



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
4	Year
5	Dwell
6	Mate
7	Spou

**COOK ISLANDS**  
**CENSUS OF POPULATION AND DWELLINGS**

## Dwelling Questionnaire

A questionnaire is to be completed for each Occupied Dwelling found in the Cook Islands on Census Night

<p><b>1 Name of Person In Charge of Dwelling</b></p> <p style="text-align: center;">_____ Firstname                      Surname</p>	<p><b>8 Number of rooms in this dwelling</b></p> <p><b>COUNT</b>                      <b>Total rooms:</b> _____</p> <ul style="list-style-type: none"> <li>• bedrooms</li> <li>• kitchens, dining rooms</li> <li>• lounges or living rooms</li> <li>• study rooms</li> <li>• rumpus rooms, family rooms, etc</li> </ul> <p><b>DO NOT COUNT</b></p> <ul style="list-style-type: none"> <li>• bathrooms, showers, toilets</li> <li>• garages, open verandah, etc</li> </ul>						
<p><b>2 Number of Persons in this Dwelling</b></p> <p>____ + _____ = _____</p> <p style="text-align: center;">Male                      Female                      Total</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;"> <p>Count open-plan rooms such as kitchen, dining-lounge as three rooms.</p> <p>If garage is furnished as bedroom counting number of rooms.</p> </div>						
<p><b>3 Type of Dwelling: Mark appropriate box</b></p> <p>1 <input type="checkbox"/> Private dwelling</p> <p>2 <input type="checkbox"/> Non private dwelling, such as (Hotel, Hostel, Hospital, Guest House, etc.)</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;"> <p>IF NON PRIVATE GO TO 27</p> </div>	<p><b>9 Source of Water: Mark appropriate boxes</b></p> <p>1 <input type="checkbox"/> Public water main</p> <p>2 <input type="checkbox"/> Public water catchment</p> <p>3 <input type="checkbox"/> Own rainwater tank</p> <p>4 <input type="checkbox"/> Other sources eg wells, springs, etc</p>						
<p><b>4 Year this dwelling was constructed</b></p> <p style="text-align: center;">_____ Year</p>	<p><b>10 Supply of Water: Mark appropriate box</b></p> <p>1 <input type="checkbox"/> Piped water inside dwelling</p> <p>2 <input type="checkbox"/> Piped water from outside dwelling</p> <p>3 <input type="checkbox"/> Cart or carry to dwelling</p>						
<p><b>5 Dwelling Tenure: Mark appropriate box</b></p> <p>1 <input type="checkbox"/> Owned outright</p> <p>2 <input type="checkbox"/> Occupying without charge</p> <p>3 <input type="checkbox"/> Provided free with job</p> <p>4 <input type="checkbox"/> On loan repayment/mortgage</p> <p>5 <input type="checkbox"/> Rented - How much rent do you pay in a week? \$ _____</p> <p><b>Was rental house provided: Mark appropriate box</b></p> <ul style="list-style-type: none"> <li>• Unfurnished <input type="checkbox"/></li> <li>• Partly furnished <input type="checkbox"/></li> <li>• Fully furnished <input type="checkbox"/></li> </ul>	<p><b>11 Waste Disposal: Mark appropriate boxes</b></p> <p>1 <input type="checkbox"/> Disposed in backyard      4 <input type="checkbox"/> Collected by local authority/council or contractor</p> <p>2 <input type="checkbox"/> Recycle</p> <p>3 <input type="checkbox"/> Waste separation</p>						
<p><b>6 Materials of construction of dwelling:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Outer walls</td> <td style="width: 60%;"></td> </tr> <tr> <td>Roof</td> <td></td> </tr> <tr> <td>Floor</td> <td></td> </tr> </table>	Outer walls		Roof		Floor		<p><b>12 Main Cooking fuel: Mark appropriate box</b></p> <p>1 <input type="checkbox"/> Electricity                      3 <input type="checkbox"/> Firewood</p> <p>2 <input type="checkbox"/> Gas                                  4 <input type="checkbox"/> Kerosene</p>
Outer walls							
Roof							
Floor							
<p><b>7 Spouting: Mark appropriate box</b></p> <p>1 <input type="checkbox"/> Not spouted</p> <p>2 <input type="checkbox"/> Partially spouted</p> <p>3 <input type="checkbox"/> Fully spouted</p>	<p><b>13 Facilities: Mark appropriate boxes</b></p> <p>1 <input type="checkbox"/> Hot water system      5 <input type="checkbox"/> Flush toilet</p> <p>2 <input type="checkbox"/> Water filter              6 <input type="checkbox"/> Pour flush toilet</p> <p>3 <input type="checkbox"/> Kitchen sink              7 <input type="checkbox"/> Pit toilet</p> <p>4 <input type="checkbox"/> Bath/Shower              8 <input type="checkbox"/> Lagoon toilet</p>						
<p><b>14 Means of generating Electricity: Mark appropriate boxes</b></p> <p>1 <input type="checkbox"/> Grid (Te Aponga Uira)      3 <input type="checkbox"/> Solar</p> <p>2 <input type="checkbox"/> Generator                      4 <input type="checkbox"/> No electricity</p>							

**15 Telecommunication: Mark appropriate boxes**

- 1 ☐ Telephone      3 ☐ Cellular Phone  
2 ☐ Facsimile      4 ☐ Internet Access

**16 Agriculture Activity: Mark appropriate box**

The household is engaged in:

- 1 ☐ Mainly subsistence  
2 ☐ Mainly commercial  
3 ☐ No agricultural activity

**17 Fishing Activity: Mark appropriate box**

(a) The household is engaged in: (b) The household fish:

- 1 ☐ Mainly subsistence      1 ☐ Only in reef  
2 ☐ Mainly commercial      2 ☐ Only outside reef  
3 ☐ No fishing activity      3 ☐ Both in and outside reef

(c) Is the household engaged in pearl farming?

- 1 ☐ Yes      2 ☐ No

**Livestock & Pets:** Count only those raised by your household

- 1 ☐ Pig      5 ☐ Horse  
2 ☐ Goat      6 ☐ Chicken  
3 ☐ Cattle      7 ☐ Cat  
4 ☐ Duck      8 ☐ Dog

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

**19 Farm Machinery:**

- 1 ☐ Tractor      6 ☐ Disc  
2 ☐ Rotary hoe      7 ☐ Plough  
3 ☐ Mist blower      8 ☐ Tyne  
4 ☐ Grass cutter      9 ☐ Slasher  
5 ☐ Motor mower      10 ☐ Knapsack

**20 Fishing Equipment:**

- 1 ☐ Speargun      6 ☐ Fishing net  
2 ☐ Canoe      7 ☐ Scuba (full set)  
3 ☐ Boat      8 ☐ Hooks (full set)  
4 ☐ Fishing rod imported      9 ☐ Outboard motor  
5 ☐ Fishing rod local

**21 Power Tools:**

- 1 ☐ Drill      4 ☐ Sander  
2 ☐ Skill saw      5 ☐ Battery charger  
3 ☐ Compressor

**22 Cooking Appliances:**

- 1 ☐ Electric Stove      8 ☐ Jug/kettle  
2 ☐ Gas Stove      9 ☐ Frying pan  
3 ☐ Kerosene burner      10 ☐ Food processor  
4 ☐ Microwave oven      11 ☐ Toaster  
5 ☐ Coffee percolator      12 ☐ Eggbeater  
6 ☐ Rice cooker      13 ☐ Barbecue  
7 ☐ Pressure cooker

**23 Household Electrical Appliances:**

- 1 ☐ Freezer      9 ☐ Hair dryer  
2 ☐ Refrigerator      10 ☐ Washing machine  
3 ☐ Fridge/Freezer      11 ☐ Clothes dryer  
4 ☐ Zip      12 ☐ Sewing machine  
5 ☐ Dishwasher      13 ☐ Vacuum Cleaner  
6 ☐ Iron      14 ☐ Fan  
7 ☐ Shaver      15 ☐ Air Conditioner  
8 ☐ Hair cutter

**24 Entertainment Appliances:**

- 1 ☐ Radio/cassette      7 ☐ Guitar  
2 ☐ Television Screen      8 ☐ Piano  
3 ☐ Video Recorder      9 ☐ Organ  
4 ☐ Video Camera      10 ☐ TV Dish  
5 ☐ Play station      11 ☐ DVD player  
6 ☐ Computer

**25 Transport:**

- 1 ☐ Motor cycle      4 ☐ Truck  
2 ☐ Motor Car      5 ☐ Utility vehicle  
3 ☐ Van      6 ☐ Bicycle

**26 Safety Equipment: Mark appropriate boxes**

- 1 ☐ Fire extinguisher      4 ☐ Lantern  
2 ☐ Fire safety alarm      5 ☐ Emergency lighting  
3 ☐ First aid kit      e.g torch, candles, etc.

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

X

Signature

A question

1 Name

2 Sex: /

1 ☐

3 Relation

1 ☐2 ☐3 ☐4 ☐

4 Date of

5 Place

Village

City

6 Visitor

A V

7 Ethnic

1 ☐2 ☐3 ☐

Specify

8 Reside

1 ☐2 ☐3 ☐

National

How long

9 Do you

Mark a

1 ☐

If "Yes"

Person No:

**COOK ISLANDS**  
**CENSUS OF POPULATION AND DWELLINGS**  
**Personal Questionnaire**

A questionnaire is to be completed for each Person found in the Cook Islands on Census Night. Visitors need only answer Questions 1 to 6.

<p><b>1 Name:</b> _____ Firstname Surname</p> <p><b>2 Sex:</b> Mark appropriate box 1 <input type="checkbox"/> Male      2 <input type="checkbox"/> Female</p> <p><b>3 Relationship to Head of Household:</b> Mark appropriate box 1 <input type="checkbox"/> Head      5 <input type="checkbox"/> Grandchild 2 <input type="checkbox"/> Spouse/partner      6 <input type="checkbox"/> Nephew/niece 3 <input type="checkbox"/> Son/daughter      7 <input type="checkbox"/> Guest 4 <input type="checkbox"/> Step/adopted child      8 <input type="checkbox"/> Other, please specify _____</p> <p><b>4 Date of Birth:</b> _____ <b>Age:</b> _____ Day / Month / Year      yrs</p> <p><b>5 Place of Birth:</b> Village/ _____ Island/ _____ City _____ Country _____</p> <p><b>6 Visitors ONLY:</b> If a visitor tick(✓) circle <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">  </span> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; margin: 5px 0;">A VISITOR is a person who does not normally reside in the Cook Islands.</div><div style="text-align: right;">GOTO <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">23</span></div></p> <p><b>7 Ethnic Origin:</b> Mark appropriate box 1 <input type="checkbox"/> Cook Island Maori 2 <input type="checkbox"/> Part Cook Island Maori 3 <input type="checkbox"/> Other ethnic origin Specify _____</p> <p><b>8 Residential Status:</b> Mark appropriate box 1 <input type="checkbox"/> Temporary contract worker 2 <input type="checkbox"/> Dependent of temporary worker 3 <input type="checkbox"/> Other Nationality _____ How long have you lived in the Cook Islands? _____</p> <p><b>9 Do you have any disability?</b> (lasting 6 months or more) Mark appropriate box 1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No, GOTO <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">10</span> If "Yes" describe the nature of the disability, eg, hearing, sight, etc. _____</p>	<p><b>10 Religion:</b> Mark appropriate box 1 <input type="checkbox"/> No Religion 2 <input type="checkbox"/> Cook Islands Christian Church 3 <input type="checkbox"/> Roman Catholic 4 <input type="checkbox"/> Seventh Day Adventist 5 <input type="checkbox"/> Church of Jesus Christ of Latter Days Saints 6 <input type="checkbox"/> Other, specify _____ 7 <input type="checkbox"/> I OBJECT to answering this question</p> <p><b>11 Your address on Census Night</b> Village _____ Island _____ (i) If you usually live at the above address, tick (✓) circle, if not, where do you usually live? Village/ _____ Island/ <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">  </span> City _____ Country _____ (ii) How long have you lived on the island of your usual address. _____ If person is less than 1 year old GO TO END else Continue</p> <p>(iii) If one year ago, you were at the same address as in 11(i) tick (✓) circle if not, where were you on December 1, 2000. Village/ _____ Island/ <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">  </span> City _____ Country _____</p> <p style="text-align: center;"><b>Ask only to persons 5 years and over.</b> <b>If under 5 years GO TO END</b></p> <p>(iv) If five years ago, you were at the same address as in 11(iii) tick (✓) circle if not where were you on December 1, 1996 Village/ _____ Island/ <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">  </span> City _____ Country _____</p> <p><b>12 Education:</b> Mark appropriate box (a) Are you still attending school? 1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No, GOTO <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">12(c)</span> (b) What type of school are you attending? 1 <input type="checkbox"/> Public      2 <input type="checkbox"/> Private (c) What is your highest primary or secondary level completed? e.g Grade 6, Form 5, etc. Specify _____</p>
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(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      4 ☐ Separated from legal partner  
2 ☐ Married      5 ☐ Divorced  
3 ☐ Widowed

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. Bar tender, food sales, craft making, etc.

(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      5 ☐ Tending the garden  
2 ☐ Housework      6 ☐ Fishing  
3 ☐ Handicraft making      7 ☐ Catering  
4 ☐ Tending the livestock      8 ☐ Sewing

19 Social Welfare Benefits: Mark appropriate boxes

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

- 1 ☐ None      4 ☐ Destitute/Infirm  
2 ☐ Child      5 ☐ Superannuation  
3 ☐ Old Age      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      7 ☐ \$30,000 - \$39,999  
2 ☐ less than \$5,001      8 ☐ \$40,000 - \$49,999  
3 ☐ \$5,000 - \$9,998      9 ☐ \$50,000 - \$59,999  
4 ☐ \$10,000 - \$14,998      10 ☐ \$60,000 - \$69,999  
5 ☐ \$15,000 - \$19,998      11 ☐ \$70,000 - \$79,999  
6 ☐ \$20,000 - \$29,998      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      4 ☐ Lease  
2 ☐ Sole Occupation      5 ☐ Sub lease  
3 ☐ Joint Occupation

(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