

# Confidential

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## 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		
<b>TOTAL</b>	Male	Female	Day	Month	Year

**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

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4. If renting, what is the weekly rent? (13)

5. TYPE OF DWELLING (Mark one box with an "X")

(14) 

1
2

 House  
Flat – self contained

3
4

 Kitset House / pre cut  
Other (Please specify) \_\_\_\_\_

6. NUMBER OF ROOMS (15)

7. AMENITIES OF DWELLING (Mark with an "X" in appropriate box)

	Yes	No	
(16)	1	2	Flush toilet
(17)	1	2	Water seal toilet
(18)	1	2	Bathtub
(19)	1	2	Handbasin
(20)	1	2	Washing tub
(21)	1	2	Shower
(22)	1	2	Kitchen sink

	Yes	No	
(23)	1	2	Electricity public supply
(24)	1	2	Electricity own generator
(25)	1	2	Sewage – long drop
(26)	1	2	Sewage – non concrete water seal
(27)	1	2	Sewage – concrete septic tank

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

(28)  Piped public water supply to taps in house  
 (29)  Piped public water to taps outside house  
 (30)  Piped public water to water tank

(31)  Water tank fed by rain water  
 (32)  Water well  
 (33)  Other (please specify) \_\_\_\_\_

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

(34)	1	Electric Stove
	2	Gas Stove
	3	Wood Stove
	4	Kerosene Cooker
	5	Charcoal Stove
	6	Electric Element

7	Open Fire
8	Umu
9	Drum Oven
10	Bench Top Oven
11	Gas Element
	Other (please specify) _____

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

(35) 

1
2
3
4
5

 Electricity  
Gas  
Solar energy with booster  
Solar energy without booster  
Wood Stove

6
7

 Other fuel (please specify) \_\_\_\_\_  
None \_\_\_\_\_

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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

No

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

No

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

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

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## 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.**