# Dwelling Questionnaire

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

- **Who should fill in the Dwelling Questionnaire?** The occupier, who is in charge of the dwelling on Census night, is required to fill in the Dwelling Questionnaire.
- **When should this questionnaire be filled in?** On the evening of Tuesday, 5 March 1991.

Please refer to the guide notes on pages 3 and 4 for the responsibilities of the occupier, and help when answering each question.

- This completed questionnaire will be seen only by employees of the Department of Statistics who have signed a declaration of secrecy under the Statistics Act 1975. Penalties are provided by this Act, on conviction, for any breach of this confidentiality.

- The information provided will be used only for the preparation of statistics and identifiable details about you or your household and dwelling will not be disclosed to any other Government department, organisation or person.

- **For each question, either tick a box ✓ or enter a number like this 4 or print an answer like this Surname or family name SMITH
- For some questions you may have to tick more than one box and also possibly print an answer.

## 1. How many persons, including babies, are present in this dwelling on the night of Tuesday, 5 March 1991?

Include also, persons arriving before noon on Wednesday, 6 March 1991 who have not completed a Personal Questionnaire.

<table>
<thead>
<tr>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

## 2. Type of dwelling

**EITHER**

- (a) If a PRIVATE DWELLING, tick the box which applies

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Separate house</td>
</tr>
<tr>
<td>02</td>
<td>Two flats or houses joined together</td>
</tr>
<tr>
<td>03</td>
<td>Three or more flats or houses joined together</td>
</tr>
<tr>
<td>04</td>
<td>Flat or house joined to a business or shop</td>
</tr>
<tr>
<td>05</td>
<td>Bach, crib or hut (not in a work camp)</td>
</tr>
<tr>
<td>06</td>
<td>Caravan, cabin or tent in a motor camp</td>
</tr>
<tr>
<td>07</td>
<td>Other (such as yacht)</td>
</tr>
</tbody>
</table>

- Please state

**OR**

- (b) IF NOT A PRIVATE DWELLING, tick the box which applies

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Hotel, motel or guest house</td>
</tr>
<tr>
<td>12</td>
<td>Boarding house</td>
</tr>
<tr>
<td>13</td>
<td>Home for the elderly</td>
</tr>
<tr>
<td>14</td>
<td>Other (such as hostel, motor camp, hospital)</td>
</tr>
</tbody>
</table>

- Please state

---

<table>
<thead>
<tr>
<th>Surname or family name</th>
<th>First or Christian names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupation</td>
<td>Person 1</td>
</tr>
<tr>
<td>Person 2</td>
<td></td>
</tr>
<tr>
<td>Person 3</td>
<td></td>
</tr>
<tr>
<td>Person 4</td>
<td></td>
</tr>
<tr>
<td>Person 5</td>
<td></td>
</tr>
<tr>
<td>Person 6</td>
<td></td>
</tr>
<tr>
<td>Person 7</td>
<td></td>
</tr>
<tr>
<td>Person 8</td>
<td></td>
</tr>
</tbody>
</table>

If there are more than eight persons, continue at the foot of the back page of the guide notes included in this questionnaire.
If this is a **private dwelling** please answer the questions on this page.

If this is not a **private dwelling** do not answer any more questions, but sign at the bottom of this page.

---

### 3 How many rooms are there in this dwelling?
- Bedrooms
- Other rooms

### 4 Do the occupants
- 15 Own this dwelling with a mortgage
- 16 Own this dwelling without a mortgage
- 17 Occupy this dwelling rent free
- 18 Rent or lease this dwelling

---

### 5 If this dwelling is RENTED or LEASED
(a) How much is the total weekly rent?

![Per week]

(b) Who is it rented or leased from?
- 19 Private person
- 20 Real estate agency or business organisation
- 21 Housing Corporation
- 22 Other Government department or corporation, ministry or state owned enterprise
- 23 Local authority

### 6 What do you use to heat this dwelling?
Tick the box or boxes which apply
- 24 Electricity
- 25 Gas
- 26 Wood
- 27 Coal
- 28 Oil (including kerosene)
- 29 Other
- 30 No means of heating

### 7 How many motor vehicles are available for private use by persons in this dwelling?
Do not include motor cycles or scooters
- 31 None
- 32 One
- 33 Two
- 34 Three
- 35 Four
- 36 Five or more

### 8 Are there any persons absent from this dwelling on the night of Tuesday, 5 March 1991?
- 37 Yes ➔ PLEASE LIST THEM BELOW
- 38 No ➔ PLEASE SIGN AT THE BOTTOM OF THIS PAGE

List below:
- Those persons who usually live at this dwelling, but who will be absent for less than 3 months such as:
  - absent persons on business, on holiday or in hospital,
  - children at boarding school,
  - mother and baby at a maternity hospital.

**ABSENT PERSON 1**

<table>
<thead>
<tr>
<th>Surname or family name</th>
<th>First or Christian names</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age (in years)</th>
<th>Relationship to you (such as husband, daughter, de facto partner)</th>
<th>Marital status (such as married)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Do not list below:**
- Those persons absent from this dwelling who will be returning before noon on Wednesday, 6 March 1991.
- Those persons who will be absent for 3 months or longer, but who usually live in this dwelling, such as long-term hospital patients.
- University and other tertiary students who live away from this dwelling for most of the year.

---

**SIGNATURE:**
I declare that the information I have given is true and complete as far as I know.

Thank you for completing this questionnaire
Personal Questionnaire

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

- **Who should fill in a Personal Questionnaire?** Every person, including baby, in this dwelling on the night of Tuesday, 5 March 1991 should fill in a Personal Questionnaire, or have a questionnaire filled in on his or her behalf.

- **When should this questionnaire be filled in?** On the evening of Tuesday, 5 March 1991.

Please refer to the guide notes for help when answering each question.

- This completed questionnaire will be seen only by employees of the Department of Statistics, who have signed a declaration of secrecy under the Statistics Act 1975. Penalties are provided by this Act, on conviction, for any breach of this confidentiality.

- The information you provide will be used only for the preparation of statistics 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. Under this Act, 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 5 March 1991.

---

### What is your name?

**Surname or family name**

**First or Christian names**

---

### What address are you at on the night of Tuesday, 5 March 1991?

**Street number and name**

**Suburb or rural locality**

**City, town or district**

---

### Where do you usually live?

- 01 At the above address
- 02 Elsewhere in New Zealand at the address below

**Street number and name**

**Suburb or rural locality**

**City, town or district**

- 03 Overseas in the country below

---

### How long have you lived at your usual address?

- Years (if under 1 year enter 0)

---

### Where did you usually live five years ago?

**on 5 March 1986**

- 04 Same as usual address (as given in Question 1)
- 05 Elsewhere in New Zealand at the address below

**Street number and name**

**Suburb or rural locality**

**City, town or district**

- 06 Not born 5 years ago
- 07 Overseas in March 1986 in the country below

---

### What sex are you?

- 08 Male
- 09 Female

---

### What is your date of birth?

- Day
- Month
- Year

---

### What is your relationship to the occupier?

- 10 I am the occupier
- 11 Husband or wife of the occupier
- 12 Daughter or son of the occupier
- 13 Other relative (such as mother, father-in-law) [Please state]
- 14 Not a relative (such as flatmate, boarder, hotel guest) [Please state]

---

S. KUZMICICH
Government Statistician
7 Which ethnic group do you belong to?
Tick the box or boxes which apply to you

- New Zealand European
- New Zealand Maori
- Samoan
- Cook Island Maori
- Tongan
- Niuean
- Chinese
- Indian
- Other (such as Dutch, Japanese, Tokelauan)

If you usually live overseas and were not in paid work in New Zealand last week, do not answer any more questions. Please sign on the last page of this questionnaire.

All other persons, please continue to answer questions.

8 Have you any New Zealand Maori ancestry?

- No
- Don’t know
- Yes

9 (a) What is the main iwi (tribe) you belong to?
(Please state one iwi only)

- Don’t know
- Don’t belong to any iwi (tribe)

(b) What other iwi (tribes) do you have strong ties with?
(Please state no more than two iwi)

10 What country were you born in?

- New Zealand
- Australia
- England
- Scotland
- The Netherlands
- Western Samoa
- Cook Islands
- Other country (such as Eire, India, Fiji)

11 Who are the persons that usually live in the same dwelling as you?
Include children and babies
Tick all the boxes which apply

- My father / mother
- My husband / wife
- My partner (such as de facto spouse, boyfriend)
- My sons / daughters
- My brothers / sisters
- Other related persons (such as cousin, daughter-in-law, grandson)
- Other persons (such as flatmates)
- I live alone — nobody else lives in my dwelling

12 What is your religion?

- Anglican
- Presbyterian
- Catholic
- Methodist
- Baptist
- Ratana
- Latter Day Saints / Mormon
- No religion
- Other religion (such as Salvation Army, Hindu)
- Object to answering this question

13 What is your present marital status?

- Never married
- Now married for the first time
- Remarried
- Separated from legal husband or wife
- Divorced or marriage dissolved
- Widowed

If you are less than 15 years old, do not answer any more questions. Please sign on the last page of this questionnaire.

Persons aged 15 years and over, please continue to answer questions.
14 Which types of income support have you received during the last 12 months?
Tick the box or boxes which apply to you
- Family Benefit
- Family Support
- National Superannuation/Guaranteed Retirement Income
- Accident Compensation Weekly Payments
- Domestic Purposes Benefit
- Unemployment Benefit
- Youth or Student Allowance
- Sickness or Invalid's Benefit
- War Pension
- Other (such as Widow's Pension, Disability Allowance, Maintenance from former partner)
- Please state
- None

Now answer Question 15 including income support received during the last 12 months.

15 What will be your total income, including income support, before tax for the year ended 31 March 1991?
Include income from all sources:
- Wages, salary, commission
- Business or farming income (less expenses)
- Income Support
- Accident Compensation Weekly Payments
- Interest, dividends, rent
- Superannuation, pension payments

12 Nil income or loss
13 $2,500 or less per year
14 $2,501 — $5,000 per year
15 $5,001 — $7,500 per year
16 $7,501 — $10,000 per year
17 $10,001 — $15,000 per year
18 $15,001 — $20,000 per year
19 $20,001 — $25,000 per year
20 $25,001 — $30,000 per year
21 $30,001 — $40,000 per year
22 $40,001 — $50,000 per year
23 $50,001 — $70,000 per year
24 $70,001 and over per year

16 What is your highest school qualification?
25 No school qualification
26 School Certificate in one or more subjects
27 Sixth Form Certificate or University Entrance in one or more subjects
28 Higher School Certificate or Higher Leaving Certificate
29 University Bursary or Scholarship
30 Overseas qualification (such as United Kingdom GCE)
31 Other school qualification
- Please state

17 What educational or job qualifications have you obtained since leaving school?
Tick the box or boxes which apply to you
32 No qualifications since leaving school
33 Still at school
34 Trade Certificate or Advanced Trade Certificate
35 Nursing Certificate or Diploma
36 New Zealand Certificate or Diploma
37 Technicians Certificate
38 Teachers Certificate or Diploma
39 University Certificate or Diploma below Bachelor level
40 Bachelors Degree
41 Postgraduate Degree, Certificate or Diploma
42 Other qualifications (such as ACA, Local Polytechnic Certificate or Diploma)
- Please state

18 Did you do any unpaid voluntary work last week?
Such as assisting in playcentre, sports coaching, church work, helping to run a club, marae work, helping a neighbour
43 No NOW GO TO QUESTION 20
44 Yes NOW GO TO QUESTION 19

19 (a) How many hours of voluntary work did you do last week?

(b) What type of voluntary work did you spend the most time on?

20 Which of the following activities did you do last week?
Tick the box or boxes which apply to you
University students should tick box 48 or 49 if attending this year
45 Looked after children at home
46 Looked after other dependants at home
47 Housework
48 Attended full-time study or training course (including job training for unemployed persons)
49 Attended part-time study or training course
50 Took part in physical recreation or sport
51 None of the above activities
21. Do you work in a job, business, farm or profession?
   52. No → NOW GO TO QUESTION 22
   53. Yes → NOW GO TO QUESTION 25

22. Did you look for paid work in the last four weeks?
   54. No → DO NOT ANSWER ANY MORE QUESTIONS. PLEASE SIGN AT THE BOTTOM OF THIS PAGE.
   55. Yes — looked for full-time work
      (Full-time work is 30 or more hours per week)
   56. Yes — looked for part-time work
      (Part-time work is less than 30 hours per week)

23. What methods did you use to look for paid work?
   Tick the box or boxes which apply to you
   57. Looked at job advertisements in newspapers
   58. Contacted the Department of Labour’s New Zealand Employment Service
   59. Wrote, phoned or applied in person to an employer
   60. Contacted friends or relatives for help in finding a job
   61. Other methods (such as contacted a private employment agency, took steps to set up own business)

24. If a job had been available, would you have started last week?
   62. No → DO NOT ANSWER ANY MORE QUESTIONS. PLEASE SIGN AT THE BOTTOM OF THIS PAGE.
   63. Yes

25. In your work, are you
   64. Working for wages or salary
   65. Self-employed and not employing others
   66. An employer of others in own business
   67. Working without pay in a family business

26. How many hours did you work last week?
   If you were absent from work last week, please enter your usual hours
   Hours in main job
   Hours in other jobs
   (If no other job enter 0)

27. In your main job
   (a) What is your occupation?
      Such as builder’s labourer, primary teacher,
      office manager, accounts clerk, deer farmer
   (b) What tasks or duties do you spend the most time on?

28. Who do you work for?
   State name of business, firm, organisation, Government department or state owned enterprise

29. Where do you work?
   If the street address is not known, state building name, shopping centre or locality
   Street number
   and name
   Suburb or rural locality
   City, town or district
   68. Work at home

30. What is the main activity at your place of work?
   Such as sheep farming, maternity hospital, poultry processing, management consulting

31. What was your main means of travel to work on Tuesday, 5 March 1991?
   Tick one box only
   69. Did not go to work today
   70. Drove a private car, truck or van
   71. Drove a company car, truck or van
   72. Passenger in car, truck or company bus
   73. Public bus
   74. Train
   75. Motor cycle or power cycle
   76. Bicycle
   77. Walked or jogged
   78. Worked at home
   79. Other (such as ferry, aeroplane)

SIGNATURE:
I declare that the information I have given is true and complete as far as I know.

Thank you for completing this questionnaire.