

# COOK ISLANDS CENSUS OF POPULATION AND DWELLINGS 2011

CENSUS NIGHT THURSDAY, 1 DECEMBER 2011

## DWELLING FORM

Complete one form for each Dwelling. One person must fill in this form and ensure a Personal Form is filled in for everyone present on census night. It is best if this is done by an adult or by a person to whom this household regard as the head of their household.

### Collection Authority

This Census is taken under the authority of the Statistics Act 1966. Your cooperation is sought in completing this form.

### Confidentiality

Under the Statistics Act 1966, the Statistics Office must not release any information you provide in a way which would enable an individual's or household's data to be identified.

### Why a Census?

The Census is the only practical way to get information on how many people there are in the Cook Islands, what they do and how they live.

Census information is needed for planning vital services such as education, health, transport and general infrastructure.

For help on the Census feel free to ring our Office on 29511 or contact your Enumerator or the District Supervisor

### How to write your answers:

- use a **black** pen only
- mark the mark box like this:
- if you make a mistake in mark box, do this: (shade completely)
- mark the text box like this: 

1	5
---	---
- if you make a mistake in text box, do this: (cross it out like this) 

<del>1</del>	5
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- Print answers in CAPITAL LETTERS like this:

A	V	A	A	V	A	<del>R</del>	O	A
	M	A	U	K	E			

- Please answer all the questions unless the form asks you not to.

### FOR OFFICE USE ONLY

CD

EA

DN

TOTAL PERSON(S)  Enter number of persons in this Dwelling

PHONE NO.

**D29 Farm Equipment:** Continued ...

	Owned	Hired	Borrowed
+ Chainsaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knapsack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other; specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D30 Transport:** How many of the following vehicles does the household members own? (exclude children's tricycles)

Motor Cycle

Motor Car

Van

Truck

Utility

Bicycle

**D31 Answer only for vehicles powered by fuel else GO TO D32.** How much do you spend on fuel in a week?

Petrol: \$  Diesel: \$

**D32 Cooking Utensils and appliances:** How many of the following items does your household have?

<input type="checkbox"/> Electric stove	<input type="checkbox"/> Gas Stove
<input type="checkbox"/> Gas Stove	<input type="checkbox"/> Toaster
<input type="checkbox"/> Microwave	<input type="checkbox"/> Egg beater
<input type="checkbox"/> Kerosene burner	<input type="checkbox"/> BBQ
<input type="checkbox"/> Pressure cooker	<input type="checkbox"/> Rice cooker
<input type="checkbox"/> Electric Jug/Kettle	<input type="checkbox"/> Food processor
<input type="checkbox"/> Electric Frying pan	<input type="checkbox"/>
<input type="checkbox"/> Other, specify	

**D33 Household Appliances:** How many of the following items does your household have?

Iron

Shaver

Hair cutter

Hair dryer

**D33 Household Appliances: Continued ...**

Hair straightener

Sewing machine

Vacuum

Other, specify

**D34 Household whitewares:** How many of the following items does your household have?

<input type="checkbox"/> Freezer	<input type="checkbox"/> Urn/Zip
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Air conditioner
<input type="checkbox"/> Fridge/freezer	
<input type="checkbox"/> Dishwasher	
<input type="checkbox"/> Washing machine	
<input type="checkbox"/> Clothes dryer	
<input type="checkbox"/> Other, specify	

**D35 Power tools:** How many of the following items does your household have?

<input type="checkbox"/> Electric drill
<input type="checkbox"/> Air compressor
<input type="checkbox"/> Circular saw
<input type="checkbox"/> Sander
<input type="checkbox"/> Battery charger
<input type="checkbox"/> Other tools, specify

**D36 Entertainment devices:** How many of the following items does the household members own?

<input type="checkbox"/> Stereo/radio
<input type="checkbox"/> Television Screen
<input type="checkbox"/> DVD player
<input type="checkbox"/> MP3 Player
<input type="checkbox"/> Video Game (X-Box etc)
<input type="checkbox"/> Computer/laptop
<input type="checkbox"/> Piano/keyboard/organ
<input type="checkbox"/> Camera
<input type="checkbox"/> Other devices, specify

**D37 Energy Rating Labels:** Are the members of your household aware of Energy rating labels on appliances?

Yes  No

**D38 Energy/Power Ratings:** From the white-ware and devices stated in D34 and D36, mark **one** box only & write power rating by appliances listed.

Item	Energy Star Rating	Power Rating
Freezer	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts
Refrigerator	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts
Fridge/freezer	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts
Dishwasher	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts
Wash machine	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts
Clothes dryer	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts
Air conditioner	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts
TV Screen		<input type="text"/> watts
Computer		<input type="text"/> watts
Stereo/radio		<input type="text"/> watts

**D39 Lighting:** How many of the following Energy Saver Bulbs is installed in your dwelling? Enter a number in the box.

<input type="text"/>	Incandescent bulbs	+
<input type="text"/>	CFL bulbs	
<input type="text"/>	Tube lights	
<input type="text"/>	LED lights	

**D40 Safety Equipment:** How many of the following items does your household have?

<input type="checkbox"/>	Fire Extinguisher
<input type="checkbox"/>	Fire safety alarm
<input type="checkbox"/>	First Aid Kit
<input type="checkbox"/>	Lantern
<input type="checkbox"/>	Torch
<input type="checkbox"/>	Other equipment, specify

**D41 Declaration:** I declare that the information I have given is true and complete as far as I know.

Signature

**Meitaki maata - Thank you**

D1 What type of Dwelling is this?

- +  Private Dwelling  
 Non Private Dwelling  
 is it a:  
 Hotel or Motel  
 Institution (hospital, etc)

D2 Tenure: What is the tenure of this household? Remember to mark only one box.

- Owned Outright  
 On loan repayment/mortgage  
 Occupying without charge  
 Provide free with job  
 Rented

If rented, how much rent is paid to the nearest dollar per week?

\$

What condition was the house rented to you?

- Unfurnished  
 Partly furnished  
 Fully furnished

D3 Age: What year was this dwelling constructed?

Year

D4 Rooms: How many rooms are there in this dwelling?

Total rooms:

Count: bedrooms, kitchen, dining room, lounge, living room, study room, family room, etc

Do not count: bathroom, shower, toilets garage, open verandah, store rooms, etc.

D5 Floor Materials: What is the primary flooring material of this dwelling? Remember to mark only one box.

- Concrete  
 Wood/Timber  
 Gravel (kirikiri)  
 Other, specify

D6 Outerwall Materials: What is the primary material for the outerwall of this dwelling? Remember to mark only one box.

- Concrete /Slab  
 Hardboard/Pinex  
 Wood/Timber  
 Other, specify

D7 Roofing Materials: What is the primary roofing material for this dwelling? Remember to mark only one box.

- Corrugated iron  
 Kikau  
 Pandanus (rau)  
 Other, specify

D8 Spouting or guttering: Does this dwelling have spouting or gutter fitted to it? Remember to mark only one box.

- Not spouted  
 Partially spouted  
 Fully spouted

D9 Water Supply: What is this household's source of water? Mark as many boxes as you need to answer this question.

- Public water main  
 Public water catchment  
 Own water tank  
 Dug out well  
 Other sources, please specify

D10 If "public water main", is water piped to:

- Outside dwelling only  
 Inside dwelling only  
 Both to inside and outside

D11 If "own water tank", Is water piped to:

- Outside dwelling  
 Inside dwelling only  
 Both to inside and outside

Is water collected from:

- Public water main  
 Roof  
 Both

D12 Drinking Water: What is the main source of drinking water? Remember to mark only one box

- Piped water  
 Filtered tap water  
 Rainwater tank  
 Bottled or bought water  
 Protected well  
 Unprotected well

D13 Energy: What sources of electricity does your household utilise?

- Grid (Te Aponga, Council)  
 Generator  
 Solar panels  
 Wind Turbine  
 Other  
 No Electricity

D14 Answer only if you use a Generator else GO TO D15. How much do you spend on fuel in a week?

Petrol: \$

Diesel: \$

D15 Toilet Facilities: What toilet facilities are available to this household?

- Flush toilet  
 Pour flush toilet  
 Pit latrine with/without slab  
 Lagoon toilet

D16 Household Facilities: What facilities are available to this household?

- Electric water heater  
 Gas water heater  
 Solar water heater  
 Water Filter  
 Kitchen sink  
 Bath or Shower  
 Water pump

D17 Cooking: Of the types of energy used for cooking, indicate how often you use any of them in the last month (in days)?

- Electricity  
 Gas  
 Kerosene  
 Firewood

D18 Traditional Cooking: Does your household practice or carry out "Umu" or "open fire" cooking? If so, how often? Remember to mark only one box

- Daily  
 Once a week  
 Once a month  
 Once a year  
 Occasional  
 Not at all

D19 Historical objects: Does any member of your household have in their possession any of the following objects or documents dated 60 years or more?

- Stone carving  
 Wooden carving  
 Weaving  
 Tivaevae  
 Painting  
 Manuscripts/articles  
 Other please specify

D20 Communication Technology: What type of communication equipment does this household have access to?

- Phone/fax at home  
 Phone/fax at family/friends  
 Phone/fax at workplace  
 Phone/fax at school  
 Cell phone (private)  
 Cell phone at family/friends  
 Cell phone at workplace  
 Cell phone at school  
 Internet at home  
 Internet at Family/Friends  
 Internet at workplace  
 Internet at school  
 Internet cafe  
 No access

D21 Rubbish Collection: Is this household's rubbish collected by the collection truck?

- All rubbish collected  
 Only some rubbish collected  
 None at all

D22 Rubbish Collection cont'd: For household rubbish not collected, how does the household dispose of its rubbish?

- Burn  
 Bury  
 Recycle/re-use  
 Dispose in backyard  
 Compost  
 Other, specify

D23 Agriculture: What type of agriculture activity is this household engaged in? Include raising livestock, floriculture, etc.

- Subsistence only  
 Commercial only  
 Subsistence & Commercial  
 No agriculture

• apart from raising animals, what crops does your household grow?

- Vegetables, spices, herbs  
 Fruit and Tree crops  
 Flowers  
 Other, specify

D24 Commercial Farming: If your household is engaged in commercial farming, did your sales of crops in the last 12 months exceed NZ\$1,000?

- Yes  No

D25 Average Weekly Consumption of Coconuts: Does your household consume/use coconuts?

- Yes - fill details below  No

Coconut Use

For human consumption

Animals

Other use

D26 Fishing: What fishing activity is this household mainly engaged in? exclude Pearl Farming

- Subsistence only  
 Commercial only  
 Subsistence & Commercial  
 No Fishing GO TO D27

• where does this household carry out its fishing activity?

- Only in reef/lagoon  
 Only outside reef  
 Both in & outside reef

D27 Pearl Farming: Is this household engaged in pearl farming, even if only one member of household?

- Yes  No

For the next questions, count only those items, equipments, devices, etc. owned by this household. Do not count anything borrowed, broken or rented.

For D29 only- count the equipment owned/Used.

Enter a number in the box.

D28 Fishing Equipment: How many of the following equipment does the household members own?

- Speargun  
 Fish rod imported  
 Fishing net  
 Scuba (full set)  
 Canoe  
 Boat  
 Outboard motor

D29 Farm Equipment: How many of the following equipment does the household members own or use?

	Owned	Hired	Borrowed
Tractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotary hoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mist Blower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grass cutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor mower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disc harrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotovator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tyne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ripper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**P32 Secondary Activity:** Apart from your principal activity, do you have another job?  
 Yes  No, GO TO P38

**P33 Secondary Occupation:** What is your job in your secondary activity? e.g. *delivery, waitress, cleaner, etc.*

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**P34 Employer:** Give the name of the business or employer that you worked for in that job. e.g. *CITC, Edgewater Hotel, ANZ, etc*

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**P35 Industry:** What is the main activity of that business or employer, e.g. *Retail trade, Banking, Hotel, etc.*

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How many hours usually worked at this job in a week?  
 hours a week

**P36 Unemployment:** Have you ever had paid work?  
 Yes, GO TO P37  No

• if a paid job had been available would you have been willing to work? Mark the box and GO TO P38  
 Yes  No

**P37** How many weeks have you had paid work?  
 No. of weeks

**P38 Unpaid Work:** Mark as many spaces as you need to answer this question, in the last 4 weeks, which of these have you done without pay?

Looking after children  
 Housework  
 Handicraft making  
 Gardening  
 Tending the livestock  
 Fishing  
 Sewing  
 Other, specify

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**P39 Sources of Income:** Mark as many boxes as you need to show all the ways you yourself got income in the last 12 months.

*Do not count loans as they are not income*

- Wages, salaries, commission, bonuses etc paid by employer
- self employment
- Interest, dividends, rent, other investment.
- Superannuation - GSF
- Superannuation - NSF
- War or Veteran's Pension
- Old Age Pension
- Destitute
- Infirm or Invalid
- Alimony
- Other source, specify

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No source of income

**P40 Total Income:** From all the sources of income you marked in question P39, what will your total income be (inclusive of taxes) for the period ending 1st December 2011?

- No Income
- Less than \$5,000
- \$5,000 - \$9,999
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$24,999
- \$25,000-\$29,999
- \$30,000-\$34,999
- \$35,000-\$39,999
- \$40,000-\$49,999
- \$50,000-\$59,999
- \$60,000-\$69,999
- \$70,000-\$79,999
- \$80,000-\$89,999
- \$90,000-\$99,999
- \$100,000 or more

**P41 Smoking:** Do you smoke cigarettes.

- Never smoke
- Regularly smoke, that is 1 or more cigarette a day
- Sometimes
- No longer

**P42 Drinking:** Do you drink alcohol (*beer, spirit, wine, homebrew, etc*)?

- Never drink
- Regularly drink, at least once a week
- Sometimes
- No longer

**P43 Cultural Activity:** Mark as many boxes as you need to show your active participation in cultural activities in the last 12 months.

- Performer (singer, dancer)
- Composer
- Choreographer
- Practicing traditional medicine
- Carving
- Spectator
- Other activities, *please describe*

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Not actively participating

**IF MALE GO TO END ELSE CONTINUE** +

**P44** Have you ever given birth, even if the child later died?  
 Yes  No GO TO END

**P45** How many babies have you given birth to?

Born Alive	Still Living
<input type="text"/> Male(s)	<input type="text"/> Male(s)
<input type="text"/> Female(s)	<input type="text"/> Female(s)
<input type="text"/> Total	<input type="text"/> Total

**P46 Date of birth of first child**

Day (eg 27)	Month (eg 12)	Year (eg 1972)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**P47 Date of birth of last child**

Day (eg 11)	Month (eg 04)	Year (eg 1994)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**P48 Declaration:** I declare that the information I have given is true and complete as far as I know.

Signature

**Meitaki maata - Thank you**



# COOK ISLANDS CENSUS OF POPULATION AND DWELLINGS 2011

**CENSUS NIGHT THURSDAY, 1 DECEMBER 2011**

## PERSONAL FORM

Complete one form for each person present on census night. Parents or an adult will complete the forms for those below the age of 15 years.

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--
- mark the text box like this: 

1	5
---	---
- if you make a mistake in text box, do this: (cross it out like this) 

<del>1</del>	5
--------------	---
- Print answers in CAPITAL LETTERS like this:

S	T	A	T	I	S	<del>1</del>	T	I	C
S	O	F	F	I	C	E	R		

- Please answer all the questions unless the form asks you not to.

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**CD**

**EA**

**DN**

**PN**

