



NIUE CENSUS 2011

Housing and Dwelling Schedule



This Census is conducted under the legal authority of the Niue Statistics Act 2009

WARNING: Divulging of any information collected from the census and mutilation or defacement of the schedule is prohibited according to section (12) and (13) of the Niue Statistics Act 2009

Village Number:

Household Number:

H1. Name of household head

H2. Males

H3. Females

H4. Total Persons

H5. Family Units

H6 Record all persons who are temporarily overseas (Include only those absent for 12 months and less)

Name	Sex	Date of Birth	Relationship to head of household	Reasons of absence	Length of absence
1		/ /			
2		/ /			
3		/ /			
4		/ /			
5		/ /			
6		/ /			
7		/ /			
8		/ /			
9		/ /			
10		/ /			

Write the appropriate answer(s) in the box(es) provided

<p>H7 Type of dwelling</p> <p>1. Hurricane <input type="checkbox"/></p> <p>2. Hurricane with extension <input type="checkbox"/></p> <p>3. Modern house <input type="checkbox"/></p> <p>4. Fale pauga <input type="checkbox"/></p> <p>5. Others (including tourists accommodation, prison, hospital, etc) <input type="checkbox"/></p>	<p>H12 Amenities of dwelling</p> <table> <tr><td>1. Toilet Long Drop</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>2. Toilet Water Seal</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>3. Toilet Flush</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>4. Sewage Natural Hole</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>5. Sewage Concrete Bottomless</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>6. Sewage Concrete complete</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>7. Hand Basin</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>8. Washing Tub</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>9. Bathtub</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>10. Shower</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>11. Kitchen sink</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>12. Food safe</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>13. Food cupboard</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>14. Electricity Public supply</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>15. Electricity Own generation</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> </table>	1. Toilet Long Drop	1. Yes 2. No	<input type="checkbox"/>	2. Toilet Water Seal	1. Yes 2. No	<input type="checkbox"/>	3. Toilet Flush	1. Yes 2. No	<input type="checkbox"/>	4. Sewage Natural Hole	1. Yes 2. No	<input type="checkbox"/>	5. Sewage Concrete Bottomless	1. Yes 2. No	<input type="checkbox"/>	6. Sewage Concrete complete	1. Yes 2. No	<input type="checkbox"/>	7. Hand Basin	1. Yes 2. No	<input type="checkbox"/>	8. Washing Tub	1. Yes 2. No	<input type="checkbox"/>	9. Bathtub	1. Yes 2. No	<input type="checkbox"/>	10. Shower	1. Yes 2. No	<input type="checkbox"/>	11. Kitchen sink	1. Yes 2. No	<input type="checkbox"/>	12. Food safe	1. Yes 2. No	<input type="checkbox"/>	13. Food cupboard	1. Yes 2. No	<input type="checkbox"/>	14. Electricity Public supply	1. Yes 2. No	<input type="checkbox"/>	15. Electricity Own generation	1. Yes 2. No	<input type="checkbox"/>
1. Toilet Long Drop	1. Yes 2. No	<input type="checkbox"/>																																												
2. Toilet Water Seal	1. Yes 2. No	<input type="checkbox"/>																																												
3. Toilet Flush	1. Yes 2. No	<input type="checkbox"/>																																												
4. Sewage Natural Hole	1. Yes 2. No	<input type="checkbox"/>																																												
5. Sewage Concrete Bottomless	1. Yes 2. No	<input type="checkbox"/>																																												
6. Sewage Concrete complete	1. Yes 2. No	<input type="checkbox"/>																																												
7. Hand Basin	1. Yes 2. No	<input type="checkbox"/>																																												
8. Washing Tub	1. Yes 2. No	<input type="checkbox"/>																																												
9. Bathtub	1. Yes 2. No	<input type="checkbox"/>																																												
10. Shower	1. Yes 2. No	<input type="checkbox"/>																																												
11. Kitchen sink	1. Yes 2. No	<input type="checkbox"/>																																												
12. Food safe	1. Yes 2. No	<input type="checkbox"/>																																												
13. Food cupboard	1. Yes 2. No	<input type="checkbox"/>																																												
14. Electricity Public supply	1. Yes 2. No	<input type="checkbox"/>																																												
15. Electricity Own generation	1. Yes 2. No	<input type="checkbox"/>																																												
<p>H8 Number of rooms in the living quarter</p> <table> <tr><td>1. Bedroom</td><td><input type="text"/></td></tr> <tr><td>2. Kitchen</td><td><input type="text"/></td></tr> <tr><td>3. Bathroom</td><td><input type="text"/></td></tr> <tr><td>4. Laundry</td><td><input type="text"/></td></tr> <tr><td>5. Garage</td><td><input type="text"/></td></tr> <tr><td>6. Sitting room</td><td><input type="text"/></td></tr> <tr><td>7. Dining</td><td><input type="text"/></td></tr> <tr><td>8. Toilet</td><td><input type="text"/></td></tr> <tr><td>9. Linen</td><td><input type="text"/></td></tr> <tr><td>10. Others</td><td><input type="text"/></td></tr> </table>	1. Bedroom	<input type="text"/>	2. Kitchen	<input type="text"/>	3. Bathroom	<input type="text"/>	4. Laundry	<input type="text"/>	5. Garage	<input type="text"/>	6. Sitting room	<input type="text"/>	7. Dining	<input type="text"/>	8. Toilet	<input type="text"/>	9. Linen	<input type="text"/>	10. Others	<input type="text"/>	<p>H13 Main means of cooking</p> <p>1. Electricity <input type="checkbox"/></p> <p>2. Gas <input type="checkbox"/></p> <p>3. Wood <input type="checkbox"/></p> <p>4. Charcoal <input type="checkbox"/></p> <p>5. Kerosene <input type="checkbox"/></p> <p>6. Others <input type="checkbox"/></p>																									
1. Bedroom	<input type="text"/>																																													
2. Kitchen	<input type="text"/>																																													
3. Bathroom	<input type="text"/>																																													
4. Laundry	<input type="text"/>																																													
5. Garage	<input type="text"/>																																													
6. Sitting room	<input type="text"/>																																													
7. Dining	<input type="text"/>																																													
8. Toilet	<input type="text"/>																																													
9. Linen	<input type="text"/>																																													
10. Others	<input type="text"/>																																													
<p>H9 Do you think that you or anyone in the household will be renovating or building a new house in the next 5 years?</p> <p>1. Renovate 1. Yes 2. No <input type="checkbox"/></p> <p>2. New 1. Yes 2. No <input type="checkbox"/></p>	<p>H14 Main means of hot water</p> <p>1. Electricity <input type="checkbox"/></p> <p>2. Gas <input type="checkbox"/></p> <p>3. Wood <input type="checkbox"/></p> <p>4. Solar Heater <input type="checkbox"/></p> <p>5. Others <input type="checkbox"/></p> <p>6. None <input type="checkbox"/></p>																																													
<p>H10 Tenure of living quarters</p> <p>1. Own outright <input type="checkbox"/></p> <p>2. Rent <input type="checkbox"/></p> <p>3. Lease <input type="checkbox"/></p> <p>4. Free with job <input type="checkbox"/></p> <p>5. Bying on mortgage <input type="checkbox"/></p>																																														
<p>H11 Is the land this house built on titled?</p> <p>1. Yes <input type="checkbox"/></p> <p>2. No <input type="checkbox"/></p> <p>3. Don't know <input type="checkbox"/></p>																																														

H15 Sources of Water 1.Yes 2.No 1. Public Water <input type="checkbox"/> 2. Public Water (indoor) <input type="checkbox"/> 3. Public Water (outdoor) <input type="checkbox"/> 4. Public Water to Tank <input type="checkbox"/> 5. Rain Water in Tank <input type="checkbox"/> 6. Water Wall <input type="checkbox"/> 7. Others <input type="checkbox"/>	H22 Communication appliances (write actual number) 1. Automatic Telephone <input type="checkbox"/> 2. Cordless Telephone <input type="checkbox"/> 3. Cellular Telephone <input type="checkbox"/> 4. Mobile Telephone <input type="checkbox"/> 5. Smart phones <input type="checkbox"/> 6. Radio <input type="checkbox"/> 7. Desktop Computer <input type="checkbox"/> 8. Laptop Computer <input type="checkbox"/> 9. Fax Machine <input type="checkbox"/> 10. Computer printer <input type="checkbox"/> 11. Internet Connect Dial Up 1.Yes 2.No 12. Internet Connect Wifi 1.Yes 2.No <input type="checkbox"/>																					
H16 Number of Fishing Vessels (write actual number) 1. Canoe <input type="checkbox"/> 2. Aluminium Dinghy <input type="checkbox"/> 3. Inflatable Dinghy <input type="checkbox"/> 4. Boat <input type="checkbox"/> 5. Others <input type="checkbox"/> 6. Outboard Motor <input type="checkbox"/>	H23 Electricity Energy Efficiency and hourly usage per week <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">equipments</th> <th style="width: 20%; text-align: center;">hours</th> </tr> </thead> <tbody> <tr><td>1. Electric Stove</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>2. Automatic Washing Machine</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>3. Iron</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>4. Microwave</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5. Electric jug</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>6. Freezer size</td> <td style="text-align: center;">1.S 2.M 3.L</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		equipments	hours	1. Electric Stove	<input type="checkbox"/>	<input type="checkbox"/>	2. Automatic Washing Machine	<input type="checkbox"/>	<input type="checkbox"/>	3. Iron	<input type="checkbox"/>	<input type="checkbox"/>	4. Microwave	<input type="checkbox"/>	<input type="checkbox"/>	5. Electric jug	<input type="checkbox"/>	<input type="checkbox"/>	6. Freezer size	1.S 2.M 3.L	<input type="checkbox"/>
	equipments	hours																				
1. Electric Stove	<input type="checkbox"/>	<input type="checkbox"/>																				
2. Automatic Washing Machine	<input type="checkbox"/>	<input type="checkbox"/>																				
3. Iron	<input type="checkbox"/>	<input type="checkbox"/>																				
4. Microwave	<input type="checkbox"/>	<input type="checkbox"/>																				
5. Electric jug	<input type="checkbox"/>	<input type="checkbox"/>																				
6. Freezer size	1.S 2.M 3.L	<input type="checkbox"/>																				
H17 Number of vehicles using petrol (write actual number) 1. Motorbike <input type="checkbox"/> 2. Car <input type="checkbox"/> 3. Van <input type="checkbox"/> 4. Truck <input type="checkbox"/> 5. Wheel drive <input type="checkbox"/> 6. Others <input type="checkbox"/>	H24 Exercise & Equipments and hourly usage per week <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">equipments</th> <th style="width: 20%; text-align: center;">hours</th> </tr> </thead> <tbody> <tr><td>1. Sport</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>2. Walking</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>3. Joggin</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>4. Bicycle</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5. Cycling machine</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6. Weights</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		equipments	hours	1. Sport	<input type="checkbox"/>	<input type="checkbox"/>	2. Walking	<input type="checkbox"/>	<input type="checkbox"/>	3. Joggin	<input type="checkbox"/>	<input type="checkbox"/>	4. Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	5. Cycling machine	<input type="checkbox"/>	<input type="checkbox"/>	6. Weights	<input type="checkbox"/>	<input type="checkbox"/>
	equipments	hours																				
1. Sport	<input type="checkbox"/>	<input type="checkbox"/>																				
2. Walking	<input type="checkbox"/>	<input type="checkbox"/>																				
3. Joggin	<input type="checkbox"/>	<input type="checkbox"/>																				
4. Bicycle	<input type="checkbox"/>	<input type="checkbox"/>																				
5. Cycling machine	<input type="checkbox"/>	<input type="checkbox"/>																				
6. Weights	<input type="checkbox"/>	<input type="checkbox"/>																				
H18 Number of vehicles using diesel (write actual number) 1. Motorbike <input type="checkbox"/> 2. Car <input type="checkbox"/> 3. Van <input type="checkbox"/> 4. Truck <input type="checkbox"/> 5. Wheel drive <input type="checkbox"/> 6. Others <input type="checkbox"/>	H25 Agriculture Items (write actual number) 1. Knapsack Sprayer <input type="checkbox"/> 2. Metal husker <input type="checkbox"/> 3. Firearm <input type="checkbox"/> 4. Bushknife <input type="checkbox"/> 5. Brushcutter <input type="checkbox"/> 6. Axe <input type="checkbox"/> 7. Chainsaw <input type="checkbox"/> 8. Motormower <input type="checkbox"/>																					
H19 Kitchen appliances (write actual number) 1. Refrigerator (freezer and cooler) <input type="checkbox"/> 2. Cooler (only) <input type="checkbox"/> 3. Freezer (only) <input type="checkbox"/> 4. Gas Stoves <input type="checkbox"/> 5. Three Phase stove <input type="checkbox"/> 6. Single Phase stove <input type="checkbox"/> 7. Electric Element <input type="checkbox"/> 8. BBQ <input type="checkbox"/> 9. Electric Frying Pan <input type="checkbox"/> 10. Rice Cooker <input type="checkbox"/> 11. Electric Toaster <input type="checkbox"/> 12. Wood Range Stove <input type="checkbox"/> 13. Microwave <input type="checkbox"/> 14. Electric jug <input type="checkbox"/> 15. Deep Fryer <input type="checkbox"/> 16. Kerosene Stove <input type="checkbox"/> 17. Bread Maker <input type="checkbox"/> 18. Sandwich Maker <input type="checkbox"/> 19. Food Processor <input type="checkbox"/> 20. Electric Coconut Scraper <input type="checkbox"/> 21. Crock-pot <input type="checkbox"/> 22. Coffee maker <input type="checkbox"/> 23. Gas element <input type="checkbox"/>	H26 Number of taro plantations and number of destroyed or affected by feral pigs <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">tot plantations</th> <th style="width: 20%; text-align: center;">tot destroyed</th> </tr> </thead> <tbody> <tr><td>1. 3 months</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>2. 6 months</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>3. 9 months</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		tot plantations	tot destroyed	1. 3 months	<input type="checkbox"/>	<input type="checkbox"/>	2. 6 months	<input type="checkbox"/>	<input type="checkbox"/>	3. 9 months	<input type="checkbox"/>	<input type="checkbox"/>									
	tot plantations	tot destroyed																				
1. 3 months	<input type="checkbox"/>	<input type="checkbox"/>																				
2. 6 months	<input type="checkbox"/>	<input type="checkbox"/>																				
3. 9 months	<input type="checkbox"/>	<input type="checkbox"/>																				
H20 Other household appliances (write actual number) 1. Portable Fan <input type="checkbox"/> 2. Ceiling Fan <input type="checkbox"/> 3. Air condition <input type="checkbox"/> 4. Treadle sewing machine <input type="checkbox"/> 5. Electric Sewing Machine <input type="checkbox"/> 6. Automatic Washer <input type="checkbox"/> 7. Wringer <input type="checkbox"/> 8. Vacuum cleaner <input type="checkbox"/> 9. Generator <input type="checkbox"/> 10. Electric Water Pump <input type="checkbox"/> 11. Iron <input type="checkbox"/>	H27 Number of pigs and pig sties, breeding stock and others <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>1. Sty</td><td><input type="checkbox"/></td></tr> <tr><td>2. Boars</td><td><input type="checkbox"/></td></tr> <tr><td>3. Sows</td><td><input type="checkbox"/></td></tr> <tr><td>4. Others</td><td><input type="checkbox"/></td></tr> </tbody> </table>	1. Sty	<input type="checkbox"/>	2. Boars	<input type="checkbox"/>	3. Sows	<input type="checkbox"/>	4. Others	<input type="checkbox"/>													
1. Sty	<input type="checkbox"/>																					
2. Boars	<input type="checkbox"/>																					
3. Sows	<input type="checkbox"/>																					
4. Others	<input type="checkbox"/>																					
H21 Leisure appliances (write actual number) 1. Stereo <input type="checkbox"/> 2. Television Set <input type="checkbox"/> 3. DVD / VCD Player <input type="checkbox"/> 4. DVD Camera <input type="checkbox"/> 5. Still camers <input type="checkbox"/> 6. Digital camera <input type="checkbox"/> 7. Playstation / Xbox <input type="checkbox"/> 8. BSB/MP3/MP4/Ipod <input type="checkbox"/> 9. Music keyboard <input type="checkbox"/> 10. Piano Organ <input type="checkbox"/> 11. Guitar Ukulele <input type="checkbox"/> 12. Sky TV <input type="checkbox"/>	H28 Number of free range pigs . Breeding stock and others <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>1. Free range</td><td><input type="checkbox"/></td></tr> <tr><td>2. Boars</td><td><input type="checkbox"/></td></tr> <tr><td>3. Sows</td><td><input type="checkbox"/></td></tr> <tr><td>4. Others</td><td><input type="checkbox"/></td></tr> </tbody> </table>	1. Free range	<input type="checkbox"/>	2. Boars	<input type="checkbox"/>	3. Sows	<input type="checkbox"/>	4. Others	<input type="checkbox"/>													
1. Free range	<input type="checkbox"/>																					
2. Boars	<input type="checkbox"/>																					
3. Sows	<input type="checkbox"/>																					
4. Others	<input type="checkbox"/>																					
H22 Number of chickens Breeding stock and others <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>1. House</td><td><input type="checkbox"/></td></tr> <tr><td>2. Roosters</td><td><input type="checkbox"/></td></tr> <tr><td>3. Hens</td><td><input type="checkbox"/></td></tr> <tr><td>4. Others</td><td><input type="checkbox"/></td></tr> </tbody> </table>	1. House	<input type="checkbox"/>	2. Roosters	<input type="checkbox"/>	3. Hens	<input type="checkbox"/>	4. Others	<input type="checkbox"/>	H29 Number of chickens Breeding stock and others <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>1. Free range</td><td><input type="checkbox"/></td></tr> <tr><td>2. Roosters</td><td><input type="checkbox"/></td></tr> <tr><td>3. Hens</td><td><input type="checkbox"/></td></tr> <tr><td>4. Others</td><td><input type="checkbox"/></td></tr> </tbody> </table>	1. Free range	<input type="checkbox"/>	2. Roosters	<input type="checkbox"/>	3. Hens	<input type="checkbox"/>	4. Others	<input type="checkbox"/>					
1. House	<input type="checkbox"/>																					
2. Roosters	<input type="checkbox"/>																					
3. Hens	<input type="checkbox"/>																					
4. Others	<input type="checkbox"/>																					
1. Free range	<input type="checkbox"/>																					
2. Roosters	<input type="checkbox"/>																					
3. Hens	<input type="checkbox"/>																					
4. Others	<input type="checkbox"/>																					
H31 What language is mainly spoken in this household? <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>1. Niuean</td> <td>4. Niuean & others</td> <td rowspan="3" style="width: 50px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. English</td> <td>5. Others</td> </tr> <tr> <td>3. Niuean & English</td> <td></td> </tr> </tbody> </table>		1. Niuean	4. Niuean & others	<input type="checkbox"/>	2. English	5. Others	3. Niuean & English															
1. Niuean	4. Niuean & others	<input type="checkbox"/>																				
2. English	5. Others																					
3. Niuean & English																						
H32 Does this household has a umu-place (gutu umu) ? 1. Yes >> Go to H33 <input type="checkbox"/> 2. No >> Stop and finish																						
H33 In the last 4 weeks, how many times have you used it? <div style="text-align: center; width: 50px; height: 30px; border: 1px solid black; margin: 0 auto;"></div>																						

REMEMBER TO CHECK YOUR QUESTIONNAIRE BEFORE LEAVING THE HOUSE