

# Confidential

## Appendix II

Data Processing	
Checked	
Entered	
Edited	

## 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)	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
	Male	Female	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)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td></tr><tr><td>2</td></tr></table>	1	2	House	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>3</td></tr><tr><td>4</td></tr></table>	3	4	Kitset House / pre cut
1								
2								
3								
4								
		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)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td></tr></table>	1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td></tr></table>	2	Flush toilet
1					
2					
(17)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td></tr></table>	1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td></tr></table>	2	Water seal toilet
1					
2					
(18)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td></tr></table>	1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td></tr></table>	2	Bathtub
1					
2					
(19)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td></tr></table>	1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td></tr></table>	2	Handbasin
1					
2					
(20)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td></tr></table>	1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td></tr></table>	2	Washing tub
1					
2					
(21)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td></tr></table>	1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td></tr></table>	2	Shower
1					
2					
(22)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td></tr></table>	1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td></tr></table>	2	Kitchen sink
1					
2					

	Yes	No			
(23)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td></tr></table>	1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td></tr></table>	2	Electricity public supply
1					
2					
(24)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td></tr></table>	1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td></tr></table>	2	Electricity own generator
1					
2					
(25)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td></tr></table>	1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td></tr></table>	2	Sewage – long drop
1					
2					
(26)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td></tr></table>	1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td></tr></table>	2	Sewage – non concrete water seal
1					
2					
(27)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td></tr></table>	1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td></tr></table>	2	Sewage – concrete septic tank
1					
2					

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

(28)	<input type="text"/>	Piped public water supply to taps in house	(31)	<input type="text"/>	Water tank fed by rain water
(29)	<input type="text"/>	Piped public water to taps outside house	(32)	<input type="text"/>	Water well
(30)	<input type="text"/>	Piped public water to water tank	(33)	<input type="text"/>	Other (please specify) _____

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

(34)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td></tr><tr><td>2</td></tr><tr><td>3</td></tr><tr><td>4</td></tr><tr><td>5</td></tr><tr><td>6</td></tr></table>	1	2	3	4	5	6	Electric Stove	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>7</td></tr><tr><td>8</td></tr><tr><td>9</td></tr><tr><td>10</td></tr><tr><td>11</td></tr></table>	7	8	9	10	11	Open Fire
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
		Gas Stove		Umu											
		Wood Stove		Drum Oven											
		Kerosene Cooker		Bench Top Oven											
		Charcoal Stove		Gas Element											
		Electric Element		Other (please specify) _____											

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

(35)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td></tr><tr><td>2</td></tr><tr><td>3</td></tr><tr><td>4</td></tr><tr><td>5</td></tr></table>	1	2	3	4	5	Electricity	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>6</td></tr><tr><td>7</td></tr></table>	6	7	Other fuel (please specify) _____
1											
2											
3											
4											
5											
6											
7											
		Gas		None _____							
		Solar energy with booster									
		Solar energy without booster									
		Wood Stove									

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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	<input type="text"/>
	No	<input type="text"/>

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	<input type="text"/>
	No	<input type="text"/>

If you answered YES, where are you intending to build? \_\_\_\_\_

In what year are you intending to build? \_\_\_\_\_

## 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 <small>Please specify</small>		

### 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	

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	
No	

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

(Mark the appropriate box with an X)

(103)

Yes	
No	

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

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**Confidential****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)
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EA Number	HS Number	Person No

(100)

1. RELATIONSHIP TO HEAD OF HOUSEHOLD .....

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2. GENDER .....

	Male		Female
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3. DATE OF BIRTH .....

Day		Month		Year	

4. PLACE OF BIRTH .....

(If on Niue, give mother's home village at time of birth, if overseas give country)

(104)
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5. CITIZENSHIP .....

(105)
-------

6. DESCENT/ETHNICITY .....

(106)
-------

7. HOME VILLAGE (Niuean Descendents only) .....

(107)
-------

8. RELIGION .....

(108)
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**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.**

9. HIGHEST LEVEL OF EDUCATION ATTAINED .....

(109)
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10. HIGHEST QUALIFICATION FORMALLY ATTAINED .....

(110)
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**FOR ALL PERSONS 15 YEARS AND OVER ONLY**

11. MARITAL STATUS (Tick appropriate box) .....

Never Married	
Married	
Widow	
Divorced	
Separated	
De Facto	

12. 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 NUIE, WHAT IS YOUR REASON FOR LEAVING NUIE?

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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?

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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?


Yes  
No

Total hours

\_\_\_\_\_

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


Yes  
No

Total hours

\_\_\_\_\_

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?


Yes  
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

Casual Smoker (note down how many cigarettes per occasion)

Heavy Smoker (note down how many cigarettes per day)

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

Social Drinker (note down how can/glass per occasion)

Heavy Drinker (note down how many can/glass per day)

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