

ANNEX I

CONFIDENTIAL

CENSUS OF POPULATION IN NIUE, 1986

POPULATION SCHEDULE

ENUMERATION AREA N*	
HOUSEHOLD SCHEDULE N*	

MALE	FEMALE	TOTAL

	01	02	03	04	05	06	07
1. PERSON NUMBER:							
2. FULL NAME. (Print)							
3. RELATIONSHIP TO HEAD OF HOUSEHOLD:							
4. SEX: M for Male - F for Female							
5. DATE OF BIRTH: Day/Month/Year							
6. PLACE OF BIRTH: <i>If Niue give village, if overseas give country.</i>							
7. HAVE YOU LIVED IN ANOTHER COUNTRY CONTINUOUSLY FOR THREE MONTHS OR MORE: (If 'Yes' refer codes in Table 7 at bottom.)							
8. DESCENT:							
9. HOME VILLAGE. (Niuean descendants only)							
10. RELIGION:							
11. HIGHEST LEVEL OF EDUCATION ATTAINED:							
12. QUALIFICATION OBTAINED SINCE LEAVING SCHOOL:							

SPECIMEN ONLY

FOR ALL PERSONS 15 YEARS AND OVER

(i.e. born before 29 September 1971)

13. MARITAL STATUS:							
14. MAIN ACTIVITY LAST WEEK: (Refer codes at bottom)							
15. HOURS WORKED LAST WEEK. (Code 1, 2, 3, 4, in Question 14 only)							
16. KIND OF INDUSTRY, BUSINESS OR SERVICE:							
17. PRINCIPAL OCCUPATION:							
18. TRANSPORT TO WORK:							
19. IF UNEMPLOYED OR DOING DOMESTIC DUTIES: (Codes 5 & 6 in Question 14) i) Did you actively seek work last week. Yes/No - If Yes go to 19 (ii) ii) Are you Available for work if it were offered. Yes/No iii) Type of Work for which he/she is available 1. Full-time 3. Temporary/Casual 5. Any (more than one type) 2. Part-time 4. Self-employed							

FOR ALL FEMALES 15 YEARS AND OVER

(i.e. born before 29 September 1971)

20. NUMBER OF CHILDREN BORN ALIVE:							
21. DATE OF LAST LIVE BIRTH: Day/Month/Year							
22. NUMBER OF CHILDREN BORN ALIVE THAT NOW NOT LIVING.							
23. NUMBER OF CHILDREN BORN ALIVE THAT ARE STILL LIVING.							

14. MAIN ACTIVITY LAST WEEK (CODES)

1 — Working full time for wages or salary	5 — Unemployed.
2 — Working for wages part-time or on a casual basis.	6 — Domestic duties and not working for wages.
3 — Working mainly to produce for own use/household consumption.	7 — Attending full time education
4 — Working mainly to produce for sale.	8 — Other (pensioner, disabled etc) - Specify

TABLE 7

	COUNTRY	Year	Length of Stay in months	Occupation
Have you lived in another country continuously for three months or more	NZ • New Zealand	81,82	3, 4, 5, 6, 7 etc	Refer instructions on Q17
	PAC • Other Pacific Countries	83,84		
	O • Other Countries	etc		

CENSUS OF POPULATION IN NIUE, 1986
HOUSEHOLD/DWELLING SCHEDULE

Name of Head of Household		
Males	Females	Total

Enumeration Area N°	
Household Schedule N°	
N° of family Units in Household	

PRIVATE HOUSEHOLD QUESTIONS

SPECIMEN ONLY

1. NUMBER OF FISHING VESSELS

	Owned	Part Owned
Canoe		
Dinghy		
Outboard Motor		

2. TENURE OF LIVING QUARTERS (Mark ✓ one only)

1. Rent or Lease
 2. On loan without payment
 3. Free with job
 4. Pay nominal rent
 5. Own
 6. Buying on mortgage or tenure payment

3. WEEKLY RENT \$ _____

4. IF RENTING Furnished Not furnished Partly furnished

5. OWNERSHIP OR PART OWNERSHIP OF HOUSEHOLD ITEM (Mark ✓ all that apply.)

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Sewing Machine	<input type="checkbox"/>	<input type="checkbox"/>	Electric Toaster
<input type="checkbox"/>	<input type="checkbox"/>	Radio	<input type="checkbox"/>	<input type="checkbox"/>	Electric Washing Machine
<input type="checkbox"/>	<input type="checkbox"/>	Cooler	<input type="checkbox"/>	<input type="checkbox"/>	Electric Water Pump
<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Electric Frying Pan
<input type="checkbox"/>	<input type="checkbox"/>	Deep Freeze	<input type="checkbox"/>	<input type="checkbox"/>	Video/Television Set

DWELLING QUESTIONS

6. TYPE OF DWELLING (Mark ✓ one only)

1. House
 2. Flat (self-contained)
 3. Assembly Unit
 4. Other - Specify _____

7. NUMBER OF ROOMS _____ (Write NA for non-private quarters)
 Exclude pantry, laundry, bathroom, toilet, sleeping porch not wholly enclosed.

8. AMENITIES OF DWELLING (Mark ✓ all that apply.)

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Flush toilet	<input type="checkbox"/>	<input type="checkbox"/>	Electricity - public supply
<input type="checkbox"/>	<input type="checkbox"/>	Water Seal Toilet	<input type="checkbox"/>	<input type="checkbox"/>	Electricity - own generator
<input type="checkbox"/>	<input type="checkbox"/>	Bathtub or shower			

9. SOURCE OF WATER SUPPLY

1. Piped public water supply to taps in house
 2. Piped public water supply to taps outside house
 3. Rainwater tank
 4. Other - Specify _____

10. MAIN MEANS OF COOKING (Mark ✓ one only)

1. Electric Stove/Element
 2. Gas Stove
 3. Wood Stove
 4. Kerosene/methylated spirit
 5. Charcoal
 6. Open fire
 7. Umu
 8. Other - Specify _____

11. MAIN SOURCE OF HOT WATER SYSTEM (Mark ✓ one only)

1. Electricity
 2. Gas
 3. Solar energy
 4. Woodstove
 5. Other fuel
 6. None