<th>Rented or leased from employer of tenant</th>
<th>Provided free with job</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

10. RENT:
- If this dwelling is rented or leased, answer (A), (B), and (C) below. Otherwise, omit this question.
- In part (A) below, give weekly rent paid. Where rent is paid on other than a weekly basis, give the weekly equivalent of rent paid.

(A) WEEKLY RENT PAYABLE $......... PER WEEK. If this amount includes lease payments for an attached farm or business, tick box:

(B) BASIS ON WHICH THIS DWELLING IS RENTED OR LEASED. Tick box which applies:

<table>
<thead>
<tr>
<th>Unfurnished</th>
<th>Partly or fully furnished</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

(C) FROM WHOM IS THIS DWELLING RENTED OR LEASED. Tick box which applies:

<table>
<thead>
<tr>
<th>Housing Corporation</th>
<th>Other department, corporation, or agency of government (see note below)</th>
<th>Individual person, company, partnership, solicitor, land agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

Local authority (see note below)

SPECIFY: .................................................................

- "Other department, corporation, or agency of government" includes: hospital boards and education boards. "Local authority" includes a city council, borough council, county council, electric power board, and harbour board.

11. ROOF MATERIAL: TICK BOX WHICH APPLIES TO THE EXTERIOR ROOF MATERIAL OF THIS DWELLING:

<table>
<thead>
<tr>
<th>Not applicable (another story above)</th>
<th>Galvanised iron, or &quot;tin&quot;</th>
<th>Aluminium</th>
<th>Pressed metal tiles with protective coating</th>
<th>Tiles (clay or concrete)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Asbestos cement or other asbestos material

Other SPECIFY: .................................................................

12. MATERIAL OF OUTER WALLS(*):
- Give surface materials, but not materials used in the framing of the walls in gables or foundations.

EITHER (A) IF ALL EXTERNAL WALLS ARE OF THE SAME MATERIAL, TICK BOX WHICH APPLIES:

<table>
<thead>
<tr>
<th>Timber or wood (not particle board or other sheet wallboard)</th>
<th>Brick (clay)</th>
<th>Concrete block</th>
<th>Poured concrete</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

Exterior wallboard (wood or asbestos sheet), with or without decorative brick or stone blocks attached

<table>
<thead>
<tr>
<th>Artificial stone block</th>
<th>Galvanised iron</th>
<th>Aluminium</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Other SPECIFY (e.g. natural stone): .................................................................

OR (B) IF ALL EXTERNAL WALLS ARE NOT OF THE SAME MATERIAL, SPECIFY ALL MATERIALS, GIVING MAIN TYPE FIRST:

...........................................................................................................................................

(e.g. concrete and brick)

13. NUMBER OF ROOMS(*):

SPECIFY NUMBER OF EACH ROOM TYPE IN DWELLING. (If none of a particular type, write '0' on relevant line.)

<table>
<thead>
<tr>
<th>Number of bedrooms (including spare bedrooms):</th>
<th>Number of lounges or living rooms:</th>
<th>Number of dining rooms:</th>
<th>Number of kitchens:</th>
</tr>
</thead>
<tbody>
<tr>
<td>................................................................</td>
<td>......................................</td>
<td>................................</td>
<td>........................</td>
</tr>
</tbody>
</table>

Sum total of pantries, bathrooms, laundries, separate shower rooms, separate toilets:

Sum total of any other rooms not already counted: SPECIFY TYPES: .................................................................

(e.g. rumpus room, pool room, study)

14. HEAT INSULATION(*):

(A) DOES ANY PART OF THE CEILING CONTAIN SPECIAL HEAT-INSULATION MATERIAL? Tick box which applies:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Not applicable (another storey above)

(B) DO ANY OF THE OUTER WALLS CONTAIN SPECIAL HEAT-INSULATION MATERIAL? Tick box which applies:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(*) See Census Guide.

Please turn over for rest of questions
15. AMENITIES PRESENT IN DWELLING(*): TICK BOX OR BOXES WHICH APPLY:

- Telephone [ ]
- Electric clothes dryer [ ]
- Fully automatic clothes washing machine [ ]
- Clothes washing machine (not fully automatic) [ ]
- Colour television [ ]
- Black and white television [ ]
- Deep-freeze of 56 litres (2 cu. ft.) or greater capacity [ ]
- None of the 7 amenities mentioned [ ]

16. HOLIDAY RESIDENCE:

DO ANY OF THE PERSONS WHO USUALLY RESIDE IN THIS DWELLING OWN OR PARTLY OWN A HOLIDAY RESIDENCE? Tick box which applies:

Yes [ ]

Specify location of holiday residence:

(i) Name of street, road, etc.: ................................................

(ii) Name of city, town, or rural locality: ...................................

(iii) If in a rural locality, give name of county: .............................

No [ ]

17. NUMBER OF VEHICLES, CARAVANS, AND BOATS(*):

- Specify the numbers of vehicles, caravans, and boats that are in the care of household members (i.e. persons in this dwelling on Census night) and available for use.
- Include vehicles, caravans, and boats owned by household members, no matter where they are being kept on Census night, unless they are in the care of someone else on that night. For example, include an owned boat moored at a lake or marina, but do not include an owned caravan that has been loaned to someone else and is in the care of that person on Census night.
- Include vehicles, caravans, and boats in the care of household members and which have been hired (e.g. rental car), borrowed (e.g. company car, business van, borrowed caravan), or leased by them for private or business use.

(A) SPECIFY: (If none of a particular type of vehicle, write 'O' on relevant line)

- Total number of privately owned cars, station wagons, vans:...........
- Total number of cars, station wagons, or vans owned by company, business, firm, etc.:...........
- Number of motor cycles or motor scooters:.............
- Number of bicycles or power cycles:.............
- Number of caravans or camper-trailers:.............

(B) IF THERE ARE NO PLEASURE BOATS IN THE CARE OF HOUSEHOLD MEMBERS, TICK BOX: [ ]

OTHERWISE SPECIFY:

- Number of jet-powered pleasure boats:..........
- Number of other inboard-motor-powered pleasure boats:..........
- Number of outboard-motor-powered pleasure boats:..........
- Number of sail-powered pleasure boats:..........
- Number of human-powered pleasure boats:..........

18. PERSONS ABSENT ON CENSUS NIGHT:

- List below details of any persons who are temporarily absent on Census night but who usually reside here.
- Include mother and baby in maternity home, children away at boarding school, child living as a student in hostel, persons away on business, persons temporarily overseas, etc.
- Persons listed below should not be counted in your reply to Question 3 of this questionnaire.

PERSON 1 PERSON 2 PERSON 3 PERSON 4

(i) Surname or Family Name: ...........................................

(ii) Christian or First Names: ...........................................

(iii) Sex: ............................................................... ...

(iv) Age (in years): ....................................................

(v) Marital status: .....................................................

(vi) Relationship to occupier: ........................................

(vii) Address or location (if known) .................................

Signature: I CERTIFY THAT THE ABOVE PARTICULARS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF: .................................................................

Signature of occupier or person in charge

AFTER COMPLETING THIS QUESTIONNAIRE

1. Please check that all relevant questions have been answered, and that the questionnaire has been signed.
2. Collect the Personal Questionnaires of all occupants of this dwelling, including any Personal Questionnaires in sealed envelopes. Please note that a sealed envelope containing a Personal Questionnaire must not be opened by the occupier or person in charge of the dwelling (see note at bottom of Page Four of Personal Questionnaire).
3. Check that all relevant questions have been answered on each Personal Questionnaire not in a sealed envelope. If any relevant questions have not been answered, please arrange for the missing information to be entered. Failure to answer all relevant questions will result in further inquiries being made by the Sub-enumerator or other Census officers.

4. Place the completed Personal Questionnaires, and any sealed envelopes containing Personal Questionnaires, inside this Dwelling Questionnaire.
5. Hold all questionnaires in safe custody ready for collection by the Sub-enumerator. The questionnaires will be collected as soon as possible after Census night, but this may not happen for several days in some cases.
6. If any completed questionnaires are still in your possession on 10 April 1981, please contact the Postmaster or Postmistress at your local Post Office so that arrangements can be made for their collection. Thank you for your co-operation.

(*) See Census Guide
DEPARTMENT OF STATISTICS

NEW ZEALAND CENSUS OF POPULATION AND DWELLINGS

Tuesday, 24 March 1981

PERSONAL QUESTIONNAIRE

This Census is taken under the authority of section 23 (1) of the Statistics Act 1975.

Under this Act, a Personal Questionnaire must be completed by or for EVERY man, woman, and child (including baby) who is alive and is in New Zealand at midnight on the night of Tuesday, 24 March 1981.

It is an offence under section 43 (1) of the Statistics Act 1975, to neglect or refuse to supply Census information, or to make false statements on this questionnaire or to Census officers.

CONFIDENTIALITY

It is recognised that much of the information in the completed questionnaire is private. The confidentiality of the information you supply is safeguarded both by legislation and by Census procedures.

No information given in this questionnaire will be made available by the Department of Statistics to any organisation (including any other government department), or to any person (other than an employee of the Department of Statistics), in any form which would allow identification with the individual.

J.H. DARWIN
Government Statistician

INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE

A tick or other appropriate answer must be made in:

- every question from 1 to 12 (inclusive) for every person, and in
- every question from 13 to 29 (inclusive) if this questionnaire refers to a person aged 15 years or over (except in the case of certain visitors to New Zealand—see note following Question 12).

1. FULL NAME(*): .......................................................... ..........................................................
   Surname or Family Name .................................. Christian or First Names (Write "Baby" for a child not yet named.)

2. SEX: TICK BOX WHICH APPLIES: Male 1 Female 2

3. DATE OF BIRTHDAY: Day of Month __________________ Month of Year __________________

4. YEAR BORN, OR AGE LAST BIRTHDAY:
   SPECIFY EITHER YEAR BORN: ......................... OR AGE LAST BIRTHDAY: .................. (years).

5. RELATIONSHIP TO OCCUPIER OR TO PERSON IN CHARGE OF DWELLING ON CENSUS NIGHT (*):
   EITHER (A) IF IN A PRIVATE DWELLING (e.g. house, flat) ON CENSUS NIGHT, TICK BOX WHICH APPLIES:
   - Occupier 1
   - Spouse (husband or wife) of occupier 2
   - Daughter or son (including adopted or step) of occupier 3
   - Flatmate 12
   - Guest or visitor 13
   - Brother or sister of occupier 8
   - Nephew, niece or cousin of occupier 10
   - Boarder 14
   - Grandchild of occupier 7
   - Father, mother, father-in-law, or mother-in-law of occupier 6
   - Other (e.g. son-in-law, lodger, foster-child) ................................

   OR (B) IF IN A NON-PRIVATE DWELLING (e.g., hotel, motel, hospital, hostel, camp, ship) ON CENSUS NIGHT,
   TICK BOX WHICH APPLIES:
   - Person in charge of a non-private dwelling 19
   - Member of family of, or non-paying guest of, person in charge 20
   - Resident staff in non-private dwelling 21
   - Paying guest, patient, other resident or inmate of a non-private dwelling 22

6. FULL ADDRESS ON CENSUS NIGHT: (DO NOT GIVE P.O. BOX OR RURAL DELIVERY NUMBERS.)
   Number in street, and name of street, road, etc. ................................ Name of suburb or rural locality (if any) ................................ Name of city, town, or county ................................

7. USUAL RESIDENTIAL ADDRESS(*): TICK BOX WHICH APPLIES:
   Same as address given in Question 6 above ...........................
   N.Z. resident with no fixed residential address in N.Z. ...........................
   Usually resident overseas (see Census Guide) ...........................
   Name of Country ..............................................
   Other fixed residential address in N.Z. ...........................
   SPECIFY: (i) Number in street, and name of street, road, etc.: ........................................
   (ii) Name of suburb or rural locality (if any): ........................................
   (iii) Name of city, town, or county: ........................................

* SEE CENSUS GUIDE

Continue overleaf
8. USUAL RESIDENTIAL ADDRESS ONE YEAR AGO (24 MARCH 1980): TICK BOX WHICH APPLIES:

Same as address in Question 7 on Page One
Not applicable (born since 24 March 1980)
Living in an overseas country on 24 March 1980

Name of Country

Other SPECIFY:
(i) Number in street, and name of street, road, etc.: .................................................................
(ii) Name of suburb or rural locality (if any): ..............................................................................
(iii) Name of city, town, or county: .................................................................

9. USUAL RESIDENTIAL ADDRESS AT PREVIOUS CENSUS (23 MARCH 1976): TICK BOX WHICH APPLIES:

Same as address in Question 7 on Page One
Same as address written in Question 8 above
Not applicable (born since 23 March 1976)
Living in an overseas country on 23 March 1976

Name of Country

Other SPECIFY:
(i) Number in street, and name of street, road, etc.: .................................................................
(ii) Name of suburb or rural locality (if any): ..............................................................................
(iii) Name of city, town, or county: .................................................................

10. COUNTRY OF BIRTH(*):

New Zealand
Other country SPECIFY: (A) Present name of country ................................................ AND (B) Number of years in N.Z.: ..........
(If under 1 year, write '0')

11. RELIGIOUS DENOMINATION(*):

SPECIFY: ........................................................................................................................................

There is a statutory right to object to stating religious denomination, providing the word "OBJECT" is entered.

12. ETHNIC ORIGIN(*):

EITHER (A) IF OF ONLY ONE (FULL) ORIGIN, TICK BOX WHICH APPLIES:

Full European, or full Caucasian
Full N.Z. Maori
Full Full Cook Is. Maori
Full Full Samoan
Full Full Chinese
Full Full Full Indian

OR (B) IF OF MORE THAN ONE ORIGIN, GIVE PARTICULARS:

SPECIFY: ........................................................................................................................................

(e.g. Tokelauan, Japanese, Vietnamese)

CONTINUE BELOW if this questionnaire refers to a person who is aged 15 years or over and is either (a) a resident of New Zealand, or (b) a visitor to New Zealand who is, has been, or will be working while visiting New Zealand, or (c) a member of the family of an overseas resident who is working while visiting New Zealand.

If this questionnaire refers to a visitor to New Zealand who will not have worked in New Zealand between his or her date of arrival and date of departure, and he or she is not a member of the family of an overseas resident who is, has been, or will be working while visiting New Zealand, then no further questions need be answered, but this questionnaire must be signed in the space provided on Page Four.

For those under 15 years of age (i.e. those born on or since 25 March 1966), no further questions need be answered, but this questionnaire must be signed in the space provided on Page Four. A parent or guardian should sign the questionnaire of a young child.

13. CIGARETTE SMOKING:

TICK THE BOX WHICH BEST DESCRIBES YOUR CURRENT CIGARETTE SMOKING:

Never smoked cigarettes at all, or never smoked regularly
Do not smoke cigarettes now, but used to smoke them regularly (1 or more per day)
Currently smoke cigarettes regularly (1 or more per day)
Specify number smoked yesterday: ................. cigarettes
(If none write '0')

14. PRESENT MARITAL STATUS:

(A) TICK BOX WHICH APPLIES:

Never married
Married
Married but permanently separated
Widowed
Divorced

(B) IF LIVING IN A DE FACTO RELATIONSHIP (as husband/wife), TICK BOX:

15. NUMBER OF CHILDREN BORN:

IF A FEMALE, SPECIFY NUMBER OF CHILDREN BORN ALIVE TO YOU, INCLUDING ANY WHO HAVE SINCE DIED, BUT DO NOT INCLUDE STEPCHILDREN OR ADOPTED CHILDREN: ........................................
(If none, write '0')

IF A MALE, TICK BOX:

* SEE CENSUS GUIDE

Continue on next page
16. HOURS WORKED PER WEEK(*):

- This question refers to usual hours at present worked for wages, salary, other financial reward, or as an unpaid relative assisting in business (farm, shop, etc.), including part-time and overtime hours.
- Except for hours worked as an unpaid relative assisting in business (farm, shop, etc.), no hours worked in unpaid jobs are to be included in your answer(s) to this question.

SPECIFY: (A) Number of hours worked PER WEEK in main job: ............................................. OR IF NONE (i.e. not working), □
(B) Number of hours worked PER WEEK in second job (if any): .............................................
(C) Number of hours worked PER WEEK in any other jobs: .............................................
(D) TOTAL NUMBER OF HOURS WORKED PER WEEK IN ALL JOBS: .............................................

17. EMPLOYMENT STATUS(*):

IF YOUR ANSWER TO QUESTION 16(D) WAS 20 HOURS OR MORE, TICK BOX WHICH APPLIES TO YOUR (MAIN) JOB:

Otherwise, tick box which applies:

Employer of labour in own business or profession □
Working on own account and not employing labour □
Working for wages or salary □
Relative assisting in business (farm, shop, etc.) and NOT receiving wages □

Unemployed and seeking work □
Retired □
Full-time student □
Household duties (unpaid) □

Other: □ SPECIFY: (e.g. invalid)

18. OCCUPATION(*): Job, profession, trade or type of work in which you now work full-time or part-time for financial reward, or as an unpaid relative assisting. State fully, e.g. sheep farmer, auto-electrician, builder’s labourer, dental nurse, wages clerk.

If unemployed, state previous occupation. Otherwise, write NIL.

19. NAME OF EMPLOYING ORGANISATION(*): (If Unemployed give name of previous employer.)

SPECIFY: ............................................. OR IF NOT APPLICABLE, TICK BOX: □

20. ADDRESS OF WORKPLACE(*):

Either (A) specify:

(i) Number in street, and name of street, road, etc.: .............................................
(ii) Name of suburb or rural locality (if any): .............................................
(iii) Name of city, town or county: .............................................

Or (B) if not applicable, tick box: □

21. TYPE OF WORK CARRIED OUT BY EMPLOYING ORGANISATION(*): (If unemployed give type of work of previous employer.)

SPECIFY: ............................................. OR IF NOT APPLICABLE, TICK BOX: □

22. MAIN MEANS OF TRAVEL TO WORK(*): Tick box which applies:

Public bus □
Train □
Passenger in car, truck, van, or firm’s bus □
Drive car, truck, or van □
Other means □
Walk □
Work at home □
Motor cycle, power cycle □
Not applicable □

23. SOCIAL SECURITY BENEFITS (including National Superannuation, Family Benefit, and War Pensions)(*):

- Indicate below the types of Social Security benefit and war pension received during the year ending 31 March 1981, including benefits and war pensions received for only part of that year.
- Benefits received by one family member on behalf of other family members (e.g. mother receiving Family Benefit, husband receiving benefit for couple and children) should be reported on one questionnaire only, that of the recipient.

Tick box or boxes which apply:

None □
Family Benefit □
National Superannuation □
Unemployment Benefit □
Sickness Benefit □
Domestic Purposes Benefit □
Widows Benefit □
Invalids Benefit □
War Pension □
Miners Benefit □
Orphans Benefit □
Other benefit □ SPECIFY: .............................................

24. INCOME FROM SOCIAL SECURITY BENEFITS (including National Superannuation, Family Benefit, and War Pensions):

- Tick the box below which represents your estimated income, for the year ending 31 March 1981, from ALL Social Security benefits and war pensions (including any benefit that was received for only part of that year).
- If receiving a benefit which is taxed before you get it, include the before-tax amount in your estimate.
- Benefit income received by one family member on behalf of other family members (e.g. mother receiving Family Benefit, husband receiving benefit for couple and children) should be reported on one questionnaire only, that of the recipient.

Tick box which applies:

Nil □
$1 to $499 □
$500 to $999 □
$1,000 to $1,999 □
$2,000 to $2,999 □
$3,000 to $3,999 □
$4,000 to $4,999 □
$5,000 to $5,999 □
$6,000 or over □

* SEE CENSUS GUIDE Please turn over for rest of questions
25. INCOME FROM OTHER SOURCES(*):
- Tick the box below which represents your estimated gross income, for the year ending 31 March 1981, from all sources EXCEPT Social Security benefits and war pensions.
- Include interest, wages, salary, piecework income, dividends, Accident Compensation weekly payments, Standard Tertiary Bursary income (including any supplement), and net income before tax from own business (including farming), rents, commissions, etc.
- Include the assessed value of housing, board, and goods or services where supplied free by an employer.

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil or loss</td>
<td>0</td>
</tr>
<tr>
<td>$1 to $250</td>
<td>1</td>
</tr>
<tr>
<td>$251 to $500</td>
<td>2</td>
</tr>
<tr>
<td>$501 to $1,000</td>
<td>3</td>
</tr>
<tr>
<td>$1,001 to $2,000</td>
<td>4</td>
</tr>
<tr>
<td>$2,001 to $3,500</td>
<td>5</td>
</tr>
<tr>
<td>$3,501 to $5,000</td>
<td>6</td>
</tr>
<tr>
<td>$5,001 to $6,499</td>
<td>7</td>
</tr>
</tbody>
</table>

26. HIGHEST LEVEL ATTENDED AT SCHOOL(*):
- TICK BOX WHICH APPLIES:

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Primary or Secondary School</td>
<td>0</td>
</tr>
<tr>
<td>Primary or Intermediate School (Standard 6 or below)</td>
<td>1</td>
</tr>
<tr>
<td>Secondary School</td>
<td>2</td>
</tr>
</tbody>
</table>

27. HIGHEST SCHOOL QUALIFICATION GAINED(*):
- IF YOU HAVE TICKED ONE OF THE BOXES NUMBERED 1 TO 4 IN QUESTION 26 ABOVE, TICK BOX: THEN GO TO QUESTION 28.
- OTHERWISE, TICK BOX BELOW WHICH APPLIES:

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>No such qualification</td>
<td>0</td>
</tr>
<tr>
<td>University Scholarship or 'A' or 'B' Bursary</td>
<td>1</td>
</tr>
<tr>
<td>Higher School Certificate,Higher Leaving Certificate</td>
<td>2</td>
</tr>
<tr>
<td>University Entrance, Matriculation</td>
<td>3</td>
</tr>
<tr>
<td>Endorsed School Certificate, Sixth Form Certificate in 4 or more subjects</td>
<td>4</td>
</tr>
<tr>
<td>Sixth Form Certificate in 1, 2 or 3 subjects</td>
<td>5</td>
</tr>
</tbody>
</table>

28. OTHER PLACES OF EDUCATION ATTENDED OR AT WHICH ENROLLED(*):
- IF STILL ATTENDING PRIMARY OR SECONDARY SCHOOL, TICK BOX THEN GO TO QUESTION 29.
- OTHERWISE ANSWER PARTS (A) AND (B) BELOW BY TICKING BOX OR BOXES WHICH APPLY:

(A) Past Attendance:
- None | 1 |
- University | 2 |
- Teachers College | 3 |
- Polytechnic or Technical Institute | 4 |
- Other specify: | 5 |

(B) Current Attendance:
- None | 1 |
- University | 2 |
- Teachers College | 3 |
- Polytechnic or Technical Institute | 4 |
- Other specify: | 5 |

29. ACADEMIC, VOCATIONAL, OR PROFESSIONAL QUALIFICATIONS GAINED SINCE LEAVING SCHOOL(*):
- EITHER (A) TICK BOX WHICH APPLIES: No qualifications, or no relevant qualifications | 1 |
- Still at school | 2 |
- OR (B) Specify academic, vocational, or professional qualifications gained through prescribed courses of study since leaving school, starting with the most recently gained. If more than one qualification in a particular field or subject, give only the highest qualification in that field or subject.
- Also give field or subject associated with each qualification, and year qualification gained.
- Do not use abbreviations, and do not give recreational qualifications, qualifications not yet fully gained, or courses of study which did not produce a qualification.

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Field or Subject</th>
<th>Year Gained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualification 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualification 2:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualification 3:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualification 4:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SIGNATURE: I CERTIFY THAT THE ABOVE PARTICULARS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF: 

It is illegal for an envelope so sealed and endorsed to be opened by the occupier, person in charge, or Sub-enumerator. However, the use of an envelope does not release you from your responsibilities under the Statistics Act 1975. Any omissions will result in further inquiries being made by Census officers.

Additional information is contained in the accompanying Census Guide. If you have any queries, please contact your Enumerator, whose telephone number has been advertised in your local newspaper, or is obtainable from your local Post Office.

Thank you for your co-operation.

* SEE CENSUS GUIDE

41659F-5,000,000/1/B0 MK