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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)

EA Number		HS Number		Person No	

(100)

1. RELATIONSHIP TO HEAD OF HOUSEHOLD
2. GENDER Male Female
3. DATE OF BIRTH

Day	Month	Year	
4. PLACE OF BIRTH (104)
(If on Niue, give mother's home village at time of birth, if overseas give country)
5. CITIZENSHIP (105)
6. DESCENT/ETHNICITY (106)
7. HOME VILLAGE (Niuean Descendents only) (107)
8. RELIGION (108)

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)
10. HIGHEST QUALIFICATION FORMALLY ATTAINED (110)

FOR ALL PERSONS 15 YEARS AND OVER ONLY

11. MARITAL STATUS (Tick appropriate box)

Never Married	<input type="checkbox"/>
Married	<input type="checkbox"/>
Widow	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Separated	<input type="checkbox"/>
De Facto	<input type="checkbox"/>

12. WHERE WERE YOU IN AUGUST 1997 This village 1
- (Mark one box with an X) Other village, specify village 2 (113)
- Overseas, specify country 3 (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 NIUE, WHAT IS YOUR REASON FOR LEAVING NIUE?

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?

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	Total hours	_____
	No		

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

	Yes	Total hours	_____
	No		

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?

	Yes
	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	
5000 - 9999	
10,000 – 14999	
15000 – 19999	
20,000 – 24,999	
25,000 – 29,999	
30,000 – 34,999	
35,000 – 39,999	
40,000 – 44,999	
45,000 +	

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	<input style="width: 50%; height: 20px;" type="checkbox"/>
Casual Smoker (note down how many cigarettes per occasion)	<input style="width: 50%; height: 20px;" type="checkbox"/>
Heavy Smoker (note down how many cigarettes per day)	<input style="width: 50%; height: 20px;" 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	<input style="width: 50%; height: 20px;" type="checkbox"/>
Social Drinker (note down how can/glass per occasion)	<input style="width: 50%; height: 20px;" type="checkbox"/>
Heavy Drinker (note down how many can/glass per day)	<input style="width: 50%; height: 20px;" 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.

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(Mark one box with an X)

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