

COOK ISLANDS CENSUS OF POPULATION AND DWELLINGS 2011

CENSUS NIGHT THURSDAY, 1 DECEMBER 2011

DWELLING FORM

Complete one form for each Dwelling. One person must fill in this form and ensure a Personal Form is filled in for everyone present on census night. It is best if this is done by an adult or by a person to whom this household regard as the head of their household.

Collection Authority

This Census is taken under the authority of the Statistics Act 1966. Your cooperation is sought in completing this form.

Confidentiality

Under the Statistics Act 1966, 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.

For help on the Census feel free to ring our Office on 29511 or contact your Enumerator or the District Supervisor

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:

1	5
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- if you make a mistake in text box, do this: (cross it out like this)

1	5
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- Print answers in CAPITAL LETTERS like this:

A	V	A	A	V	A	R	O	A
	M	A	U	K	E			
- Please answer all the questions unless the form asks you not to.

FOR OFFICE USE ONLY

CD

EA

DN

TOTAL PERSON(S) Enter number of persons in this Dwelling

PHONE NO.

D29 Farm Equipment: Continued ...

	Owned	Hired	Borrowed
Chainsaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knapsack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other; specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D30 Transport: How many of the following vehicles does the household members own? (exclude children's tricycles)

Motor Cycle

Motor Car

Van

Truck

Utility

Bicycle

D31 Answer only for vehicles powered by fuel else GO TO D32. How much do you spend on fuel in a week?

Petrol: \$

Diesel: \$

D32 Cooking Utensils and appliances: How many of the following items does your household have?

<input type="checkbox"/> Electric stove	<input type="checkbox"/> Gas Stove
<input type="checkbox"/> Gas Stove	<input type="checkbox"/> Toaster
<input type="checkbox"/> Microwave	<input type="checkbox"/> Egg beater
<input type="checkbox"/> Kerosene burner	<input type="checkbox"/> BBQ
<input type="checkbox"/> Pressure cooker	<input type="checkbox"/> Rice cooker
<input type="checkbox"/> Electric Jug/Kettle	<input type="checkbox"/> Food processor
<input type="checkbox"/> Electric Frying pan	<input type="checkbox"/>
<input type="checkbox"/> Other, specify	

D33 Household Appliances: How many of the following items does your household have?

Iron

Shaver

Hair cutter

Hair dryer

D33 Household Appliances: Continued ...

Hair straightener

Sewing machine

Vacuum

Other, specify

D34 Household whitewares: How many of the following items does your household have?

<input type="checkbox"/> Freezer	<input type="checkbox"/> Urn/Zip
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Air conditioner
<input type="checkbox"/> Fridge/freezer	
<input type="checkbox"/> Dishwasher	
<input type="checkbox"/> Washing machine	
<input type="checkbox"/> Clothes dryer	
<input type="checkbox"/> Other, specify	

D35 Power tools: How many of the following items does your household have?

<input type="checkbox"/> Electric drill
<input type="checkbox"/> Air compressor
<input type="checkbox"/> Circular saw
<input type="checkbox"/> Sander
<input type="checkbox"/> Battery charger
<input type="checkbox"/> Other tools, specify

D36 Entertainment devices: How many of the following items does the household members own?

<input type="checkbox"/> Stereo/radio
<input type="checkbox"/> Television Screen
<input type="checkbox"/> DVD player
<input type="checkbox"/> MP3 Player
<input type="checkbox"/> Video Game (X-Box etc)
<input type="checkbox"/> Computer/laptop
<input type="checkbox"/> Piano/keyboard/organ
<input type="checkbox"/> Camera
<input type="checkbox"/> Other devices, specify

D37 Energy Rating Labels: Are the members of your household aware of Energy rating labels on appliances?

Yes No

D38 Energy/Power Ratings: From the white-ware and devices stated in D34 and D36, mark **one** box only & write power rating by appliances listed.

Item	Energy Star Rating	Power Rating
Freezer	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts
Refrigerator	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts
Fridge/freezer	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts
Dishwasher	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts
Wash machine	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts
Clothes dryer	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts
Air conditioner	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts
TV Screen		<input type="text"/> watts
Computer		<input type="text"/> watts
Stereo/radio		<input type="text"/> watts

D39 Lighting: How many of the following Energy Saver Bulbs is installed in your dwelling? Enter a number in the box.

<input type="text"/>	Incandescent bulbs
<input type="text"/>	CFL bulbs
<input type="text"/>	Tube lights
<input type="text"/>	LED lights

D40 Safety Equipment: How many of the following items does your household have?

<input type="checkbox"/>	Fire Extinguisher
<input type="checkbox"/>	Fire safety alarm
<input type="checkbox"/>	First Aid Kit
<input type="checkbox"/>	Lantern
<input type="checkbox"/>	Torch
<input type="checkbox"/>	Other equipment, specify

D41 Declaration: I declare that the information I have given is true and complete as far as I know.

Signature

Meitaki maata - Thank you

D1 What type of Dwelling is this?

- Private Dwelling
 Non Private Dwelling
 is it a:
 Hotel or Motel
 Institution (hospital, etc)

D2 Tenure: What is the tenure of this household? Remember to mark only one box.

- Owned Outright
 On loan repayment/mortgage
 Occupying without charge
 Provide free with job
 Rented

If rented, how much rent is paid to the nearest dollar per week?

\$

What condition was the house rented to you?

- Unfurnished
 Partly furnished
 Fully furnished

D3 Age: What year was this dwelling constructed?

Year

D4 Rooms: How many rooms are there in this dwelling?

Total rooms:

Count:
bedrooms, kitchen, dining room, lounge, living room, study room, family room, etc

Do not count:
bathroom, shower, toilets garage, open verandah, store rooms, etc.

D5 Floor Materials: What is the primary flooring material of this dwelling? Remember to mark only one box.

- Concrete
 Wood/Timber
 Gravel (kirikiri)
 Other, specify

D6 Outerwall Materials: What is the primary material for the outerwall of this dwelling? Remember to mark only one box.

- Concrete /Slab
 Hardboard/Pinex
 Wood/Timber
 Other, specify

D7 Roofing Materials: What is the primary roofing material for this dwelling? Remember to mark only one box.

- Corrugated iron
 Kikau
 Pandanus (rau)
 Other, specify

D8 Spouting or guttering: Does this dwelling have spouting or gutter fitted to it? Remember to mark only one box.

- Not spouted
 Partially spouted
 Fully spouted

D9 Water Supply: What is this household's source of water? Mark as many boxes as you need to answer this question.

- Public water main
 Public water catchment
 Own water tank
 Dug out well
 Other sources, please specify

D10 If "public water main", is water piped to:

- Outside dwelling only
 Inside dwelling only
 Both to inside and outside

D11 If "own water tank", Is water piped to:

- Outside dwelling
 Inside dwelling only
 Both to inside and outside

Is water collected from:

- Public water main
 Roof
 Both

D12 Drinking Water: What is the main source of drinking water? Remember to mark only one box

- Piped water
 Filtered tap water
 Rainwater tank
 Bottled or bought water
 Protected well
 Unprotected well

D13 Energy: What sources of electricity does your household utilise?

- Grid (Te Aponga, Council)
 Generator
 Solar panels
 Wind Turbine
 Other
 No Electricity

D14 Answer only if you use a Generator else GO TO D15. How much do you spend on fuel in a week?

Petrol: \$

Diesel: \$

D15 Toilet Facilities: What toilet facilities are available to this household?

- Flush toilet
 Pour flush toilet
 Pit latrine with/without slab
 Lagoon toilet

D16 Household Facilities: What facilities are available to this household?

- Electric water heater
 Gas water heater
 Solar water heater
 Water Filter
 Kitchen sink
 Bath or Shower
 Water pump

D17 Cooking: Of the types of energy used for cooking, indicate how often you use any of them in the last month (in days)?

- Electricity
 Gas
 Kerosene
 Firewood

D18 Traditional Cooking: Does your household practice or carry out "Umu" or "open fire" cooking? If so, how often? Remember to mark only one box

- Daily
 Once a week
 Once a month
 Once a year
 Occasional
 Not at all

D19 Historical objects: Does any member of your household have in their possession any of the following objects or documents dated 60 years or more?

- Stone carving
 Wooden carving
 Weaving
 Tivaevae
 Painting
 Manuscripts/articles
 Other please specify

D20 Communication Technology: What type of communication equipment does this household have access to?

- Phone/fax at home
 Phone/fax at family/friends
 Phone/fax at workplace
 Phone/fax at school
 Cell phone (private)
 Cell phone at family/friends
 Cell phone at workplace
 Cell phone at school
 Internet at home
 Internet at Family/Friends
 Internet at workplace
 Internet at school
 Internet cafe
 No access

D21 Rubbish Collection: Is this household's rubbish collected by the collection truck?

- All rubbish collected
 Only some rubbish collected
 None at all

D22 Rubbish Collection cont'd: For household rubbish not collected, how does the household dispose of its rubbish?

- Burn
 Bury
 Recycle/re-use
 Dispose in backyard
 Compost
 Other, specify

D23 Agriculture: What type of agriculture activity is this household engaged in? Include raising livestock, floriculture, etc.

- Subsistence only
 Commercial only
 Subsistence & Commercial
 No agriculture

• apart from raising animals, what crops does your household grow?

- Vegetables, spices, herbs
 Fruit and Tree crops
 Flowers
 Other, specify

D24 Commercial Farming: If your household is engaged in commercial farming, did your sales of crops in the last 12 months exceed NZ\$1,000?

Yes No

D25 Average Weekly Consumption of Coconuts: Does your household consume/use coconuts?

Yes - fill details below No

Coconut Use

For human consumption

Animals

Other use

D26 Fishing: What fishing activity is this household mainly engaged in? exclude Pearl Farming

- Subsistence only
 Commercial only
 Subsistence & Commercial
 No Fishing GO TO D27

• where does this household carry out its fishing activity?

- Only in reef/lagoon
 Only outside reef
 Both in & outside reef

D27 Pearl Farming: Is this household engaged in pearl farming, even if only one member of household?

Yes No

For the next questions, count only those items, equipments, devices, etc. owned by this household. Do not count anything borrowed, broken or rented.

For D29 only- count the equipment owned/Used.

Enter a number in the box.

D28 Fishing Equipment: How many of the following equipment does the household members own?

- Speargun
 Fish rod imported
 Fishing net
 Scuba (full set)
 Canoe
 Boat
 Outboard motor

D29 Farm Equipment: How many of the following equipment does the household members own or use?

	Owned	Hired	Borrowed
Tractor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rotary hoe	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mist Blower	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grass cutter	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor mower	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disc harrow	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plough	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rotovator	<input type="text"/>	<input type="text"/>	<input type="text"/>
Slasher	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tyne	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ripper	<input type="text"/>	<input type="text"/>	<input type="text"/>