

NIUE CENSUS 1997

HOUSEHOLD & DWELLING SCHEDULE

CONFIDENTIAL

Carried out under the legal authority of the Niue Census Ordinance 1971

HEAD OF HOUSEHOLD SURNAME, GIVEN NAMES (please print)

EA Number		HH Number	

Males	Females	Total	Number of family Units
(2)	(3)	(4)	(5)

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1 MEMBERS OF THIS HOUSEHOLD TEMPORARY ABSENT OVERSEAS? (6)
(members expected to be away for a period of less than 12 months)

FULL NAME (please print clearly)

Male	Female
1	2
1	2
1	2
1	2
1	2
1	2
1	2
1	2
males	females

Date of Birth		
DAY	MONTH	YEAR

TOTAL

2 NUMBER OF FISHING VESSELS (Write actual number in appropriate BOX)

(7) <input type="text"/>	Canoe	(10) <input type="text"/>	Boat
(8) <input type="text"/>	Alluminium dinghies	(11) <input type="text"/>	Outboard motor
(9) <input type="text"/>	Inflatable dinghies		

3 TENURE OF LIVING QUARTERS

(Mark one BOX with an "X")

(12) <input type="checkbox"/>	1 Rent or lease	<input type="checkbox"/>	4 Pay nominal rent
<input type="checkbox"/>	2 On loan without payment	<input type="checkbox"/>	5 Own
<input type="checkbox"/>	3 Free with job	<input type="checkbox"/>	6 Buying on mortgage or tenure payment

4 IF RENT, WHAT IS THE WEEKLY RENT? (13)

5 TYPE OF DWELLING (Mark one BOX with an "X")

(14) <input type="checkbox"/>	1 House	<input type="checkbox"/>	4 Kitset house / pre-cut
<input type="checkbox"/>	2 Assembly unit (Fale fuakau)	<input type="checkbox"/>	5 Other (please specify) _____
<input type="checkbox"/>	3 Flat - self contained		

6 NUMBER OF ROOMS (15)

WARNING:

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7 AMENITIES OF DWELLING (Mark with "X" in appropriate BOX)

	Yes	No
	1	2
(16)	<input type="checkbox"/>	<input type="checkbox"/>
(17)	<input type="checkbox"/>	<input type="checkbox"/>
(18)	<input type="checkbox"/>	<input type="checkbox"/>
(19)	<input type="checkbox"/>	<input type="checkbox"/>
(20)	<input type="checkbox"/>	<input type="checkbox"/>
(21)	<input type="checkbox"/>	<input type="checkbox"/>
(22)	<input type="checkbox"/>	<input type="checkbox"/>

Flush toilet
Water seal toilet
Bathtub
Handbasin
Washing tub
Shower
Kitchen Sink

	Yes	No
	1	2
(23)	<input type="checkbox"/>	<input type="checkbox"/>
(24)	<input type="checkbox"/>	<input type="checkbox"/>
(25)	<input type="checkbox"/>	<input type="checkbox"/>
(26)	<input type="checkbox"/>	<input type="checkbox"/>
(27)	<input type="checkbox"/>	<input type="checkbox"/>

Electricity public supply
Electricity own generator
Sewage - long drop
Sewage - non concrete water seal
Sewage - concrete septic tank

8 SOURCES OF WATER SUPPLY (Mark with "X" in appropriate BOX)

(28)	<input type="checkbox"/>
(29)	<input type="checkbox"/>
(30)	<input type="checkbox"/>

Piped public water supply to taps in house
Piped public water to taps outside house
Piped public water to watertank

(31)	<input type="checkbox"/>
(32)	<input type="checkbox"/>
(33)	<input type="checkbox"/>

Water tank fed by rain water
Water well
Other (please specify) _____

9 MAIN MEANS OF COOKING (Mark one BOX with an "X")

(34)	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Electric stove/element/cooker
Gas stove
Wood stove
Kerosene cooker
Charcoal stove

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Open fire
Umu
Drum oven
Other (please specify) _____

10 MAIN MEANS OF HOTWATER SYSTEM (Mark one BOX with an "X")

(35)	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Electricity
Gas
Solar energy
Wood stove

<input type="checkbox"/>
<input type="checkbox"/>

Other fuel (please specify) _____
None

11 ENERGY USED IN (Mark with "X" in appropriate BOX)

- (36) Cooking
(37) Water Heating (Hot water system)
(38) Lighting
(39) Umu
(40) Barbecue
(41) Other _____

A	B	C	D	E	F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KEY

- A** Electricity
B Own Generator
C Gas
D Wood
E Kerosene
F Charcoal

12 IF YOU USE ENERGY EFFICIENT LIGHT BULBS; HOW MANY ARE CURRENTLY BEING USED IN HOUSEHOLD?
(Write actual number in BOX)

(42)

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13 NUMBER OF HOUSEHOLD ITEMS OWNED OR PARTLY OWNED BY THE HOUSEHOLD?

(Write actual number in appropriate BOX)

(43)	<input type="text"/>	Hand sewing machine	(61)	<input type="text"/>	Manual telephone	(79)	<input type="text"/>	Gas stove
(44)	<input type="text"/>	Treadle Sewing Machine	(62)	<input type="text"/>	Automatic telephone	(80)	<input type="text"/>	Electric stove
(45)	<input type="text"/>	Electric sewing machine	(63)	<input type="text"/>	Cellular unit telephone	(81)	<input type="text"/>	Solar - water heater
(46)	<input type="text"/>	Radio/Tape recorder	(64)	<input type="text"/>	Mobile telephone	(82)	<input type="text"/>	Electric water pump
(47)	<input type="text"/>	CD Player	(65)	<input type="text"/>	Cordless Phone	(83)	<input type="text"/>	Motor mower
(48)	<input type="text"/>	Cooler	(66)	<input type="text"/>	Computer	(84)	<input type="text"/>	Grass cutter
(49)	<input type="text"/>	Refrigerator	(67)	<input type="text"/>	Printer	(85)	<input type="text"/>	Chain saw
(50)	<input type="text"/>	Deep Freezer	(68)	<input type="text"/>	Fax Machine	(86)	<input type="text"/>	Knapsack sprayer
(51)	<input type="text"/>	Electric Toaster	(69)	<input type="text"/>	Deep frier	(87)	<input type="text"/>	Firearm
(52)	<input type="text"/>	Wringer washing machine	(70)	<input type="text"/>	Bread maker	(88)	<input type="text"/>	Bicycle
(53)	<input type="text"/>	Automatic washing machine	(71)	<input type="text"/>	Sandwich maker			
(54)	<input type="text"/>	Hoovermatic washing machine	(72)	<input type="text"/>	Crockpot (electric pot)	(89)	<input type="text"/>	(a) (b) (c) (refer note below)
(55)	<input type="text"/>	Electric iron	(73)	<input type="text"/>	Electric Cook Top	(90)	<input type="text"/>	Motorcycle
(56)	<input type="text"/>	Electric jug	(74)	<input type="text"/>	Food safe	(91)	<input type="text"/>	Car
(57)	<input type="text"/>	Video recorder	(75)	<input type="text"/>	Microwave	(92)	<input type="text"/>	Truck
(58)	<input type="text"/>	Television set	(76)	<input type="text"/>	Electric frying pan	(93)	<input type="text"/>	Van
(59)	<input type="text"/>	Video Camera	(77)	<input type="text"/>	Wood range stove	(94)	<input type="text"/>	Pickup
(60)	<input type="text"/>	Camera	(78)	<input type="text"/>	Charcoal stove		<input type="text"/>	Double cab

NOTE: The boxes 89 to 94 in Question 13 above is a little different from the rest in that you would have to specify whether the vehicle uses petrol or diesel fuel. The letters (a), (b), and (c) on the top of the columns on box 89 corresponds to the following letters.

14 IF YOU SELL FOODSTUFFS AT THE PRODUCE MARKET PLEASE MARK THOSE TYPE OF FOODSTUFFS.

(Mark with "X" in appropriate BOX)

(95)	<input type="text"/>	Fresh Vegetables	(98)	<input type="text"/>	Coconuts	(101)	<input type="text"/>	Cooked Food
(96)	<input type="text"/>	Fish	(99)	<input type="text"/>	Bananas	(102)	<input type="text"/>	Other _____
(97)	<input type="text"/>	Food Crops	(100)	<input type="text"/>	Taros			(please specify)

15 FROM THE ABOVE CATEGORIES, WHAT 3 FOODSTUFFS YOU SELL MOST OF, WITH THE FIRST BEING THE MOST SOLD FOODSTUFF. (use the NUMBERS inside the boxes)

(103) First Most Sold (104) Second Most Sold (105) Third Most Sold

16 IF YOU BUY FOODSTUFFS AT THE PRODUCE MARKET PLEASE MARK THOSE TYPE OF FOODSTUFFS.

(Mark with "X" in appropriate BOX)

(106)	<input type="text"/>	Fresh Vegetables	(109)	<input type="text"/>	Coconuts	(112)	<input type="text"/>	Cooked Food
(107)	<input type="text"/>	Fish	(110)	<input type="text"/>	Bananas	(113)	<input type="text"/>	Other _____
(108)	<input type="text"/>	Food Crops	(111)	<input type="text"/>	Taros			(please specify)

17 FROM THE ABOVE CATEGORIES, WHAT 3 FOODSTUFFS YOU BUY MOST OF, WITH THE FIRST BEING THE MOST BOUGHT FOODSTUFFS. (use the NUMBERS inside the boxes)

(114) First Most Bought (115) Second Most Bought (116) Third Most Bought

(AT END OF INTERVIEW, PLEASE HAVE ANOTHER LOOK THROUGH THE FORM TO CHECK THAT EVERYTHING HAS BEEN ANSWERED)

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NIUE CENSUS 1997

POPULATION SCHEDULE

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SURNAME, GIVEN NAMES (Print clearly) (1)	EA Number	HS Number	Person No.

1 RELATIONSHIP TO HEAD OF HOUSEHOLD (101) _____

2 SEX (102) 1 Male 2 Female

Data Processing	
Checked	
Entered	
Edited	

3 DATE OF BIRTH (103)

Day	Month	Year			

4 PLACE OF BIRTH (104) _____
 (If on Niue, give the respondent's mother home village at time of birth, if overseas give country)

5 CITIZENSHIP (105) _____

6 DESCENT (106) _____

7 HOME VILLAGE (Niuean descendants only) (107) _____

8 RELIGION (108) _____

FOR ALL PERSONS 5 YEARS AND OVER ONLY.

9 HIGHEST LEVEL OF EDUCATION ATTAINED (109) _____

10 HIGHEST QUALIFICATION FORMALLY ATTAINED (110) _____

FOR ALL PERSONS 15 YEARS AND OVER ONLY.

11 MARITAL STATUS (111) _____

12 WHERE WERE YOU IN OCTOBER 1992? (Mark one BOX with an "X")

(112)	<input type="checkbox"/> 1	This village	
	<input type="checkbox"/> 2	Other village, specify village	(113) _____
	<input type="checkbox"/> 3	Overseas, specify country	(114) _____

13 WHERE DO YOU THINK YOU WILL BE LIVING IN THE NEXT 5 YEARS? (Mark one BOX with an "X")

(115)	<input type="checkbox"/> 1	Niue	
	<input type="checkbox"/> 2	New Zealand	
	<input type="checkbox"/> 3	Don't know	
	<input type="checkbox"/> 4	Other, (please specify)	(116) _____

REASON FOR LEAVING NIUE? (117) _____

14 WHERE DO YOU PREFER TO LIVE: (Mark one BOX with an "X")

(118)	1	Niue
	2	New Zealand
	3	Both in Niue and New Zealand
	4	Other (please specify) (119) _____

15 WHY? (referring to question 13) _____
 (120) _____

16 DO YOU AGREE THAT WE SHOULD INCREASE OUR POPULATION FOR ECONOMIC DEVELOPMENT. THUS ALLOWING PEOPLE FROM OVERSEAS TO COME AND LIVE ON NIUE. (Mark one BOX with an "X")

(121) 1 Yes 2 No 3 Don't know (please go to question 19)

17 IF YOU ANSWERED YES TO QUESTION 16. WHAT RACE OF PEOPLE WOULD YOU PREFER.

(122) 1 Overseas Niueans 3 Europeans 5 Middle Eastern 7 African
 2 Other Pacific Islanders 4 Asians 6 Other (123) _____
 (please specify)

18 WHY? (124) _____
 (in reference to question 17) _____

19 WHAT WAS YOUR MAIN ACTIVITY LAST WEEK? (125)

Codes

- | | |
|---|---|
| 1 Working full time for wage and salary | 5 Unemployed |
| 2 Working for wages part time on a casual basis | 6 Domestic duties and not working for wages |
| 3 Working mainly to produce for own use/household consumption | 7 Attending full time education |
| 4 Working mainly to produce for sale | 8 Others (pensioner, disabled etc.) - specify (126) |

20 DID YOU WORK FOR PAY OR PROFIT OR IN A FAMILY BUSINESS LAST WEEK?

(127) 1 Yes Total hours (128) _____
 2 No

21 DID YOU DO ANY WORK ON A PLANTATION OR FISHING LAST WEEK?

(129) 1 Yes Total hours (130) _____
 2 No (go to question 23)

22 IF YOU ANSWERED YES TO QUESTION 21; WAS THIS FOR (Mark one BOX with an "X")

(131) 1 Own Family use? Never Sell
 2 Occasionally Sell
 3 Regularly Sell

NOTE: If answered YES for previous two questions, answer the next two questions using the word OTHER in brackets.

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23 DID YOU LOOK FOR ANY (OTHER) WORK LAST WEEK?

(132)

1	Yes
2	No

24 WERE YOU AVAILABLE FOR (OTHER) WORK LAST WEEK?

(133)

1	Yes
2	No

25 HOW MANY HOURS DID YOU WORK LAST WEEK? (134)

26 EMPLOYMENT STATUS: (Mark one BOX with an "X")

(135)

1	Government
2	Private Sector
3	Self employed / Family business
4	Other (please specify) _____

27 OCCUPATION (136)

28 INDUSTRY (137)

29 TYPE OF TRANSPORT TO WORK (138)

30 ARE YOU A: (Mark one BOX with an "X" and complete where appropriate)

(139)

<input type="checkbox"/>	Non smoker	(go to question 31)	
<input type="checkbox"/>	Heavy Smoker How may cigarettes per day.	(140) _____ per day
<input type="checkbox"/>	Casual Smoker How many cigarettes per occasion.	(141) _____ per occasion

31 ARE YOU A: (Mark one BOX with an "X" and complete where appropriate)

(142)

<input type="checkbox"/>	Non alcohol drinker	(go to question 32)	
<input type="checkbox"/>	Heavy Drinker How may can/glass per day.	(143) _____ per day
<input type="checkbox"/>	Social Drinker How many can/glass per occasion.	(144) _____ per occasion

FOR ALL FEMALE PERSONS 15 YEARS AND OVER

32 NUMBER OF CHILDREN STILL LIVING (145)

33 NUMBER OF CHILDREN ALIVE AT BIRTH NOW DECEASED (146)

34 DATE OF BIRTH OF LAST CHILD BORN ALIVE

(147) Day	Month	Year			

(At the end of the interview, please have a look through the form and check to ensure that everything is correct)

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