

<p>P27 Do you use the internet?</p> <p>1. Yes <input type="checkbox"/></p> <p>2. No >> Go to Q30 <input type="checkbox"/></p>	<p>P37 What is your annual gross income?</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1. \$1 - \$4,999</td> <td style="width:50%;">7. \$30,000 - \$34,999</td> </tr> <tr> <td>2. \$5,000 - \$9,999</td> <td>8. \$35,000 - \$39,999</td> </tr> <tr> <td>3. \$10,000 - \$14,999</td> <td>9. \$40,000 - \$44,999</td> </tr> <tr> <td>4. \$15,000 - \$19,999</td> <td>10. \$45,000 - \$49,999</td> </tr> <tr> <td>5. \$20,000 - \$24,999</td> <td>11. \$50,000 +</td> </tr> <tr> <td>6. \$25,000 - \$29,999</td> <td>12. None</td> </tr> </table>	1. \$1 - \$4,999	7. \$30,000 - \$34,999	2. \$5,000 - \$9,999	8. \$35,000 - \$39,999	3. \$10,000 - \$14,999	9. \$40,000 - \$44,999	4. \$15,000 - \$19,999	10. \$45,000 - \$49,999	5. \$20,000 - \$24,999	11. \$50,000 +	6. \$25,000 - \$29,999	12. None																																							
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<p>P28 Where do you use internet (multiple answers)</p> <table style="width:100%; border: none;"> <tr><td>1. Home</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>2. Work</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>3. Place of Education</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>4. Another home</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>5. Community internet access</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>6. Commercial internet access</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>7. Other locations</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>8. Any place via phone</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>9. Any place via other access</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> </table>	1. Home	1. Yes 2. No	<input type="checkbox"/>	2. Work	1. Yes 2. No	<input type="checkbox"/>	3. Place of Education	1. Yes 2. No	<input type="checkbox"/>	4. Another home	1. Yes 2. No	<input type="checkbox"/>	5. Community internet access	1. Yes 2. No	<input type="checkbox"/>	6. Commercial internet access	1. Yes 2. No	<input type="checkbox"/>	7. Other locations	1. Yes 2. No	<input type="checkbox"/>	8. Any place via phone	1. Yes 2. No	<input type="checkbox"/>	9. Any place via other access	1. Yes 2. No	<input type="checkbox"/>	<p>P38 What is your main mode of transport to work?</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1. Own car/van/truck</td> <td style="width:50%;">3. Motorbike</td> </tr> <tr> <td>2. Share car/van/truck</td> <td>4. Bicycle/Walk</td> </tr> </table>	1. Own car/van/truck	3. Motorbike	2. Share car/van/truck	4. Bicycle/Walk																				
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<p>P29 What you used the internet for? (multiple answers)</p> <table style="width:100%; border: none;"> <tr><td>1. Getting informations about good and services</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>2. Getting informations related to health</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>3. Getting informations from govt organisations</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>4. Interaction with general govt org</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>5. Sending or receiving email</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>6. Telephone over internet (VOIP)</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>7. Posting information or instant messaging</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>8. Purchasing or ordering goods</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>9. Internet banking</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>10. Education or learning</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>11. Playing or downloading games</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>12. Downloading movies, images</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>13. Downloading software</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>14. Reading or downloading online newspaper etc</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>15. Others</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> </table>	1. Getting informations about good and services	1. Yes 2. No	<input type="checkbox"/>	2. Getting informations related to health	1. Yes 2. No	<input type="checkbox"/>	3. Getting informations from govt organisations	1. Yes 2. No	<input type="checkbox"/>	4. Interaction with general govt org	1. Yes 2. No	<input type="checkbox"/>	5. Sending or receiving email	1. Yes 2. No	<input type="checkbox"/>	6. Telephone over internet (VOIP)	1. Yes 2. No	<input type="checkbox"/>	7. Posting information or instant messaging	1. Yes 2. No	<input type="checkbox"/>	8. Purchasing or ordering goods	1. Yes 2. No	<input type="checkbox"/>	9. Internet banking	1. Yes 2. No	<input type="checkbox"/>	10. Education or learning	1. Yes 2. No	<input type="checkbox"/>	11. Playing or downloading games	1. Yes 2. No	<input type="checkbox"/>	12. Downloading movies, images	1. Yes 2. No	<input type="checkbox"/>	13. Downloading software	1. Yes 2. No	<input type="checkbox"/>	14. Reading or downloading online newspaper etc	1. Yes 2. No	<input type="checkbox"/>	15. Others	1. Yes 2. No	<input type="checkbox"/>	<p>P39 How many hours per week do you spend with these activities?</p> <table style="width:100%; border: none;"> <tr><td>1. Fishing</td><td><input type="checkbox"/></td></tr> <tr><td>2. Plantation</td><td><input type="checkbox"/></td></tr> <tr><td>3. Handicrafts</td><td><input type="checkbox"/></td></tr> </table>	1. Fishing	<input type="checkbox"/>	2. Plantation	<input type="checkbox"/>	3. Handicrafts	<input type="checkbox"/>
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<p>P31 What is your main occupation?</p> <p style="text-align: right;"><i>If P30, P31, P32 either 1,2,3 then Go to P36</i></p>	<p>P41 Do you smoke cigarettes?</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1. Daily</td> <td style="width:50%;">3. Not at all</td> </tr> <tr> <td>2. Occasionally</td> <td>4. Don't know / Refuse to answer</td> </tr> </table>	1. Daily	3. Not at all	2. Occasionally	4. Don't know / Refuse to answer																																															
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<p>P33 Did you actively look for paid work?</p> <table style="width:100%; border: none;"> <tr><td>1. Yes >> Go to P35</td><td><input type="checkbox"/></td></tr> <tr><td>2. No >> Go to P34</td><td><input type="checkbox"/></td></tr> </table>	1. Yes >> Go to P35	<input type="checkbox"/>	2. No >> Go to P34	<input type="checkbox"/>	<p>P43 Do you have this disease / sickness?</p> <table style="width:100%; border: none;"> <tr><td>1. Diabetes</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>2. Gout</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>3. Asthma</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>4. High blood Pressure</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> </table>	1. Diabetes	1. Yes 2. No	<input type="checkbox"/>	2. Gout	1. Yes 2. No	<input type="checkbox"/>	3. Asthma	1. Yes 2. No	<input type="checkbox"/>	4. High blood Pressure	1. Yes 2. No	<input type="checkbox"/>																																			
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<p>P34 Why didn't you look for work?</p> <table style="width:100%; border: none;"> <tr><td>1. Did not want to work</td><td><input type="checkbox"/></td></tr> <tr><td>2. Believe no (paid) work available</td><td><input type="checkbox"/></td></tr> <tr><td>3. Discouraged</td><td><input type="checkbox"/></td></tr> <tr><td>4. Weather/No transport</td><td><input type="checkbox"/></td></tr> <tr><td>5. Disabled</td><td><input type="checkbox"/></td></tr> <tr><td>6. Other</td><td><input type="checkbox"/></td></tr> </table>	1. Did not want to work	<input type="checkbox"/>	2. Believe no (paid) work available	<input type="checkbox"/>	3. Discouraged	<input type="checkbox"/>	4. Weather/No transport	<input type="checkbox"/>	5. Disabled	<input type="checkbox"/>	6. Other	<input type="checkbox"/>	<p>P44 Do you agree that we should increase our population by allowing/enticing people from overseas to come and live in Niue?</p> <table style="width:100%; border: none;"> <tr><td>1. Yes</td><td><input type="checkbox"/></td></tr> <tr><td>2. No >> Go to P46 for all female aged 15 and over, others finish here</td><td><input type="checkbox"/></td></tr> <tr><td>3. Don't know >> Go to P46 for all female aged 15 and over, others finish here</td><td><input type="checkbox"/></td></tr> </table>	1. Yes	<input type="checkbox"/>	2. No >> Go to P46 for all female aged 15 and over, others finish here	<input type="checkbox"/>	3. Don't know >> Go to P46 for all female aged 15 and over, others finish here	<input type="checkbox"/>																																	
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<p>P36 How many hours did you work last week?</p>	<p>P46 Have you ever given birth to a child?</p> <table style="width:100%; border: none;"> <tr><td>1. Yes</td><td><input type="checkbox"/></td></tr> <tr><td>2. No</td><td><input type="checkbox"/></td></tr> </table>	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>																																															
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<p>P40</p>	<p>P50 What is the date of birth and sex of the last child born alive? (including a child that may have died later)</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">Sex</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>M=1 F=2 <input type="text"/></td> </tr> </table>	Day	Month	Year	Sex	<input type="text"/>	<input type="text"/>	<input type="text"/>	M=1 F=2 <input type="text"/>																																											
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REMEMBER TO CHECK YOUR QUESTIONNAIRE BEFORE LEAVING THE HOUSE





NIUE CENSUS 2011 Housing and Dwelling Schedule



This Census is conducted under the legal authority of the Niue Statistics Act 2009

WARNING: Divulging of any information collected from the census and mutilation or defacement of the schedule is prohibited according to section (12) and (13) of the Niue Statistics Act 2009

Village Number:	<input type="text"/>	H2. Males:	<input type="text"/>	
Household Number:	<input type="text"/>	H3. Females:	<input type="text"/>	
H1. Name of household head:	<input type="text"/>	H4. Total Persons:	<input type="text"/>	H5. Family Units: <input type="text"/>



H6 Record all persons who are temporarily overseas (Include only those absent for 12 months and less)

Name	Sex	Date of Birth	Relationship to head of household	Reasons of absence	Length of absence
1		/ /			
2		/ /			
3		/ /			
4		/ /			
5		/ /			
6		/ /			
7		/ /			
8		/ /			
9		/ /			
10		/ /			

Write the appropriate answer(s) in the box(es) provided

<p>H7 Type of dwelling</p> <p>1. Hurricane <input type="checkbox"/></p> <p>2. Hurricane with extension <input type="checkbox"/></p> <p>3. Modern house <input type="checkbox"/></p> <p>4. Fale puga <input type="checkbox"/></p> <p>5. Others (including tourists accommodation, prison, hospital, etc) <input type="checkbox"/></p> <p>H7a Type of roofing: 1. Steel 2. Asbestos 3. Both <input type="checkbox"/></p> <p>H8 Number of rooms in the living quarter</p> <table style="width: 100%;"> <tr><td>1. Bedroom</td><td><input type="text"/></td></tr> <tr><td>2. Kitchen</td><td><input type="text"/></td></tr> <tr><td>3. Bathroom</td><td><input type="text"/></td></tr> <tr><td>4. Laundry</td><td><input type="text"/></td></tr> <tr><td>5. Garage</td><td><input type="text"/></td></tr> <tr><td>6. Sitting room</td><td><input type="text"/></td></tr> <tr><td>7. Dining</td><td><input type="text"/></td></tr> <tr><td>8. Toilet</td><td><input type="text"/></td></tr> <tr><td>9. Linen</td><td><input type="text"/></td></tr> <tr><td>10. Others</td><td><input type="text"/></td></tr> </table> <p>H9 Do you think that you or anyone in the household will be renovating or building a new house in the next 5 years?</p> <p>1. Renovate 1. Yes 2. No <input type="text"/></p> <p>2. New 1. Yes 2. No <input type="text"/></p> <p>H10 Tenure of living quarters</p> <p>1. Own outright <input type="checkbox"/></p> <p>2. Rent <input type="checkbox"/></p> <p>3. Lease <input type="checkbox"/></p> <p>4. Free with job <input type="checkbox"/></p> <p>5. Bying on mortgage <input type="checkbox"/></p> <p>H11 Is the land this house built on titled?</p> <p>1. Yes <input type="checkbox"/></p> <p>2. No <input type="checkbox"/></p> <p>3. Don't know <input type="checkbox"/></p>	1. Bedroom	<input type="text"/>	2. Kitchen	<input type="text"/>	3. Bathroom	<input type="text"/>	4. Laundry	<input type="text"/>	5. Garage	<input type="text"/>	6. Sitting room	<input type="text"/>	7. Dining	<input type="text"/>	8. Toilet	<input type="text"/>	9. Linen	<input type="text"/>	10. Others	<input type="text"/>	<p>H12 Amenities of dwelling</p> <table style="width: 100%;"> <tr><td>1. Toilet Long Drop</td><td>1. Yes 2. No</td><td><input type="text"/></td></tr> <tr><td>2. Toilet Water Seal</td><td>1. Yes 2. No</td><td><input type="text"/></td></tr> <tr><td>3. Toilet Flush</td><td>1. Yes 2. No</td><td><input type="text"/></td></tr> <tr><td>4. Sewage Natural Hole</td><td>1. Yes 2. No</td><td><input type="text"/></td></tr> <tr><td>5. Sewage Concrete Bottomless</td><td>1. Yes 2. No</td><td><input type="text"/></td></tr> <tr><td>6. Sewage Concrete complete</td><td>1. Yes 2. No</td><td><input type="text"/></td></tr> <tr><td>7. Hand Basin</td><td>1. Yes 2. No</td><td><input type="text"/></td></tr> <tr><td>8. Washing Tub</td><td>1. Yes 2. No</td><td><input type="text"/></td></tr> <tr><td>9. Bathtub</td><td>1. Yes 2. No</td><td><input type="text"/></td></tr> <tr><td>10. Shower</td><td>1. Yes 2. No</td><td><input type="text"/></td></tr> <tr><td>11. Kitchen sink</td><td>1. Yes 2. No</td><td><input type="text"/></td></tr> <tr><td>12. Food safe</td><td>1. Yes 2. No</td><td><input type="text"/></td></tr> <tr><td>13. Food cupboard</td><td>1. Yes 2. No</td><td><input type="text"/></td></tr> <tr><td>14. Electricity Public supply</td><td>1. Yes 2. No</td><td><input type="text"/></td></tr> <tr><td>15. Electricity Own generation</td><td>1. Yes 2. No</td><td><input type="text"/></td></tr> </table> <p>H13 Main means of cooking</p> <p>1. Electricity <input type="checkbox"/></p> <p>2. Gas <input type="checkbox"/></p> <p>3. Wood <input type="checkbox"/></p> <p>4. Charcoal <input type="checkbox"/></p> <p>5. Kerosene <input type="checkbox"/></p> <p>6. Others <input type="checkbox"/></p> <p>H14 Main means of hot water</p> <p>1. Electricity' <input type="checkbox"/></p> <p>2. Gas <input type="checkbox"/></p> <p>3. Wood <input type="checkbox"/></p> <p>4. Solar Heater <input type="checkbox"/></p> <p>5. Others <input type="checkbox"/></p> <p>6. None <input type="checkbox"/></p>	1. Toilet Long Drop	1. Yes 2. No	<input type="text"/>	2. Toilet Water Seal	1. Yes 2. No	<input type="text"/>	3. Toilet Flush	1. Yes 2. No	<input type="text"/>	4. Sewage Natural Hole	1. Yes 2. No	<input type="text"/>	5. Sewage Concrete Bottomless	1. Yes 2. No	<input type="text"/>	6. Sewage Concrete complete	1. Yes 2. No	<input type="text"/>	7. Hand Basin	1. Yes 2. No	<input type="text"/>	8. Washing Tub	1. Yes 2. No	<input type="text"/>	9. Bathtub	1. Yes 2. No	<input type="text"/>	10. Shower	1. Yes 2. No	<input type="text"/>	11. Kitchen sink	1. Yes 2. No	<input type="text"/>	12. Food safe	1. Yes 2. No	<input type="text"/>	13. Food cupboard	1. Yes 2. No	<input type="text"/>	14. Electricity Public supply	1. Yes 2. No	<input type="text"/>	15. Electricity Own generation	1. Yes 2. No	<input type="text"/>
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