

P32 Secondary Activity: In addition to your main activity in **P28**, did you do other jobs paid or unpaid, even for an hour?

☐ Yes ☐ No, GOTO **P36**

[illegible][illegible][illegible]

P36 **Actively Looking for Work:** *Did you look for work or job, in the last 4 weeks?*

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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• If “No” what are the reasons for not looking?

<input type="checkbox"/> Dont want to work	<input type="checkbox"/> Believe no paid work available
<input type="checkbox"/> Disabled or Infirm	<input type="checkbox"/> I have young family
<input type="checkbox"/> Already have a full time job	<input type="checkbox"/> Retired and too old
<input type="checkbox"/> Full time at school	<input type="checkbox"/> Other reasons

• If “Yes” would you have been available to start?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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p37 Unpaid Work: Mark as many boxes as you need to show the work you have done without pay in the last 4 weeks.

	Looking after children
	Looking after elderly
	Housework
	Handicraft making
	Gardening
	Tending the livestock
	Fishing
	Other, Please specify

P38 Sources of Income: *Mark as many boxes as you need to show all the ways you yourself received income in the last 12 months.*

Do not count loans as they are not income

<input type="checkbox"/>	Wages, salaries, commission, bonuses etc paid by employer
<input type="checkbox"/>	Self employment
<input type="checkbox"/>	Interest, dividends, rent, other investment.
<input type="checkbox"/>	Superannuation - GSF
<input type="checkbox"/>	Superannuation - NSF
<input type="checkbox"/>	War or Veteran's Pension
<input type="checkbox"/>	Old Age Pension
<input type="checkbox"/>	Destitute
<input type="checkbox"/>	Child Benefit
<input type="checkbox"/>	Infirm or Invalid
<input type="checkbox"/>	Alimony
<input type="checkbox"/>	Other source, <i>Please specify</i>
<input type="checkbox"/>	No source of income

P39 **Gross Income:** From all the sources of income you marked in **P38**, what will your gross income for the period ending 1st December 2016?

☐ No Income

☐ \$0-\$4,999

☐ \$5,000 - \$9,999

☐ \$10,000-\$14,999

☐ \$15,000-\$19,999

☐ \$20,000-\$24,999

☐ \$25,000-\$29,999

☐ \$30,000-\$34,999

☐ \$35,000-\$39,999

☐ \$40,000-\$49,999

☐ \$50,000-\$59,999

☐ \$60,000-\$69,999

☐ \$70,000-\$79,999

☐ \$80,000-\$89,999

☐ \$90,000-\$99,999

☐ \$100,000 or more

P40 Smoking: Do you smoke cigarettes.

☐ Never smoke

☐ Regularly smoke, that is 1 or more cigarette a day

☐ Sometimes

☐ No longer

P41 Drinking: Do you drink alcohol (*beer, spirit, wine, homebrew, etc*)?

☐ Never drink

☐ Regularly drink, at least once a week

☐ Sometimes

☐ No longer

P42 Cultural Activity: Mark as many boxes as you need to show your active participation in cultural activities in the last 12 months.

<input type="checkbox"/>	Performer (dancing, drumming, singing)
<input type="checkbox"/>	Composer
<input type="checkbox"/>	Choreographer
<input type="checkbox"/>	Practicing traditional medicine
<input type="checkbox"/>	Carving
<input type="checkbox"/>	Spectator
<input type="checkbox"/>	Making costumes
<input type="checkbox"/>	Other activities, <i>Please specify</i>
<div style="border: 1px solid black; height: 60px;"></div>	
<input type="checkbox"/>	Not actively participating

**IF FEMALE CONTINUE
ELSE GO TO END**

P43 Have you ever given birth, even if the child later died?

☐ Yes ☐ No GOTO END

P44 How many babies have you given birth to?

Born Alive		Still Living	
<input type="text"/>	Male(s)	<input type="text"/>	Male(s)
<input type="text"/>	Female(s)	<input type="text"/>	Female(s)
<input type="text"/>	Total	<input type="text"/>	Total


p45 **Date of birth of first child**

Day (eg 27)	Month (eg 12)	Year (eg 1972)
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>

P46 **Date of birth of last child**

Day (eg 11)	Month (eg 04)	Year (eg 1994)
<input type="text"/>	<input type="text"/>	<input type="text"/>

P47 **Declaration:** I declare that the information I have given is true and complete as far as I know.



Signature

Meitaki maata - Thank you



Cook Islands Census of Population and Dwellings

Census Night Thursday, 1 December 2016

PERSONAL FORM

Complete one form for each person present on census night. Parents or an adult will complete the forms for those below the age of 15 years. For help on the Census please feel free to ring our office on 29511 or contact your Census Enumerator or the Census District Supervisor.

Collection Authority

This Census is taken under the authority of the Statistics Act 2016. Filling in Census forms is required by law. Your cooperation is sought in completing this form.

Confidentiality

Under the Statistics Act 2016, the Statistics Office must not release any information you provide in a way which would enable an individual's or household's data to be identified.

Why a Census?

The Census is the only practical way to get information on how many people there are in the Cook Islands, what they do and how they live.

Census information is needed for planning vital services such as education, health, transport and general infrastructure.

How to write your answers:

- use a **black** pen only

- mark the Mark box like this:

- if you make a mistake in mark box, do this: (shade completely)

- mark the text box like this:

- if you make a mistake in the text box, do this: (cross it out like this)

- Print answers in CAPITAL LETTERS like this:

H	O	T	E	L	THE	R	E	C
E	P	T	I	O	N	I	S	T

- Please answer all the questions unless the form asks you not to.

FOR OFFICE USE ONLY

Census District No.(CD)Dwelling No.(DN)Enumeration Area No.(EA)

Person No.(PN)

COMMENCE COMPLETING YOUR CENSUS FORM

[illegible]

p2 Please state your sex

☐ Male ☐ Female

P3 **Date of birth:** When were you born?

Day (eg 30)	Month (eg 10)	Year (eg 1954)
<input type="text"/>	<input type="text"/>	<input type="text"/>

[illegible]

P5

Place of Residence: Where do you usually live?

• Village/Island or Country

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• How long have you lived at this address?

--	--	--

less than

--	--	--

No. of Years

P6 VISITORS ONLY: if you are visiting the Cook Islands

☐ **Mark box and GO TO END**

Visitors are those who are only in the Cook Islands for a period of less than 12 months.

[illegible]

p8

Address one year ago: Where did you usually live one year ago, 1st December 2015?

	Not born 1 year ago GOTO P10
	At the address in P5
	In the Cook Islands at another address? <i>State village and Island</i>
	If not in the Cook Islands, <i>state the country you were living in?</i>

[illegible]

P10 Ethnic Origin: Which ethnic group do you belong to?

	Cook Islands Maori	GOTO P12
	Part Cook Islands Maori	GOTO P12
	New Zealand Maori	
	New Zealand European	
	Other ethnicity, <i>Please specify</i>	

[illegible]

P12 Household Relationship: Mark as many boxes as you would need to show your relationship to all the people living in this household.

<input type="checkbox"/>	I live alone
<input type="checkbox"/>	I am the head of this household
<input type="checkbox"/>	I live with my legal husband or wife
<input type="checkbox"/>	I live with my defacto partner or boy-friend or girlfriend
<input type="checkbox"/>	I live with my son(s) and/or daughter(s)
<input type="checkbox"/>	I live with my mother and/or father
<input type="checkbox"/>	I live with my brother(s) and/or sister(s)
<input type="checkbox"/>	I live with my grandson(s) and/or grand daughter(s)
<input type="checkbox"/>	I live with my grandmother and/or grandfather
<input type="checkbox"/>	I live with my mother and/or father in law
<input type="checkbox"/>	I live with my son(s) and/or daughter(s) partners
<input type="checkbox"/>	I live with my boarder/flatmate
<input type="checkbox"/>	Other relationship, <i>Please specify</i>

[illegible]

P14 Religion: What is your religion?

<input type="checkbox"/>	Cook Islands Christian Church
<input type="checkbox"/>	Roman Catholic Church
<input type="checkbox"/>	Seventh Day Adventist Church
<input type="checkbox"/>	Church of Latter Days Saint
<input type="checkbox"/>	Assemblies of God
<input type="checkbox"/>	Apostolic Church
<input type="checkbox"/>	Other religion, <i>Please specify</i>
<div style="border: 1px solid black; height: 60px;"></div>	
<input type="checkbox"/>	No Religion

P15 **Physically Challenged:** Does a health problem or condition you have (lasting more than 6 months) cause you difficulty with, or stop you from doing certain activities. *Write the appropriate code in the boxes:*

0	No difficulty	1	Some difficulty
2	Lots of difficulty	3	Cannot do at all

<input type="checkbox"/>	Seeing, even when wearing glasses or contact lenses
<input type="checkbox"/>	Hearing, even when using hearing aid
<input type="checkbox"/>	Walking, lifting or bending
<input type="checkbox"/>	Using your hands to hold, grasp or use objects
<input type="checkbox"/>	Learning, concentrating or remembering
<input type="checkbox"/>	Communicating with others
<input type="checkbox"/>	Self care, such as washing and dressing
<input type="checkbox"/>	Too young to detect any difficulties

For Questions P16 to P18: Using a scale of 0-4, rate the language in terms of frequency. Write the appropriate code in the boxes:

0	Never	1	Rarely	2	Sometimes
3	Often	4	Always		

P16 Conversation language(s) used in everyday conversation with family and friends at home?

☐ Cook Island Maori

☐ English

☐ other language(s) please state:
eg. Filipino, Fijian, Samoan, etc

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☐ Too young or difficulty in talking

[illegible]

P18 **Reading and Writing language(s) you could read and write a simple sentence?**

☐ Cook Island Maori

☐ English

☐ other language(s) please state:
eg. Filipino, Fijian, Samoan, etc

☐ Too young or difficulty in reading or writing

P19 Information Technology: Do you “use” any of the following communication technology?

<input type="checkbox"/>	Cellular phone	<input type="checkbox"/>	Internet
<input type="checkbox"/>	Landline	<input type="checkbox"/>	No, GOTO P20

• *location of internet use*

<input type="checkbox"/>	At home	<input type="checkbox"/>	Workplace
<input type="checkbox"/>	family or friends	<input type="checkbox"/>	School
<input type="checkbox"/>	Internet Cafe or Wifi spot		

• *How often do you use the internet?*

<input type="checkbox"/>	at least once a day
<input type="checkbox"/>	at least once a week but not every day
<input type="checkbox"/>	less than once a week

• *For which of the following activities did you use the internet for private purposes? Mark as many boxes as applicable.*

<input type="checkbox"/>	Getting information about goods and services
<input type="checkbox"/>	Purchasing or ordering goods and services
<input type="checkbox"/>	Sending or receiving emails
<input type="checkbox"/>	Social media - facebook, etc.
<input type="checkbox"/>	Internet banking
<input type="checkbox"/>	Education or online learning
<input type="checkbox"/>	Entertainment, playing games
<input type="checkbox"/>	Downloading, music,movies or software

[illegible]

P21 **Education Level: Mark ONE box to show your highest level of schooling completed?**

<input type="checkbox"/>	No schooling completed	
<input type="checkbox"/>	Preschool, kindergarten/ECE	
<input type="checkbox"/>	Primary School <i>Specify Grade</i>	<input type="text"/>
<input type="checkbox"/>	Secondary School <i>Specify Form or Year</i>	<input type="text"/>

If you are less than 15 years old GOTO END, else continue

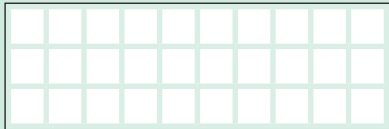
P22 Education Attainment: Mark ONE box to show your highest secondary school qualification completed? *If currently enrolled, mark the previous grade or level completed.*

<input type="checkbox"/>	None
<input type="checkbox"/>	Cook Islands School Certificate
<input type="checkbox"/>	NZSC in one or more subjects NCEA level 1
<input type="checkbox"/>	NZ Sixth Form/UE in one or more subjects / NCEA level 2
<input type="checkbox"/>	NZ University Bursary/NCEA level 3
<input type="checkbox"/>	Other secondary school qualification gained. <i>Print the qualification:</i>

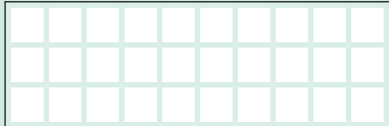
[illegible]

P24 **Highest Qualification:** Print your highest qualification, and the subject, for example:

- **Qualification and level if applicable**
eg. Trade Certificate Level II;



- **Subject:** Panel Beating, Bricklaying



P25 Are you currently undertaking studies or training?

☐ Full time (20hrs or more a week)

☐ Part time (Less than 20hrs a week)

☐ Neither of these, **GOTO P28**

[illegible][illegible]

Activity Status: Mark ONE box which best describe your main activity last week.
If 01-07, GOTO P29. If 08-12 GOTO P32

01	<input type="checkbox"/>	Employer, own business/plantation with paid employees
02	<input type="checkbox"/>	Self-employed, own business/plantation without paid employees
03	<input type="checkbox"/>	A paid employee (full time)
04	<input type="checkbox"/>	A paid employee (part time)
05	<input type="checkbox"/>	Working in a family business/plantation without pay
06	<input type="checkbox"/>	Producing goods for own/family use and consumption (subsistence)
07	<input type="checkbox"/>	Volunteer work (community, church)
08	<input type="checkbox"/>	Full time student
09	<input type="checkbox"/>	Home Duties (basic household duties)
10	<input type="checkbox"/>	Retired or too old to work
11	<input type="checkbox"/>	None, did not do anything
12	<input type="checkbox"/>	Physically or mentally disabled

[illegible][illegible][illegible]