



Cook Islands Statistics Office
Rarotonga, COOK ISLANDS

CONFIDENTIAL
All information obtained will be kept confidential and used for statistical purposes only.

QUESTIONNAIRES

Cook Islands Census

2001

*Be in the
Count*



AUTHORITY
This Census is taken under the authority of the Statistics Act 1966.

CENSUS NIGHT
Midnight, between Friday 30 November and Saturday 1 December 2001.

CENSUS DISTRICT NO: _____

ENUMERATION AREA NO: _____

DWELLING NO: _____

TOTAL PERSONS: _____

1	Name	_____
2	Number	_____
3	Type	1 <input type="checkbox"/> 2 <input type="checkbox"/>
4	Year	_____
5	Dwelling	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
6	Mate	Outie Roof Floor
7	Spouse	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

15 Telecommunication: Mark appropriate boxes

1 <input type="checkbox"/> Telephone	3 <input type="checkbox"/> Cellular Phone
2 <input type="checkbox"/> Facsimile	4 <input type="checkbox"/> Internet Access

16 Agriculture Activity: Mark appropriate box

The household is engaged in:

1 <input type="checkbox"/> Mainly subsistence
2 <input type="checkbox"/> Mainly commercial
3 <input type="checkbox"/> No agricultural activity

17 Fishing Activity: Mark appropriate box

(a) The household is engaged in:

1 <input type="checkbox"/> Mainly subsistence	2 <input type="checkbox"/> Mainly commercial	3 <input type="checkbox"/> No fishing activity
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(b) The household fish:

1 <input type="checkbox"/> Only in reef	2 <input type="checkbox"/> Only outside reef	3 <input type="checkbox"/> Both in and outside reef
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(c) Is the household engaged in pearl farming?

1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
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Livestock & Pets: Count only those raised by your household

1 <input type="checkbox"/> Pig	5 <input type="checkbox"/> Horse
2 <input type="checkbox"/> Goat	6 <input type="checkbox"/> Chicken
3 <input type="checkbox"/> Cattle	7 <input type="checkbox"/> Cat
4 <input type="checkbox"/> Duck	8 <input type="checkbox"/> Dog

Count only those owned by members of this household. Do not count anything broken, borrowed or rented.

19 Farm Machinery:

1 <input type="checkbox"/> Tractor	6 <input type="checkbox"/> Disc
2 <input type="checkbox"/> Rotary hoe	7 <input type="checkbox"/> Plough
3 <input type="checkbox"/> Mist blower	8 <input type="checkbox"/> Tyne
4 <input type="checkbox"/> Grass cutter	9 <input type="checkbox"/> Slasher
5 <input type="checkbox"/> Motor mower	10 <input type="checkbox"/> Knapsack

20 Fishing Equipment:

1 <input type="checkbox"/> Speargun	6 <input type="checkbox"/> Fishing net
2 <input type="checkbox"/> Canoe	7 <input type="checkbox"/> Scuba (full set)
3 <input type="checkbox"/> Boat	8 <input type="checkbox"/> Hooks (full set)
4 <input type="checkbox"/> Fishing rod imported	9 <input type="checkbox"/> Outboard motor
5 <input type="checkbox"/> Fishing rod local	

21 Power Tools:

1 <input type="checkbox"/> Drill	4 <input type="checkbox"/> Sander
2 <input type="checkbox"/> Skill saw	5 <input type="checkbox"/> Battery charger
3 <input type="checkbox"/> Compressor	

22 Cooking Appliances:

1 <input type="checkbox"/> Electric Stove	8 <input type="checkbox"/> Jug/kettle
2 <input type="checkbox"/> Gas Stove	9 <input type="checkbox"/> Frying pan
3 <input type="checkbox"/> Kerosene burner	10 <input type="checkbox"/> Food processor
4 <input type="checkbox"/> Microwave oven	11 <input type="checkbox"/> Toaster
5 <input type="checkbox"/> Coffee percolator	12 <input type="checkbox"/> Eggbeater
6 <input type="checkbox"/> Rice cooker	13 <input type="checkbox"/> Barbecue
7 <input type="checkbox"/> Pressure cooker	

23 Household Electrical Appliances:

1 <input type="checkbox"/> Freezer	9 <input type="checkbox"/> Hair dryer
2 <input type="checkbox"/> Refrigerator	10 <input type="checkbox"/> Washing machine
3 <input type="checkbox"/> Fridge/Freezer	11 <input type="checkbox"/> Clothes dryer
4 <input type="checkbox"/> Zip	12 <input type="checkbox"/> Sewing machine
5 <input type="checkbox"/> Dishwasher	13 <input type="checkbox"/> Vacuum Cleaner
6 <input type="checkbox"/> Iron	14 <input type="checkbox"/> Fan
7 <input type="checkbox"/> Shaver	15 <input type="checkbox"/> Air Conditioner
8 <input type="checkbox"/> Hair cutter	

24 Entertainment Appliances:

1 <input type="checkbox"/> Radio/cassette	7 <input type="checkbox"/> Guitar
2 <input type="checkbox"/> Television Screen	8 <input type="checkbox"/> Piano
3 <input type="checkbox"/> Video Recorder	9 <input type="checkbox"/> Organ
4 <input type="checkbox"/> Video Camera	10 <input type="checkbox"/> TV Dish
5 <input type="checkbox"/> Play station	11 <input type="checkbox"/> DVD player
6 <input type="checkbox"/> Computer	

25 Transport:

1 <input type="checkbox"/> Motor cycle	4 <input type="checkbox"/> Truck
2 <input type="checkbox"/> Motor Car	5 <input type="checkbox"/> Utility vehicle
3 <input type="checkbox"/> Van	6 <input type="checkbox"/> Bicycle

26 Safety Equipment: Mark appropriate boxes

1 <input type="checkbox"/> Fire extinguisher	4 <input type="checkbox"/> Lantern
2 <input type="checkbox"/> Fire safety alarm	5 <input type="checkbox"/> Emergency lighting e.g torch, candles, etc.
3 <input type="checkbox"/> First aid kit	

27 Declaration: I declare that the information given are true and complete.

X _____
Signature

A question

1 Name _____

2 Sex: / _____

3 Relationship _____

4 Date of birth _____

5 Place of birth _____
Village _____
City _____

6 Visitor _____
A V _____

7 Ethnicity _____

8 Residence _____

9 Do you _____
Mark a _____
If "Yes" _____

(d) What is your highest school qualification gained?

e.g. School Certificate, Sixth Form, University Bursary

Specify _____

Ask only to persons 15 years and over
If under 15 years GO TO END

(e) What is your highest Trade, Vocational or Professional qualification gained?

e.g. Trade Certificate, Bachelors Degree, Teachers Diploma.

Specify _____

13 Marital Status: Mark appropriate box

- 1 Never married
- 2 Married
- 3 Widowed
- 4 Separated from legal partner
- 5 Divorced

14 Activity Status: Mark appropriate box

- 1 Employer, own business/plantation without employees
- 2 Employer, own business/plantation with employees
- 3 Working full time for wages/salary
- 4 Working part-time for wages/salary
- 5 Unpaid family worker in plantation/store/business
- 6 Full time students → GOTO (16)
- 7 Unemployed → GOTO (17)
- 8 Home Duties } → GOTO (18)
- 9 Retired }

15 Principal Activity:

(a) Give details of work done:

e.g. Ticketing clerk, shop assistant, bank officer, etc.

(b) Give name of the business/employer that you worked for:

e.g. Island Hopper, CITC, Westpac, etc.

(c) Type of business/activity:

e.g. Travel Agent, Retail Trade, Banking, etc.

(d) How many hours usually worked at this job in a week.

_____ hrs

16 Secondary Activity: IF NO activity, tick(✓) circle →

(a) Give details of work done:

e.g. Bartender, food sales, craft making, etc

GOTO (18)

(b) Give name of the business/employer that you worked for:

e.g. Trader Jack, Self, Island Craft, etc.

(c) Type of business/activity:

e.g. Restaurant, Retail trade, Manufacturing, etc.

(d) How many hours usually worked at this job in a week.

_____ hrs

17 Unemployed ONLY: Mark appropriate box

(a) Have you ever had paid work?

- 1 Yes
- 2 No, GOTO (17(c))

(b) How many weeks since you last had paid work? _____

(c) If a job had been available, would you have started work?

- 1 Yes
- 2 No

18 Unpaid Work: Mark appropriate boxes

- 1 Looking after children
- 2 Housework
- 3 Handicraft making
- 4 Tending the livestock
- 5 Tending the garden
- 6 Fishing
- 7 Catering
- 8 Sewing

19 Social Welfare Benefits: Mark appropriate boxes

(a) Indicate benefit(s) received in the last twelve months.

- 1 None
- 2 Child
- 3 Old Age
- 4 Destitute/Infirm
- 5 Superannuation
- 6 War Pension

20 Income: Gross Income from all sources, including benefits, for the 12 months ending 1st December, 2001. Mark appropriate box

- 1 no income
- 2 less than \$5,001
- 3 \$5,000 - \$9,998
- 4 \$10,000 - \$14,998
- 5 \$15,000 - \$19,998
- 6 \$20,000 - \$29,998
- 7 \$30,000 - \$39,999
- 8 \$40,000 - \$49,999
- 9 \$50,000 - \$59,999
- 10 \$60,000 - \$69,999
- 11 \$70,000 - \$79,999
- 12 \$80,000 and over

21 Land Tenure: If Not Succeeded/No Right, tick(✓) circle →

and if MALE GOTO 23 else GOTO 22.

(a) Your rights have been determined by the land court

- 1 By Succession
- 2 Sole Occupation
- 3 Joint Occupation
- 4 Lease
- 5 Sub lease

(b) State Island(s):

(c) Purpose of rights: e.g. house site, agriculture, etc.

22 Females ONLY: Number of children born alive

(a) Born alive:

Males _____
Females _____

(b) Still living:

Males _____
Females _____

(c) Date of birth of:

First child _____
Day / Month / Year

Last child _____
Day / Month / Year

23 Declaration: I declare that the information given are true and complete.

X

Signature