Appendix II



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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.

					Area	Number	Household	Number
Head of Household Sur	name given names (please pl	rint)						
	Males	Females	l otal	Number of Lor			I	
	iviales	i cinaies	Total	Number of Far	Tilly Offits			
	(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 Bi	rth	
	Mala				
	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

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

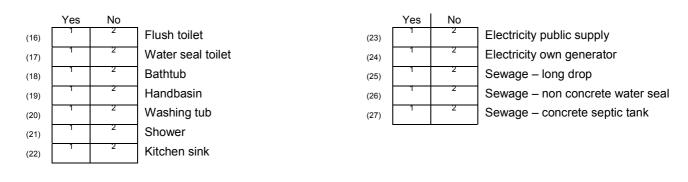
 5. TYPE OF DWELLING (Mark one box with an "X")

 (14)
 Image: The self contained

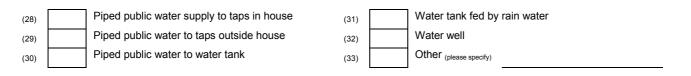
 Image: The self contained
 Image: The self contained

 6. NUMBER OF ROOMS (15)

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



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



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



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

(35)	1	Electricity	6	Other fuel (please specify)	
	2	Gas	7	None	
	3	Solar energy with booster			
	4	Solar energy without booster			
	5	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)	Hand sewing machine	(54)	Automatic telephone	(72)	Electric stove
(37)	Treadle sewing machine	(55)	Cellular unit telephone	(73)	Solar water heater
(38)	Electric sewing machine	(56)	Mobile telephone	(74)	Electric water pump
(39)	Radio/Tape recorder	(57)	Cordless phone	(75)	Motor Mower
(40)	CD Player	(58)	Computer	(76)	Grass cutter
(41)	Cooler	(59)	Printer	(77)	Chainsaw
(42)	Refrigerator	(60)	Fax Machine	(78)	Knapsack sprayer
(43)	Deep freezer	(61)	Deep Fryer	(79)	Firearm
(44)	Electric toaster	(62)	Bread Maker	(80)	Bicycle
(45)	Wringer washing machine	(63)	Sandwich maker	(81)	Laptop
(46)	Automatic washing machine	(64)	Crockpot (electric pot)	(82)	Gas Element
(47)	Hoovermatic washing machine	(65)	Electric Cooktop	(83)	Electric Element
(48)	Electric iron	(66)	Food safe	(84)	Gas Bbq
(49)	Electric jug	(67)	Microwave	(85)	Air Condition
(50)	Video recorder	(68)	Electric Frying pan	(86)	Portable Fan
(51)	Television set	(69)	Wood range stove	(87)	Ceiling Fan
(52)	Video Camera	(70)	Charcoal stove	(88)	Disc Video Player
(53)	Camera	(71)	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)				Motorcycle
(90)				Car
(91)				Truck
(92)				Van
(93)				Pickup
(94)				Double Cab

Home Improvement

No

13. DO YOU PLAN TO UNDERTAKE MAJOR RENOVATIONS IN THE NEXT <u>FIVE YEARS</u>? e.g. Extension, re-roofing

(Write X on the appropriate box) (95) Yes

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 appropria	ate 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

(98)

15. HOW MANY ANIMALS DO YOU OWN? Please write a number in the appropriate box.

Animal	Male	Female
Pigs < 1 year old		
Pigs 1 year or older		
Dogs		
Cats		
Cattle		
Chickens (owned by you)		
Other Please specify		

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)

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)

No

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

(Mark the appropriate box with an X)



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

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