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NIUE CENSUS 2001

Population Schedule

This Census is conducted under the legal authority of the Niue Census Ordinance 1971.

Surname: Given names (Print clearly) (1)

EA Number	HS Number	Person No
		(100)

- RELATIONSHIP TO HEAD OF HOUSEHOLD
- GENDER
- DATE OF BIRTH

+
1987

Male Female

Day	Month	Year
-----	-------	------

- PLACE OF BIRTH
(If on Niue, give mother's home village at time of birth, if overseas give country)
- CITIZENSHIP
- DESCENT/ETHNICITY
- HOME VILLAGE (Niuean Descendants only)
- RELIGION

(105) _____

(106) _____

(107) _____

(108) _____

FOR ALL PERSONS 5 YEARS AND OVER CONTINUE TO THE NEXT QUESTION, ALL PERSONS UNDER 5 TURN TO PAGE 4 AND COMPLETE QUESTIONS 29 AND 30.

- HIGHEST LEVEL OF EDUCATION ATTAINED
- HIGHEST QUALIFICATION FORMALLY ATTAINED

(109) _____

(110) _____

FOR ALL PERSONS 15 YEARS AND OVER ONLY

- MARITAL STATUS (Tick appropriate box)
 - Never Married
 - Married
 - Widow
 - Divorced
 - Separated
 - De Facto

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

- WHERE WERE YOU IN AUGUST 1997
(Mark one box with an X)
 - This village
 - Other village, specify village
 - Overseas, specify country

1
2
3

(113) _____

(114) _____

13. WHERE DO YOU THINK YOU WILL BE LIVING IN THE YEAR 2006?
(Mark one box with an X)

- Niue
- New Zealand
- Don't Know
- Other (please specify)

(115)

IF YOU INDICATED A COUNTRY OTHER THAN NIUE, WHAT IS YOUR REASON FOR LEAVING NIUE?

14. WHERE DO YOU PREFER TO LIVE?
(Mark one box with an X)

- Niue
- New Zealand
- In both Niue and New Zealand
- Other (please specify)

15. REFERRING TO QUESTION 14, WHY IS THIS YOUR CHOICE?

16. WHAT WAS YOUR MAIN ACTIVITY LAST WEEK?

- Working full time for wage or salary
- Working for wages part time (incl. casual)
- Working mainly to produce for own use/household consumption
- Working mainly to produce for sale

- Unemployed
- Domestic Duties and not working for wages
- Attending full time education
- Other (pensioner, disabled etc) Please specify

17. DID YOU WORK FOR ANY PROFIT OR PAY IN A FAMILY BUSINESS LAST WEEK?

<input type="checkbox"/>	Yes	Total hours	_____
<input type="checkbox"/>	No		

18. DID YOU ANY WORK FISHING OR/AND ON A PLANTATION LAST WEEK?

<input type="checkbox"/>	Yes	Total hours	_____
<input type="checkbox"/>	No		

19. IF YOU ANSWERED YES TO QUESTION 18; WAS THIS FOR (Mark one box with an X)

- Own family use? Never sell
- Occasionally sell
- Regularly sell

if you answered YES to question 17 or 18, answer the next two questions using the word OTHER in brackets.

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

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

21. WERE YOU AVAILABLE FOR PAID (OTHER) WORK LAST WEEK?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

22. HOW MANY HOURS DID YOU WORK LAST WEEK?

23. EMPLOYMENT STATUS
(Mark one box with an X)

1	Government
2	Private Sector
3	Self Employed / Family Business
4	Other (please specify)

24. OCCUPATION

25. WHAT IS YOUR ANNUAL GROSS INCOME? (Before tax)

0 - 4999	<input type="checkbox"/>
5000 - 9999	<input type="checkbox"/>
10,000 - 14999	<input type="checkbox"/>
15000 - 19999	<input type="checkbox"/>
20,000 - 24,999	<input type="checkbox"/>
25,000 - 29,999	<input type="checkbox"/>
30,000 - 34,999	<input type="checkbox"/>
35,000 - 39,999	<input type="checkbox"/>
40,000 - 44,999	<input type="checkbox"/>
45,000 +	<input type="checkbox"/>

26. INDUSTRY

Health Questions

27. ARE YOU A: (If you are a Non-Smoker mark appropriate box with an X and complete where appropriate)

Non-Smoker	<input type="checkbox"/>
Casual Smoker (note down how many cigarettes per occasion)	<input type="checkbox"/>
Heavy Smoker (note down how many cigarettes per day)	<input type="checkbox"/>

28. ARE YOU A: (If you are a Non Alcoholic Drinker mark appropriate box with an X and complete where appropriate)

Non Alcoholic Drinker	<input type="checkbox"/>
Social Drinker (note down how can/glass per occasion)	<input type="checkbox"/>
Heavy Drinker (note down how many can/glass per day)	<input type="checkbox"/>

EVERYONE SHOULD ANSWER THE FOLLOWING QUESTIONS.

29. IN THE LAST 12 MONTHS HAVE YOU VISITED THE HOSPITAL AND SEEN ANY OF THE FOLLOWING PEOPLE OR BEEN VISITED BY THEM AT YOUR HOME?
(Tick all that apply)

	Yes	No
Doctor	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy for Medication only	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Healer	<input type="checkbox"/>	<input type="checkbox"/>
Any other therapist, healer	<input type="checkbox"/>	<input type="checkbox"/>

30. IF YOU TICKED YES TO THE DOCTOR, HOW MANY CONSULTATIONS HAVE YOU HAD IN THE LAST TWELVE MONTHS? (Please tick)

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3 - 5	<input type="checkbox"/>
6 - 11	<input type="checkbox"/>
12 +	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

FOR ALL FEMALE PERSONS 15 YEARS AND OVER

31. NUMBER OF CHILDREN STILL LIVING

32. NUMBER OF CHILDREN ALIVE AT BIRTH NOW DECEASED

33. DATE OF BIRTH LAST CHILD BORN ALIVE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

AT THE END OF THE INTERVIEW, PLEASE GO THROUGH THE FORM AND ENSURE THAT ALL QUESTIONS ARE ANSWERED.

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NIUE CENSUS 2001

Household and Dwelling Schedule

This Census is conducted under the legal authority of the Niue Census Ordinance 1971.

Head of Household Surname given names (please print)

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Area	Number	Household	Number

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

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

FULL NAME (please print clearly)	Male	Female	Date of Birth		
			Day	Month	Year
TOTAL					

2. NUMBER OF FISHING VESSELS (Write Actual number in appropriate box)

(7)		Canoe	(10)		Boat
(8)		Aluminium dinghy	(11)		Outboard Motor
(9)		Inflatable Dinghy			

3. TENURE OF LIVING QUARTERS
(Mark one box with an 'X')

(12)	1	Rent or lease	4	Pay nominal rent
	2	On loan without payment	5	Own
	3	Free with job	6	Buying on mortgage or tenure payment

WARNING: Divulging of any information collected from the census and mutilation or defacement of the schedule is prohibited according to section (16) and (17) of the Census Ordinance 1971.

4. If renting, what is the weekly rent? (13)

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

- (14)

1
2

 House

3
4

 Kitset House / pre cut
Flat – self contained
Other (Please specify) _____

6. NUMBER OF ROOMS (15)

7. AMENITIES OF DWELLING (Mark with an "X" in appropriate box)

- | | Yes | No | |
|------|-----|----|-------------------|
| (16) | 1 | 2 | Flush toilet |
| (17) | 1 | 2 | Water seal toilet |
| (18) | 1 | 2 | Bathtub |
| (19) | 1 | 2 | Handbasin |
| (20) | 1 | 2 | Washing tub |
| (21) | 1 | 2 | Shower |
| (22) | 1 | 2 | Kitchen sink |
- | | Yes | No | |
|------|-----|----|----------------------------------|
| (23) | 1 | 2 | Electricity public supply |
| (24) | 1 | 2 | Electricity own generator |
| (25) | 1 | 2 | Sewage – long drop |
| (26) | 1 | 2 | Sewage – non concrete water seal |
| (27) | 1 | 2 | Sewage – concrete septic tank |

8. SOURCES OF WATER SUPPLY (Mark with an "X" in appropriate box)

- (28) Piped public water supply to taps in house
(29) Piped public water to taps outside house
(30) Piped public water to water tank
(31) Water tank fed by rain water
(32) Water well
(33) Other (please specify) _____

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

- | | | |
|------|---|------------------|
| (34) | 1 | Electric Stove |
| | 2 | Gas Stove |
| | 3 | Wood Stove |
| | 4 | Kerosene Cooker |
| | 5 | Charcoal Stove |
| | 6 | Electric Element |
- | | |
|----|------------------------------|
| 7 | Open Fire |
| 8 | Umu |
| 9 | Drum Oven |
| 10 | Bench Top Oven |
| 11 | Gas Element |
| | Other (please specify) _____ |

10. MAIN MEANS OF HOT WATER SYSTEM (Mark one box with an X)

- (35)

1
2
3
4
5

 Electricity
Gas
Solar energy with booster
Solar energy without booster
Wood Stove

6
7

 Other fuel (please specify) _____
None _____

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11. NUMBER OF HOUSEHOLD ITEMS OWNED OR PARTLY OWNED BY THE HOUSEHOLD
(Write actual number in appropriate box)

(36)	<input type="text"/>	Hand sewing machine	(54)	<input type="text"/>	Automatic telephone	(72)	<input type="text"/>	Electric stove
(37)	<input type="text"/>	Treadle sewing machine	(55)	<input type="text"/>	Cellular unit telephone	(73)	<input type="text"/>	Solar water heater
(38)	<input type="text"/>	Electric sewing machine	(56)	<input type="text"/>	Mobile telephone	(74)	<input type="text"/>	Electric water pump
(39)	<input type="text"/>	Radio/Tape recorder	(57)	<input type="text"/>	Cordless phone	(75)	<input type="text"/>	Motor Mower
(40)	<input type="text"/>	CD Player	(58)	<input type="text"/>	Computer	(76)	<input type="text"/>	Grass cutter
(41)	<input type="text"/>	Cooler	(59)	<input type="text"/>	Printer	(77)	<input type="text"/>	Chainsaw
(42)	<input type="text"/>	Refrigerator	(60)	<input type="text"/>	Fax Machine	(78)	<input type="text"/>	Knapsack sprayer
(43)	<input type="text"/>	Deep freezer	(61)	<input type="text"/>	Deep Fryer	(79)	<input type="text"/>	Firearm
(44)	<input type="text"/>	Electric toaster	(62)	<input type="text"/>	Bread Maker	(80)	<input type="text"/>	Bicycle
(45)	<input type="text"/>	Wringer washing machine	(63)	<input type="text"/>	Sandwich maker	(81)	<input type="text"/>	Laptop
(46)	<input type="text"/>	Automatic washing machine	(64)	<input type="text"/>	Crockpot (electric pot)	(82)	<input type="text"/>	Gas Element
(47)	<input type="text"/>	Hoovermatic washing machine	(65)	<input type="text"/>	Electric Cooktop	(83)	<input type="text"/>	Electric Element
(48)	<input type="text"/>	Electric iron	(66)	<input type="text"/>	Food safe	(84)	<input type="text"/>	Gas Bbq
(49)	<input type="text"/>	Electric jug	(67)	<input type="text"/>	Microwave	(85)	<input type="text"/>	Air Condition
(50)	<input type="text"/>	Video recorder	(68)	<input type="text"/>	Electric Frying pan	(86)	<input type="text"/>	Portable Fan
(51)	<input type="text"/>	Television set	(69)	<input type="text"/>	Wood range stove	(87)	<input type="text"/>	Ceiling Fan
(52)	<input type="text"/>	Video Camera	(70)	<input type="text"/>	Charcoal stove	(88)	<input type="text"/>	Disc Video Player
(53)	<input type="text"/>	Camera	(71)	<input type="text"/>	Gas stove			

12. NUMBER OF VEHICLES OWNED
(Write actual number in No of Vehicles box. Place X in appropriate box to indicate fuel used in vehicles)

	No of Vehicles	Diesel	Petrol	
(89)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Motorcycle
(90)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Car
(91)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Truck
(92)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Van
(93)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Pickup
(94)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Double Cab

Home Improvement

13. DO YOU PLAN TO UNDERTAKE MAJOR RENOVATIONS IN THE NEXT FIVE YEARS?
e.g. Extension, re-roofing

(Write X on the appropriate box)

(95) Yes

No

If you answered YES, in what year do you plan to undertake the renovations? _____

14. DO YOU PLAN TO BUILD A NEW HOUSE IN THE NEXT FIVE YEARS?
(Write X on the appropriate box)

(97) Yes

No

If you answered YES, where are you intending to build? _____

In what year are you intending to build? _____

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Agriculture Questions

15. HOW MANY ANIMALS DO YOU OWN?
Please write a number in the appropriate box.

(98)

Animal	Male	Female
Pigs < 1 year old		
Pigs 1 year or older		
Dogs		
Cats		
Cattle		
Chickens (owned by you)		
Other Please specify		

16. LAND AREA USED FOR PLANTING CROPS and NUMBER OF VEGETABLES

Please write the number of hectares used to plant:

(99)

Crop	Land Area (hectares)
Taro	
Coconuts	
Kava	
Nonu	

State the actual number of the following vegetables grown by your household.

(100)

Vegetable	Number	Vegetable	Number
Tapioca		Capsicum	
Lettuce		Vanilla	
Pak Choy		Other (please specify)	
Saladeer			
Tomatoes			
Cabbage			

17. CHEMICAL AWARENESS

Do you or any member of your household use any of the following chemicals?

(Mark the appropriate box with an X)

(101)

Chemical	Yes / No
Herbicides	
Pesticides	
Fungicides	

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Are you and your household aware of the harmful effects of chemicals to the environment and health?

(Mark the appropriate box with an X)

(102)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Are you prepared or willing to reduce the amount of chemicals used by your household?

(Mark the appropriate box with an X)

(103)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

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