

New Zealand Census of Population and Dwellings

We all count for New Zealand Tuesday, 4 March 1986

CS/00/01

Sub District No.

Meshblock No.

Questionnaire No.

Questionnaire Dwelling

Instructions

- A Dwelling Questionnaire is legally required to be filled in for every dwelling which is occupied on Census night.
- If this is a private dwelling, the person who fills in the Dwelling Questionnaire should be either:
 - a person who owns this dwelling,
 - or, if a rental dwelling, a person in whose name the dwelling is rented,
 - or any other responsible person.

This person, who must be living in the dwelling on Census night, is called the occupier.

- If this is not a private dwelling, the person who fills in the Dwelling Questionnaire should be either the proprietor, superintendent or other person in charge on Census night. This person is called the occupier.
- The occupier is also required to ensure that a Personal Questionnaire is filled in for every person (including baby) present in the dwelling on Census night.
- Persons arriving at or returning to this dwelling between midnight on 4 March and noon on 5 March must fill in a Personal Questionnaire at this dwelling, unless one has been filled in at another dwelling.

The information you provide will remain confidential to the Department of Statistics.

- This completed questionnaire will be seen only by employees of the Department of Statistics who have taken a statutory declaration of secrecy. The information you provide will be used for statistical purposes only and identifiable details about you or your household or dwelling will not be disclosed to any other government department, organisation or person.
- This Census is taken under the authority of Section 23 (1) of the Statistics Act 1975.

S. KUZMICICH Government Statistician

Please refer to the guide notes before you fill in this guestionnaire

For each question, please either tick box

or enter number eg:



or print answer eg:

Street number

and name 4 HIGH ST.

| | name or ly name | | |
|--|---|-------------------------------------|--|
| Christian | First or names | | |
| Add | lress of this dw | elling | |
| DO I | VOT give P.O. Box | or Rural Delivery nur | nbers |
| | number nd name | | |
| SET STATE OF THE SET O | iburb or locality | | |
| | or town county | | |
| | stitution, hotel, mot locarding house or s | el, hospital, school I hip | nostel, |
| Please giv | re name | | |
| tow | | n a rural locality y please stat | 0 C 25 T 10 C 10 |
| | COMICO | | |

| 2 Is this | dwelling |
|------------------|---|
| either | |
| (a) a private dv | velling? |
| 01 | Separate house |
| 02 | Two flats or houses joined together |
| 03 | Three or more flats or houses joined together |
| 04 | Flat or house attached to a business or shop |
| 05 | Bach, crib or hut (not in a work camp) |
| 06 | Caravan, cabin or tent in a motor camp |
| 07 | Other |
| Please state | |
| or | |
| (b) not a privat | e dwelling? |
| 11 | Hotel, motel or guest house |
| 12 | Boarding house or rooming house |
| | Other (such as hospital, construction camp) |
| Please state | |

| The following questions are f If not a private dwelling — please sign | - | • | y . | |
|--|---|---|---------------------------|--|
| 3 How many bedrooms are there in this dwelling? | g? 6 What do you use to heat this dwelling | | | |
| bedrooms | 1 | Electricity | 学是点述:"专题 | |
| 4 Is this dwelling | 2 | Gas | | |
| | 3 | Wood | | |
| 01 Owned with a mortgage | 4 | Coke or coal | | |
| 02 Owned without a mortgage | (5) | Oil (including kerosene) | | |
| 03 Provided rent-free | 6 | Other | | |
| 04 Rented or leased | Please state | | | |
| 5 If you rent or lease this dwelling: | 7 | No means of heating | | |
| (a) How much is the WEEKLY rent? | | | Section 1997 Section 1997 | |
| per week | this dw | pe of hot water supp elling? or more boxes | lly do you have in | |
| | 1 | Electric | | |
| (b) Who do you rent or lease from? | 2 | Gas | | |
| Private organisation, person or real estate agency | 3 | | | |
| 2 Housing Corporation | 4 | Other (such as wood, so | iar) | |
| Other government department (including | (4) | No hot water supply | 建设 建加工设置 | |
| 3 hospital or education board) Local authority (including council, electric | 8 How ma | any motor vehicles av | vailable for private | |
| 4 power board or harbour board) | use do | persons in this dwell | | |
| (-) 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- | | Census night? clude: motor bikes, scoote | ve tractors | |
| (c) Is this dwelling rented or leased on a furnished basis? | | None | as, tractors | |
| 5 No—unfurnished | 0 | | | |
| 6 Yes—furnished | THE RESERVE TO SERVE THE PARTY OF THE PARTY | One | | |
| (d) Do you rent or lease from your employer? | 2 | Two | | |
| 7 No—not rented from employer | 4 | Four | | |
| 8 Yes—rented from employer | 5 | Five or more | | |
| | | 2) | | |
| Persons away on Census night (4 March 1986) List below: Those persons who are temporarily away (for less than 3 months) on Census night, but who usually live at this dwelling, such as persons on business, on holiday, or in hospital. | who usually live patients, armed | w: who are away for longer teleping the in this dwelling, such as I forces personnel overseartiary students who live averseartiary students | long-term hospital s. | |
| Children at boarding school. Mother and baby at a maternity hospital. | for most of the | | | |
| • Mother and baby at a maternity nospital. ABSENT PERSON 1 | ABSENT PERSON 2 | ABSENT PERSON 3 | ABSENT PERSON 4 | |
| Surname or family name | | | | |
| First or Christian names | | | | |
| Sex | | | | |
| | Negricalists research and a second | | Children Seedle Seedle | |
| Age (in years) | | | ESTATE CONTRACTOR | |
| Marital status (such as married) | | | | |
| Relationship to you (such as son) | | | | |
| Address or location on 4 March 1986 | | | | |
| FOR OFFICE USE ONLY | <u>jt 1 1 1 1 1</u> | <u> </u> | | |
| Signature: I declare that the information I have given is true and complete as far as I know: | | | | |

Department of



New Zealand Census of Population and Dwellings

We all count for New Zealand Tuesday, 4 March 1986

Questionnai

The information you provide will remain confidential to the Department of Statistics

- A Personal Questionnaire is legally required to be filled in by or for every man, woman and child (including baby) living in New Zealand at midnight on 4 March 1986.
- This completed questionnaire will be seen only by employees of the Department of Statistics who have taken a statutory declaration of secrecy. The information you provide will be used for statistical purposes only and identifiable details about you or your household will not be disclosed to any other government department, organisation or person.
- This Census is taken under the authority of Section 23 (1) of the Statistics Act 1975.

| Sub | Distric | et No | | |
|-------|---------|--------|------|--|
| Mos | hblock | No. | | |
| IVICS | | . 140. | | |
| Que | stionn | aire N | 10. | |
| | | | | |
| For | Office | Use | Only | |
| | | | | |

District No.

S. KUZMICICH Government Statistician

| Please refer to the guide notes before you fill in this questionnair | pefore you fill in this qu | estionnaire |
|--|----------------------------|-------------|
|--|----------------------------|-------------|

For each question, please either tick box

or enter number eg:



or print answer eg: family name

Surname or

Where did you usually live five years ago?

| Name | |
|-----------------------------|--|
| Surname or family name | |
| First or Christian names | |

• DO NOT give P.O. Box or Rural Delivery numbers Street number and name Suburb or rural locality City or town or county

| 1 Where o | do you usually live? |
|--------------------------|--|
| 1 | Usually live at the above address |
| 2 | Usually live elsewhere in New Zealand at the address below |
| Street number and name | |
| Suburb or rural locality | |
| City or town or county | |
| 3 | New Zealand resident with no fixed address |
| 4 | Usually live overseas |
| Please state country | |

| 2 How lo | ng have vo | u lived at v | our usual ad | ldress? |
|----------|--------------|----------------|--------------|---------|
| | | | | |
| _ | years (If ur | nder 1 year wr | ite '0') | |

| (at the las | t Census on 24 March 1981) |
|--------------------------|---|
| 1 | Same as usual address now |
| 2 | Lived elsewhere in New Zealand at the address below |
| Street number and name | |
| Suburb or rural locality | |
| City or town or county | |
| 3 | Not alive 5 years ago |
| 4 | Lived overseas in March 1981 |
| Please state country | |

| MERCULAR CONTROL | | P. Att. | economic de la compansión | ODAN E SA | V 10 10 10 10 10 10 10 10 10 10 10 10 10 |
|------------------|----------------|---------|--|-----------|--|
| 4 Sex | | | | | |
| | | | | | |
| 6 | Male | | | | |
| 7 | Female | | | | |
| | and the second | | | 1000 | |

| 5 Date of | birth | 55 (a) 25 (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | |
|-----------|-------|--|--|
| | | 1 | |
| day | month | year | |

| 6 | | your relationship to the occupier? on answering the Dwelling Questionnaire) |
|---|---|---|
| | 01 | I am the occupier |
| | 02 | Husband or wife of occupier |
| | 03 | Daughter or son of occupier |
| | | Other relative (such as grandchild, mother-in-law) |
| F | Please state | |
| | | Not a relative (such as flatmate, boarder, hotel guest) |
| ļ | Please state | |
| | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | |

| 7 What co | ountry were you born in? |
|--------------|---|
| 1 | New Zealand |
| 2 | Australia |
| 3 | England |
| 4 | Scotland Communication of the |
| 5 | The Netherlands |
| 6 | Western Samoa |
| 7 | Cook Islands |
| 8 | Other country (such as Eire, India, Fiji) |
| Please state | |

- If you were born overseas, how many years have you lived in New Zealand?
 - years (If under 1 year write '0')
- 9 What is your ethnic origin? Tick the box or boxes which apply to you (1) European 2 New Zealand Maori 3 Samoan Cook Island Maori (5) Niuean 6 Tongan 7 Chinese 8 Indian 9 Other (such as Fijian, Tokelauan) Please state

| 0 What | is your religion? |
|-----------|--|
| 01 | Anglican |
| 02 | Presbyterian |
| 03 | Catholic |
| 04 | Methodist |
| 05 | Baptist |
| 06 | No religion |
| 07 | Other religion (such as Ratana, Hindu) |
| Please st | ale |
| 08 | Object to answering this question |

 Answer the remaining questions if you are aged 15 years or over

(that is, if you were born on or before 4 March 1971)

 If you are under 15 years, answer no more questions, but please sign at the bottom of the back page.

11 What are your living arrangements? 1 Living with legal husband or wife Living with a partner as a couple (de facto marriage) 3 Living alone Living with other persons (such as parents, flatmates)

| 12 | What is | your present marital status? |
|----|---------|------------------------------|
| | 1 | Never married |
| | 2 | Married, first time |
| | 3 | Remarried |
| | 4 | Separated |
| | 5 | Divorced |
| | 6 | Widowed |

| | Social Welfare payments have you red during the last 12 months? |
|------------|---|
| Tick th | e box or boxes which apply to you |
| 1 | None |
| 2 | Family Benefit |
| 3 | Family Care |
| 4 | National Superannuation |
| (5) | Domestic Purposes Benefit |
| 6 | Unemployment Benefit |
| 7 | Sickness or Invalid's Benefit |
| 8 | Widow's Benefit |
| 9 | War Pension |
| 0 | Other |
| Please sta | e de la companya de La companya de la companya del companya de la companya del companya de la co |

14 What will be your income before tax for the year ending 31 March 1986?

Include income from all sources

- · Wages, salary
- Social Welfare payments (including National Superannuation)
- Family Care, Family Benefit
- Interest, dividends, rent, commission
- · Fringe benefits or income in kind
- Business or farming income (less expenses)
- Accident Compensation weekly payments
- Bursary, Scholarship
- Superannuation

| 01 | Nil or Loss |
|----|--|
| 02 | \$1000 or less per year (Less than \$19 per week) |
| 03 | \$1,001-\$2,500 per year (\$19 and less than \$48 per week) |
| 04 | \$2,501-\$5,000 per year (\$48 and less than \$96 per week) |
| 05 | \$5,001-\$7,500 per year (\$96 and less than \$144 per week) |
| 06 | \$7,501-\$10,000 per year (\$144 and less than \$192 per week) |
| 07 | \$10,001-\$12,500 per year (\$192 and less than \$240 per week) |
| 08 | \$12,501-\$15,000 per year (\$240 and less than \$288 per week) |
| 09 | \$15,001-\$17,500 per year (\$288 and less than \$337 per week) |
| 10 | \$17,501-\$20,000 per year (\$337 and less than \$385 per week) |
| 11 | \$20,001-\$25,000 per year (\$385 and less than \$481 per week) |
| 12 | \$25,001-\$30,000 per year (\$481 and less than \$577 per week) |
| 13 | \$30,001-\$35,000 per year (\$577 and less than \$673 per week) |
| 14 | \$35,001-\$40,000 per year (\$673 and less than \$769 per week) |
| 15 | \$40,001-\$50,000 per year (\$769 and less than \$962 per week) |
| 16 | \$50,001 and over per year (\$962 and over per week) |
| | |

How many hours of voluntary work do you do on a regular weekly basis?

- For example, Meals on Wheels, sports administration, marriage counselling, Te Kohanga Reo
- 1 Nil hours
- 2 1-4 hours per week
- 3 5-9 hours per week
- 4 10-14 hours per week
- 5 15 or more hours per week

| 16 | What is | your main work or activity? |
|----|-------------|--|
| | 01 | Home duties—looking after children |
| | 02 | Home duties—not looking after children |
| | 03 | Full-time student |
| | 04 | Retired |
| | 05 | Unemployed |
| | 06 | Paid job, business, farming or profession |
| | 07 | Unpaid work in a family business |
| | 08 | Other (such as hospital patient) |
| P | lease state | |
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| What | is your highest school qualification? |
|-----------|---|
| 1 | No school qualification |
| 2 | School Certificate, 1 or 2 passes |
| 3 | School Certificate, 3 or more passes |
| 4 | 6th Form Certificate, Endorsed School Certificate |
| 5 | University Entrance, Matriculation |
| 6 | Higher School Certificate, Higher Leaving Certificate |
| 7 | University Bursary, Scholarship |
| 8 | Other school qualification |
| lease sta | le |

| • | lease sta | |
|----|-------------|---|
| 18 | | qualifications have you obtained leaving school? |
| | Tick the | box or boxes which apply to you |
| | 0) | Still at school |
| | @ | No qualification since leaving school |
| | <u> </u> | Trade Certificate, Advanced Trade Certificate |
| | @ | Nursing Certificate or Diploma |
| | (5) | Teachers Certificate or Diploma |
| | 6 6 | Technicians Certificate |
| | 6 7 | New Zealand Certificate or Diploma (awarded by the TCA or AAVA) |
| | 08 | University Certificate or Diploma below Bachelor level |
| | 9 | Bachelors Degree |
| | 10 | Postgraduate Degree, Certificate or Diploma |
| | 11) | Other qualification |
| | | |

Please state

1 Yes — looked for full-time work 2 Yes — looked for part-time work 3 No — did not look for work

Do you work in a job, business, farm or profession? 6 Yes — working Answer all questions 21 to 27 7 No Answer no more questions. Please sign box at bottom of page

| 21 | In yo | ur work, are you |
|----|----------------|--|
| | i Partieres | Working for wages or salary |
| | 2 | Self-employed and not employing others |
| | 3 | Employer of others in own business |
| | 4 | Unpaid worker in a family business |
| | | |

| 22 | How many hours did you work last week? |
|----|--|
| | If on holiday, sick or absent for other reasons, state usual hours |
| | Hours worked last week in main job |
| | and |
| | Hours worked last week in other jobs |

| What is your present occupation? | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| For example, builder's labourer, maintenance fitter, sheep farmer, primary teacher, general office clerk. | | | | | | | | |
| In your work what are your main tasks or duties? | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | | 42000 | | 833 | | | | | | La Linc | 25.5 | 100 |
|----|----|-------|----------|-----|---|---|-----|---|---|---------|------|-----|
| 24 | w | h | ^ | А | ^ | M | 211 | W | 1 | rk | fn | 77 |
| 24 | UU | | v | • | v | | Ju | | v | | | |

 Please state name of business, firm, government department or other organisation

| 1200-066 | | | | | | |
|----------|-----|----|----|-----|---------|---------------|
| 25 | Mhe | ro | do | MOI | | ork? |
| 20 | | 10 | uu | | 3.333 A | IVIN i |
| | | | | | | |

 If street address is not known, give building name or shopping centre

Street number and name

Suburb or rural locality

City or town or county

OR Work at home

26 What is the main activity at your place of work?

· State fully

For example, public health nursing, video hire, shirt manufacturing, sheep farming.

27 What is your main means of travel to work?

Tick one box only

- Public bus
- 2 Train
- 3 Drive a private car, truck or van
- 4 Drive a company car, truck or van
- 5 Passenger in car, truck, van or company bus
- 6 Bicycle
- 7 Motor cycle, power cycle
- 8 Walk
- g Other means
- 0 Work at home

Signature: I declare that the information

I have given is true and complete

as far as I know:

Sign here