

D16 Waste: *How does this household dispose of its waste?*

1 Burn 4 Disposed in backyard
 2 Bury 5 Commercial waste collection
 3 Recycle other, specify _____

D17 Agriculture: *What agriculture activity is this household mainly engaged in?*

1 Subsistence
 2 Commercial
 3 No agricultural activity

D18 Fishing: *What fishing activity is this household mainly engaged in?*

(a) Engaged in: (b) location:

1 Subsistence 1 Only in reef
 2 Commercial 2 Only outside reef
 3 No fishing activity 3 Both in and outside reef

(c) Is the household engaged in pearl farming?
 1 Yes 2 No

D19 Livestock & Pets: *Count only those raised by your household*

1 _____ Pig 4 _____ Duck 7 _____ Cat
 2 _____ Goat 5 _____ Horse 8 _____ Dog
 3 _____ Cattle 6 _____ Chicken

COUNT only those owned by members of this household.
Do not count anything broken, borrowed or rented.

D20 Farm Machinery:

1 _____ Tractor 6 _____ Disc
 2 _____ Rotary hoe 7 _____ Plough
 3 _____ Mist blower 8 _____ Tyne
 4 _____ Grass cutter 9 _____ Slasher
 5 _____ Motor mower 10 _____ Knapsack

D21 Fishing Equipment:

1 _____ Speargun 6 _____ Fishing net
 2 _____ Canoe 7 _____ Scuba (full set)
 3 _____ Boat 8 _____ Hooka (full set)
 4 _____ Fishing rod imported 9 _____ Outboard motor
 5 _____ Fishing rod local

D22 Power Tools:

1 _____ Drill 4 _____ Sander
 2 _____ Skill saw 5 _____ Battery charger
 3 _____ Compressor

D23 Cooking Appliances:

1 _____ Electric Stove 8 _____ Jug/kettle
 2 _____ Gas Stove 9 _____ Frying pan
 3 _____ Kerosene burner 10 _____ Food processor
 4 _____ Microwave oven 11 _____ Toaster
 5 _____ Coffee percolator 12 _____ Eggbeater
 6 _____ Rice cooker 13 _____ Barbecue
 7 _____ Pressure cooker

D24 Household Electrical Appliances:

1 _____ Freezer 1 _____ Hair dryer
 2 _____ Refrigerator 2 _____ Washing machine
 3 _____ Fridge/Freezer 3 _____ Clothes dryer
 4 _____ Zip 4 _____ Sewing machine
 5 _____ Dishwasher 5 _____ Vacuum Cleaner
 6 _____ Iron 6 _____ Fan
 7 _____ Shaver 7 _____ Air Conditioner
 8 _____ Hair cutter

D25 Entertainment Appliances:

1 _____ Radio/cassette 7 _____ Guitar
 2 _____ Television Screen 8 _____ Piano
 3 _____ Video Recorder 9 _____ Organ
 4 _____ Video Camera 10 _____ TV Dish
 5 _____ Play station 11 _____ DVD player
 6 _____ Computer

D26 Transport: *Does the household own any of the following vehicles*

1 _____ Motor cycle 4 _____ Truck
 2 _____ Motor Car 5 _____ Utility vehicle
 3 _____ Van 6 _____ Bicycle

D27 Safety Equipment: *Does this household have the following safety equipments?*

1 Fire extinguisher 4 Lantern
 2 Fire safety alarm 5 Emergency lighting
 3 First aid kit e.g torch, candles, etc

D28 Declaration: *I declare that the information given are true and complete.*

X _____
 Signature

**COOK ISLANDS
CENSUS OF POPULATION AND DWELLINGS**

Person No:

Personal Questionnaire

A questionnaire is to be completed for each Person found in the Cook Islands on Census Night.
Visitors need only answer Questions P1 to P9.

<p>P1 Name: _____ Firstname Surname</p>	<p>(jii) If one year ago, you were at the same address as in P8(i) tick (■) <input type="radio"/> circle if not, where were you on December 1, 2005.</p> <p>Village/ _____ Island/ _____ City _____ Country _____</p>
<p>P2 Sex: <i>Mark appropriate box</i></p> <p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p>	<p>If person is less than 5 years old GO TO END else Continue</p>
<p>P3 Relationship to Head of Household: <i>Mark appropriate box</i></p> <p>1 <input type="checkbox"/> Head 5 <input type="checkbox"/> Grandchild 2 <input type="checkbox"/> Spouse/partner 6 <input type="checkbox"/> Nephew/niece 3 <input type="checkbox"/> Son/daughter 7 <input type="checkbox"/> Guest 4 <input type="checkbox"/> Step/adopted child 8 <input type="checkbox"/> Other, please specify _____</p>	<p>(iv) If five years ago, you were at the same address as in P8(iii) tick (■) <input type="radio"/> circle if not where were you on December 1, 2001</p> <p>Village/ _____ Island/ _____ City _____ Country _____</p>
<p>P4 Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year Age (yrs)</p>	<p>P9 Visitors ONLY: If a visitor tick (■) circle <input type="radio"/></p> <p style="border: 1px solid black; padding: 5px; display: inline-block;">A VISITOR is a person who does not usually reside in the Cook Islands.</p> GOTO P23
<p>P5 Place of Birth: _____ Island/country</p>	<p>P10 Religion: <i>Mark appropriate box</i></p> <p>1 <input type="checkbox"/> No Religion 2 <input type="checkbox"/> Cook Islands Christian Church 3 <input type="checkbox"/> Roman Catholic 4 <input type="checkbox"/> Seventh Day Adventist 5 <input type="checkbox"/> Assembly of God 6 <input type="checkbox"/> Jehovah's Witnessess 7 <input type="checkbox"/> Apostolic Church 8 <input type="checkbox"/> Holy Spirit Revival Church 9 <input type="checkbox"/> Other, specify _____ 10 <input type="checkbox"/> I OBJECT to answering this question</p>
<p>P6 Ethnic Origin: <i>Which ethnic group do you belong to?</i></p> <p>1 <input type="checkbox"/> Cook Island Maori 2 <input type="checkbox"/> Part Cook Island Maori 3 <input type="checkbox"/> New Zealand European 4 <input type="checkbox"/> Samoan 5 <input type="checkbox"/> Fijian incl Indo Fijian 6 <input type="checkbox"/> Other ethnic origin</p> <p>Specify _____</p>	<p>P11 Education: <i>Mark appropriate box</i></p> <p>(a) Are you currently attending school?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, GOTO P11(c)</p> <p>(b) What type of school are you attending?</p> <p>1 <input type="checkbox"/> State 2 <input type="checkbox"/> Private</p> <p>(c) What is the highest primary or secondary level completed? <i>e.g Grade 6, Form 5, etc.</i></p> <p>Specify _____</p> <p>(d) What is your highest school qualification gained? <i>e.g NCEA L1, L2, L3 or NZSC, 6th Form, Bursary, etc.</i></p> <p>Specify _____</p>
<p>P7 Residential Status: <i>Mark appropriate box</i></p> <p>1 <input type="checkbox"/> Temporary contract worker 2 <input type="checkbox"/> Dependent of temporary worker 3 <input type="checkbox"/> Person granted with Permanent Residency 4 <input type="checkbox"/> Other</p> <p>Nationality _____</p> <p>How long have you lived in the Cook Islands? Years _____</p>	<p>If person is less than 15 years old GO TO END else Continue</p>
<p>P8 Your address on Census Night</p> <p>Village _____ Island _____</p> <p>(i) If you usually live at the above address, tick (■) circle, if not, where do you usually live? <input type="radio"/></p> <p>Village/ _____ Island/ _____ City _____ Country _____</p> <p>(ii) How long have you lived at your usual address.</p>	<p>(e) What is your highest Trade, Vocational or Professional qualification gained? <i>e.g Trade Certificate, Bachelors Degree, Teachers Diploma.</i></p> <p>Specify _____</p> <p>(f) Are you taking extra studies or training? If not, tick (■) circle <input type="radio"/></p> <p>1 <input type="checkbox"/> Full time (20hrs or more a week) 2 <input type="checkbox"/> Part Time (less than 20hrs a week) GOTO P12</p> <p>(g) What mode of study are you practicing (<i>extension, correspondence, online,...</i>)? _____</p>
<p>If person is less than 1 year old GO TO END else Continue</p>	

