



## COOK ISLANDS CENSUS OF POPULATION AND DWELLINGS 2011

CENSUS NIGHT THURSDAY, 1 DECEMBER 2011

### PERSONAL FORM

Complete one form for each person present on census night. Parents or an adult will complete the forms for those below the age of 15 years.

**Collection Authority**  
This Census is taken under the authority of the Statistics Act 1966. Your cooperation is sought in completing this form.

**Confidentiality**  
Under the Statistics Act 1966, the Statistics Office must not release any information you provide in a way which would enable an individual's or household's data to be identified.

**Why a Census?**  
The Census is the only practical way to get information on how many people there are in the Cook Islands, what they do and how they live.

Census information is needed for planning vital services such as education, health, transport and general infrastructure.

For help on the Census feel free to ring our Office on 29311 or contact your Enumerator or the District Supervisor

#### How to write your answers:

- use a **black** pen only

- mark the mark box like this: ☒

- if you make a mistake in mark box, do this: (shade completely) ☐

- mark the text box like this: 

1	5
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- if you make a mistake in text box, do this: (cross it out like this) 

1	5
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- Print answers in **CAPITAL LETTERS** like this:

S	T	A	T	I	S	T	I	C
S	O	F	F	I	C	E	R	

- Please answer all the questions unless the form asks you not to.

#### FOR OFFICE USE ONLY

CD 

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EA 

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DN 

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PN 

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**P32** Secondary Activity: Apart from your principal activity, do you have another job?  
☐ Yes ☐ No, GOTO P38

**P33** Secondary Occupation: What is your job in your secondary activity? e.g. delivery, waitress, cleaner, etc.


**P34** Employer: Give the name of the business or employer that you worked for in that job. e.g. CYTC, Edge-water Hotel, ANZ, etc.


**P35** Industry: What is the main activity of that business or employer, e.g. Retail trade, Banking, Hotel, etc.


How many hours usually worked at this job in a week?  

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 hours a week

**P36** Unemployment: Have you ever had paid work?

☐ Yes, GOTO P37 ☐ No

• If a paid job had been available would you have been willing to work? Mark the box and GOTO P38

☐ Yes ☐ No

**P37** How many weeks have you had paid work?

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 No. of weeks

**P38** Unpaid Work: Mark as many spaces as you need to answer this question, in the last 4 weeks, which of these have you done without pay?

- ☐ Looking after children
- ☐ Housework
- ☐ Handicraft making
- ☐ Gardening
- ☐ Tending the livestock
- ☐ Fishing
- ☐ Sewing
- ☐ Other, specify


**P39** Sources of Income: Mark as many boxes as you need to show all the ways you yourself got income in the last 12 months.

Do not count loans as they are not income

- ☐ Wages, salaries, commission, bonuses etc paid by employer self employment
- ☐ Interest, dividends, rent, other investment
- ☐ Superannuation - GSF
- ☐ Superannuation - NSF
- ☐ War or Veteran's Pension
- ☐ Old Age Pension
- ☐ Dendrite
- ☐ Infirm or Invalid
- ☐ Alimony
- ☐ Other source, specify


☐ No source of income

**P40** Total Income: From all the sources of income you marked in question P39, what will your total income be (inclusive of taxes) for the period ending 1st December 2011?

- ☐ No Income
- ☐ Less than \$1,000
- ☐ \$1,000 - \$9,999
- ☐ \$10,000-\$14,999
- ☐ \$15,000-\$19,999
- ☐ \$20,000-\$24,999
- ☐ \$25,000-\$29,999
- ☐ \$30,000-\$34,999
- ☐ \$35,000-\$39,999
- ☐ \$40,000-\$49,999
- ☐ \$50,000-\$59,999
- ☐ \$60,000-\$69,999
- ☐ \$70,000-\$79,999
- ☐ \$80,000-\$89,999
- ☐ \$90,000-\$99,999
- ☐ \$100,000 or more

**P41** Smoking: Do you smoke cigarettes.

- ☐ Never smoke
- ☐ Regularly smoke, that is 1 or more cigarettes a day
- ☐ Sometimes
- ☐ No longer

**P42** Drinking: Do you drink alcohol? beer, spirit, wine, homebrew, etc

- ☐ Never drink
- ☐ Regularly drink, at least once a week
- ☐ Sometimes
- ☐ No longer

**P43** Cultural Activity: Mark as many boxes as you need to show your active participation in cultural activities in the last 12 months.

- ☐ Performer (singer, dancer)
- ☐ Composer
- ☐ Choreographer
- ☐ Practising traditional medicine
- ☐ Carving
- ☐ Spectator
- ☐ Other activities, please describe


☐ Not actively participating

IF MALE GO TO END  
ELSE CONTINUE +

**P44** Have you ever given birth, even if the child later died?

☐ Yes ☐ No GOTO END

**P45** How many babies have you given birth to?

Still Alive	Still Living																				
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**P46** Date of birth of first child  
Day (eg 27) Month (eg 12) Year (eg 1972)  

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**P47** Date of birth of last child  
Day (eg 11) Month (eg 04) Year (eg 1994)  

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**P48** Declaration: I declare that the information I have given is true and complete as far as I know.

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Signature

Meitaki mata - Thank you

## 1. Personal Questionnaire

## CENSUS QUESTIONNAIRES

<p><b>P1 Name:</b> What is your full name? • First name(s)</p> <p>• Last name</p>	<p><b>P6 Ethnic Origin:</b> Which ethnic group do you belong to?</p> <p><input type="checkbox"/> Cook Islands Maori GOTO P10</p> <p><input type="checkbox"/> Part Cook Islands Maori GOTO P10</p> <p><input type="checkbox"/> New Zealand Maori</p> <p><input type="checkbox"/> New Zealand European</p> <p><input type="checkbox"/> Other, Please state</p>	<p><b>P3 Religion:</b> Which religious group do you belong to?</p> <p><input type="checkbox"/> No Religion</p> <p><input type="checkbox"/> Cook Islands Christian Church</p> <p><input type="checkbox"/> Roman Catholic Church</p> <p><input type="checkbox"/> Seventh Day Adventist</p> <p><input type="checkbox"/> Church of Latter Days Saints</p> <p><input type="checkbox"/> Assemblies of God</p> <p><input type="checkbox"/> Apostolic Church</p> <p><input type="checkbox"/> Other, Please state</p>	<p><b>P17 Reading/Writing:</b> Mark as many boxes as you need to answer this question: In which language(s) could you read and write a simple sentence?</p> <p><input type="checkbox"/> Cook Island Maori</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> other language(s) please state: eg. Filipino, Fijian, Samoan, etc</p> <p><input type="checkbox"/> Too young to read or write</p>	<p><b>P21 School Qualification:</b> What is your highest secondary school qualification completed? Mark one box. If currently enrolled, mark the previous grade or level completed.</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Cook Islands School Certificate</p> <p><input type="checkbox"/> NZSC in one or more subjects or NCEA level 1</p> <p><input type="checkbox"/> NZ Sixth Form/UE in one or more subjects / NCEA level 2</p> <p><input type="checkbox"/> NZ University Entrance/NCEA level 3</p> <p><input type="checkbox"/> Other secondary school qualification gained. Please the qualification:</p>	<p><b>P26</b> What reasons do you have for not studying or undergoing training?</p> <p><input type="checkbox"/> No time</p> <p><input type="checkbox"/> Not interested</p> <p><input type="checkbox"/> Lack of funding</p> <p><input type="checkbox"/> Other, specify</p>
<p><b>P2 Sex:</b> Are you?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>P9 Residential Status:</b> What is your residential status?</p> <p><input type="checkbox"/> Temporary contract worker</p> <p><input type="checkbox"/> Dependent of temporary contract worker</p> <p><input type="checkbox"/> Granted with permanent residency</p> <p><input type="checkbox"/> Other, Please state</p>	<p><b>P14 Marital Status:</b> Which one of these statements best describe your current marital status?</p> <p><input type="checkbox"/> Never been married</p> <p><input type="checkbox"/> Legally married</p> <p><input type="checkbox"/> Widow/widower</p> <p><input type="checkbox"/> Permanently separated from legal husband/wife</p> <p><input type="checkbox"/> Divorced/ marriage dissolved</p> <p><input type="checkbox"/> Living in a de facto relationship</p>	<p><b>P18 Information Technology:</b> Do you use any of the following communication technology?</p> <p><input type="checkbox"/> Cellular phone <input type="checkbox"/> Internet</p> <p><input type="checkbox"/> Landline <input type="checkbox"/> No, GOTO P19</p> <p>• Location of internet use</p> <p><input type="checkbox"/> At home <input type="checkbox"/> Workplace</p> <p><input type="checkbox"/> family or friends <input type="checkbox"/> School</p> <p><input type="checkbox"/> Internet Cafe or Wifi spot</p> <p>• How often do you use the internet?</p> <p><input type="checkbox"/> at least once a day</p> <p><input type="checkbox"/> at least once a week but not every day</p> <p><input type="checkbox"/> less than once a week</p> <p>• For which of the following activities did you use the internet for private purposes? Mark as many boxes as applicable.</p> <p><input type="checkbox"/> Getting information about goods and services</p> <p><input type="checkbox"/> Sending or receiving emails</p> <p><input type="checkbox"/> Purchasing or ordering goods and services</p> <p><input type="checkbox"/> Internet banking</p> <p><input type="checkbox"/> Education or learning activities</p> <p><input type="checkbox"/> Downloading, music, movies or software</p>	<p><b>P22</b> Apart from a secondary school qualification, do you have other completed qualification(s)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO P24</p>	<p><b>P27</b> Which institute or agency is providing your studies or training?</p> <p><input type="checkbox"/> USP <input type="checkbox"/> Trade Centre</p> <p><input type="checkbox"/> HTTC <input type="checkbox"/> Other, specify</p>
<p><b>P4 Date of birth:</b> When were you born?</p> <p>Day Month Year</p> <p>(eg 18) (eg 05) (eg 1953)</p>	<p><b>P10 Place of Residence:</b> Where do you usually live?</p> <p>• Village &amp; Island</p> <p>• How long have you lived at this address?</p> <p><input type="checkbox"/> less than a year or <input type="checkbox"/> No. of Years</p>	<p><b>P15 Disability:</b> Mark as many spaces as you need to answer this question: Does a health problem or condition you have (lasting more than 6 months) cause you difficulty with, or stop you from:</p> <p><input type="checkbox"/> Seeing, even when wearing glasses or contact lenses</p> <p><input type="checkbox"/> Hearing, even when using hearing aid</p> <p><input type="checkbox"/> Walking, lifting or bending</p> <p><input type="checkbox"/> Using your hands to hold, grasp or use objects</p> <p><input type="checkbox"/> Learning, concentrating or remembering</p> <p><input type="checkbox"/> Communicating with others</p> <p><input type="checkbox"/> Socialising or mixing with others</p> <p><input type="checkbox"/> No difficulty or too young to detect any difficulties</p> <p><input type="checkbox"/> have you suffered from fish poisoning (ciguatera)?</p>	<p><b>P19 Education:</b> Are you currently attending school? Include pre-school and kindergarten as well.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• If YES, which school do you go to? Enter name of school.</p>	<p><b>P23 Highest Qualification:</b> Print your highest qualification, and the subject, for example:</p> <p>Qualification: Trade Certificate Level II</p> <p>Subject: Panel Beating, Bricklaying</p> <p>• Qualification (and level, if applicable)</p> <p>• Subject</p>	<p><b>P28 Activity Status:</b> Mark ONE box which best describe the status of your activity.</p> <p><input type="checkbox"/> Employer, own business/plantation without employees</p> <p><input type="checkbox"/> Employer, own business/plantation with employees</p> <p><input type="checkbox"/> A paid employee (full time)</p> <p><input type="checkbox"/> A paid employee (part time) working in a family business or farm without pay</p> <p><input type="checkbox"/> Full time student GOTO P32 and check P19 and P20</p> <p><input type="checkbox"/> Unemployed GOTO P36</p> <p><input type="checkbox"/> Home Duties GOTO P38</p> <p><input type="checkbox"/> Retired GOTO P38</p>
<p><b>P5 Place of Birth:</b> Which island or country were you born in?</p> <p>If you were born outside the Cook Islands, when did you first arrive to live here?</p> <p>Year</p>	<p><b>P11 Address: one year ago:</b> Where did you usually live one year ago, 1st December 2010?</p> <p><input type="checkbox"/> Not born 1 year ago GOTO P13</p> <p><input type="checkbox"/> At the address in P10</p> <p><input type="checkbox"/> In the Cook Islands at another address, Please state.</p> <p>• Village &amp; Island</p> <p>If not in the Cook Islands, Please State the country you were living in?</p>	<p><b>P16 Language:</b> Mark as many boxes as you need to answer this question: In which language(s) could you have a conversation about a lot of everyday things?</p> <p><input type="checkbox"/> Cook Island Maori</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> other language(s) please state: eg. Filipino, Fijian, etc</p> <p><input type="checkbox"/> Too young to talk</p>	<p><b>P20 Education Level:</b> What is your highest education level completed? Mark one box.</p> <p><input type="checkbox"/> No schooling completed</p> <p><input type="checkbox"/> Preschool, kindergarten</p> <p><input type="checkbox"/> Primary Specify Grade</p> <p><input type="checkbox"/> Secondary Specify Form or Year</p>	<p><b>P24</b> Are you currently undertaking studies or training?</p> <p><input type="checkbox"/> Full time (20hrs or more a week)</p> <p><input type="checkbox"/> Part time (Less than 20hrs a week)</p> <p><input type="checkbox"/> Neither of these GOTO P26</p>	<p><b>P29 Principal Occupation:</b> What is your main job in the activity stated in P28? e.g. primary school teacher, receptionist, etc</p>
<p><b>P6 Nationality:</b> What is your nationality as given in your passport</p> <p><input type="checkbox"/> New Zealand</p> <p><input type="checkbox"/> Australia</p> <p><input type="checkbox"/> French Polynesia</p> <p><input type="checkbox"/> Fiji</p> <p><input type="checkbox"/> Other, Please state</p>	<p><b>P12 Address five years ago:</b> Where did you usually live 5 years ago, that is 1st December 2005?</p> <p><input type="checkbox"/> Not born 5 years ago</p> <p><input type="checkbox"/> At the address in P11</p> <p><input type="checkbox"/> In the Cook Islands at another address</p> <p>• Village &amp; Island</p> <p>If not in the Cook Islands, Please State the country you were living in?</p>	<p><b>P13 VISITORS ONLY:</b> If you are visiting the Cook Islands, mark box and GO TO END</p> <p>Visitors are those who are only in the Cook Islands for a period of less than 12 months.</p>	<p><b>P30 Employer:</b> Give the name of the business or employer that you worked for in that job e.g. CITC, MOP, Edgewater Hotel, ANZ, etc</p>	<p><b>P31 Industry:</b> What is the main activity of that business or employer, e.g. retail trade, banking, hotel, etc.</p> <p>How many hours usually worked at this job in a week?</p> <p><input type="checkbox"/> hours a week</p>	



<b>D29 Farm Equipment: Continued ...</b> <table border="1"> <tr> <th></th> <th>Owned</th> <th>Hired</th> <th>Donor-owned</th> </tr> <tr> <td>Chainsaw</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Knapsack</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water pump</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other, specify</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Owned	Hired	Donor-owned	Chainsaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knapsack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D33 Household Appliances: Continued ...</b> <table border="1"> <tr> <td><input type="checkbox"/> Hair straightener</td> </tr> <tr> <td><input type="checkbox"/> Sewing machine</td> </tr> <tr> <td><input type="checkbox"/> Vacuum</td> </tr> <tr> <td><input type="checkbox"/> Other, specify</td> </tr> </table>		<input type="checkbox"/> Hair straightener	<input type="checkbox"/> Sewing machine	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Other, specify																						
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<b>D30 Transport:</b> How many of the following vehicles does the household members own? (exclude children's tricycles) <table border="1"> <tr> <td><input type="checkbox"/> Motor Cycle</td> </tr> <tr> <td><input type="checkbox"/> Motor Car</td> </tr> <tr> <td><input type="checkbox"/> Van</td> </tr> <tr> <td><input type="checkbox"/> Truck</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> </tr> <tr> <td><input type="checkbox"/> Bicycle</td> </tr> </table>		<input type="checkbox"/> Motor Cycle	<input type="checkbox"/> Motor Car	<input type="checkbox"/> Van	<input type="checkbox"/> Truck	<input type="checkbox"/> Utility	<input type="checkbox"/> Bicycle	<b>D34 Household whitewares:</b> How many of the following items does your household have? <table border="1"> <tr> <td><input type="checkbox"/> Freezer</td> </tr> <tr> <td><input type="checkbox"/> Refrigerator</td> </tr> <tr> <td><input type="checkbox"/> Fridge/freezer</td> </tr> <tr> <td><input type="checkbox"/> Urn or Zip</td> </tr> <tr> <td><input type="checkbox"/> Dishwasher</td> </tr> <tr> <td><input type="checkbox"/> Washing machine</td> </tr> <tr> <td><input type="checkbox"/> Clothes dryer</td> </tr> <tr> <td><input type="checkbox"/> Air conditioner</td> </tr> <tr> <td><input type="checkbox"/> Other, specify</td> </tr> </table>		<input type="checkbox"/> Freezer	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Fridge/freezer	<input type="checkbox"/> Urn or Zip	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Washing machine	<input type="checkbox"/> Clothes dryer	<input type="checkbox"/> Air conditioner	<input type="checkbox"/> Other, specify																															
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<b>D31 Answer only for vehicles powered by fuel else GOTO D32.</b> How much do you spend on fuel in a week? <table border="1"> <tr> <td>Petrol:</td> <td>Diesel:</td> </tr> <tr> <td>\$ <input type="text"/></td> <td>\$ <input type="text"/></td> </tr> </table>		Petrol:	Diesel:	\$ <input type="text"/>	\$ <input type="text"/>	<b>D37 Energy Rating Labels:</b> Are the members of your household aware of Energy rating labels on appliances? <input type="checkbox"/> Yes <input type="checkbox"/> No																																											
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<b>D32 Cooking Utensils and appliances:</b> How many of the following items does your household have? <table border="1"> <tr> <td><input type="checkbox"/> Electric stove</td> </tr> <tr> <td><input type="checkbox"/> Gas Stove</td> </tr> <tr> <td><input type="checkbox"/> Microwave</td> </tr> <tr> <td><input type="checkbox"/> Kerosene burner</td> </tr> <tr> <td><input type="checkbox"/> Rice cooker</td> </tr> <tr> <td><input type="checkbox"/> Pressure cooker</td> </tr> <tr> <td><input type="checkbox"/> Electric Jug/Kettle</td> </tr> <tr> <td><input type="checkbox"/> Electric Frying pan</td> </tr> <tr> <td><input type="checkbox"/> Food processor</td> </tr> <tr> <td><input type="checkbox"/> Toaster</td> </tr> <tr> <td><input type="checkbox"/> Eggbeater</td> </tr> <tr> <td><input type="checkbox"/> Barbecue</td> </tr> <tr> <td><input type="checkbox"/> Other, specify</td> </tr> </table>		<input type="checkbox"/> Electric stove	<input type="checkbox"/> Gas Stove	<input type="checkbox"/> Microwave	<input type="checkbox"/> Kerosene burner	<input type="checkbox"/> Rice cooker	<input type="checkbox"/> Pressure cooker	<input type="checkbox"/> Electric Jug/Kettle	<input type="checkbox"/> Electric Frying pan	<input type="checkbox"/> Food processor	<input type="checkbox"/> Toaster	<input type="checkbox"/> Eggbeater	<input type="checkbox"/> Barbecue	<input type="checkbox"/> Other, specify	<b>D38 Energy/Power Ratings:</b> From the white-ware and devices stated in D34 and D36, mark one box only & write power rating by appliances listed. <table border="1"> <thead> <tr> <th>Item</th> <th>Energy Star Rating</th> <th>Power Rating</th> </tr> </thead> <tbody> <tr> <td>Freezer</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td><input type="text"/> watts</td> </tr> <tr> <td>Refrigerator</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td><input type="text"/> watts</td> </tr> <tr> <td>Fridge/freezer</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td><input type="text"/> watts</td> </tr> <tr> <td>Dishwasher</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td><input type="text"/> watts</td> </tr> <tr> <td>Wash machine</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td><input type="text"/> watts</td> </tr> <tr> <td>Clothes dryer</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td><input type="text"/> watts</td> </tr> <tr> <td>Air conditioner</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td><input type="text"/> watts</td> </tr> <tr> <td>TV Screen</td> <td><input type="text"/></td> <td><input type="text"/> watts</td> </tr> <tr> <td>Computer</td> <td><input type="text"/></td> <td><input type="text"/> watts</td> </tr> <tr> <td>Stereo/radio</td> <td><input type="text"/></td> <td><input type="text"/> watts</td> </tr> </tbody> </table>		Item	Energy Star Rating	Power Rating	Freezer	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts	Refrigerator	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts	Fridge/freezer	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts	Dishwasher	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts	Wash machine	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts	Clothes dryer	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts	Air conditioner	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="text"/> watts	TV Screen	<input type="text"/>	<input type="text"/> watts	Computer	<input type="text"/>	<input type="text"/> watts	Stereo/radio	<input type="text"/>	<input type="text"/> watts
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<b>D35 Power tools:</b> How many of the following items does your household have? <table border="1"> <tr> <td><input type="checkbox"/> Electric drill</td> </tr> <tr> <td><input type="checkbox"/> Air compressor</td> </tr> <tr> <td><input type="checkbox"/> Circular saw</td> </tr> <tr> <td><input type="checkbox"/> Sander</td> </tr> <tr> <td><input type="checkbox"/> Battery charger</td> </tr> <tr> <td><input type="checkbox"/> Other tools, specify</td> </tr> </table>		<input type="checkbox"/> Electric drill	<input type="checkbox"/> Air compressor	<input type="checkbox"/> Circular saw	<input type="checkbox"/> Sander	<input type="checkbox"/> Battery charger	<input type="checkbox"/> Other tools, specify	<b>D39 Lighting:</b> How many of the following Energy Saver Bulbs is installed in your dwelling? Enter a number in the box. <table border="1"> <tr> <td><input type="text"/></td> <td>Incandescent bulbs</td> </tr> <tr> <td><input type="text"/></td> <td>CFL bulbs</td> </tr> <tr> <td><input type="text"/></td> <td>Tube lights</td> </tr> <tr> <td><input type="text"/></td> <td>LED lights</td> </tr> </table>		<input type="text"/>	Incandescent bulbs	<input type="text"/>	CFL bulbs	<input type="text"/>	Tube lights	<input type="text"/>	LED lights																																
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<b>D33 Household Appliances:</b> How many of the following items does your household have? <table border="1"> <tr> <td><input type="checkbox"/> Iron</td> </tr> <tr> <td><input type="checkbox"/> Shaver</td> </tr> <tr> <td><input type="checkbox"/> Hair cutter</td> </tr> <tr> <td><input type="checkbox"/> Hair dryer</td> </tr> </table>		<input type="checkbox"/> Iron	<input type="checkbox"/> Shaver	<input type="checkbox"/> Hair cutter	<input type="checkbox"/> Hair dryer	<b>D40 Safety Equipment:</b> How many of the following items does your household have? <table border="1"> <tr> <td><input type="checkbox"/> Fire Extinguisher</td> </tr> <tr> <td><input type="checkbox"/> Fire safety alarm</td> </tr> <tr> <td><input type="checkbox"/> First Aid Kit</td> </tr> <tr> <td><input type="checkbox"/> Lantern</td> </tr> <tr> <td><input type="checkbox"/> Torch</td> </tr> <tr> <td><input type="checkbox"/> Other equipment, specify</td> </tr> </table>		<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Fire safety alarm	<input type="checkbox"/> First Aid Kit	<input type="checkbox"/> Lantern	<input type="checkbox"/> Torch	<input type="checkbox"/> Other equipment, specify																																				
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<b>D36 Entertainment devices:</b> How many of the following items does the household members own? <table border="1"> <tr> <td><input type="checkbox"/> Stereo/radio</td> </tr> <tr> <td><input type="checkbox"/> Television Screen</td> </tr> <tr> <td><input type="checkbox"/> DVD player</td> </tr> <tr> <td><input type="checkbox"/> MP3 Player</td> </tr> <tr> <td><input type="checkbox"/> Video Game (X-Box etc)</td> </tr> <tr> <td><input type="checkbox"/> Computer/laptop</td> </tr> <tr> <td><input type="checkbox"/> Piano/keyboard/organ</td> </tr> <tr> <td><input type="checkbox"/> Camera</td> </tr> <tr> <td><input type="checkbox"/> Other devices, specify</td> </tr> </table>		<input type="checkbox"/> Stereo/radio	<input type="checkbox"/> Television Screen	<input type="checkbox"/> DVD player	<input type="checkbox"/> MP3 Player	<input type="checkbox"/> Video Game (X-Box etc)	<input type="checkbox"/> Computer/laptop	<input type="checkbox"/> Piano/keyboard/organ	<input type="checkbox"/> Camera	<input type="checkbox"/> Other devices, specify	<b>D41 Declaration:</b> I declare that the information I have given is true and complete as far as I know. <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: center;">Signature Meitaki maata - Thank you</p>																																						
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## COOK ISLANDS CENSUS OF POPULATION AND DWELLINGS 2011

CENSUS NIGHT THURSDAY, 1 DECEMBER 2011

### DWELLING FORM

Complete one form for each Dwelling. One person must fill in this form and ensure a Personal Form is filled in for everyone present on census night. It is best if this is done by an adult or by a person to whom this household regard as the head of their household.

#### Collection Authority

This Census is taken under the authority of the Statistics Act 1966. Your cooperation is sought in completing this form.

#### Confidentiality

Under the Statistics Act 1966, the Statistics Office must not release any information you provide in a way which would enable an individual's or household's data to be identified.

#### Why a Census?

The Census is the only practical way to get information on how many people there are in the Cook Islands, what they do and how they live.

Census information is needed for planning vital services such as education, health, transport and general infrastructure.

For help on the Census feel free to ring our Office on 39511 or contact your Enumerator or the District Supervisor

#### How to write your answers:

- use a **black** pen only

- mark the mark box like this: ☒

- if you make a mistake in mark box, do this: (shade completely) ☒

- mark the text box like this:

- if you make a mistake in text box, do this: (cross it out like this)
- Print answers in CAPITAL LETTERS like this:

A	V	A	A	V	A	R	O	A
M	A	U	K	E				

- Please answer all the questions unless the form asks you not to.

#### FOR OFFICE USE ONLY

CD

EA

DN

TOTAL PERSON(S)

PHONE NO.

Enter number of persons in this Dwelling

<p><b>D1</b> What type of Dwelling is this?</p> <p>+ <input type="checkbox"/> Private Dwelling  <input type="checkbox"/> Non Private Dwelling  is it a:  <input type="checkbox"/> Hotel or Motel  <input type="checkbox"/> Institution (hospital, etc)</p>	<p><b>D6</b> Outerwall Materials: What is the primary material for the outerwall of this dwelling? <i>Remember to mark only one box.</i></p> <p><input type="checkbox"/> Concrete /Slab  <input type="checkbox"/> Hardboard/Pinex  <input type="checkbox"/> Wood/Timber  <input type="checkbox"/> Other, specify</p>	<p><b>D12</b> Drinking Water: What is the main source of drinking water? <i>Remember to mark only one box</i> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> Piped water  <input type="checkbox"/> Filtered tap water  <input type="checkbox"/> Rainwater tank  <input type="checkbox"/> Bottled or bought water  <input type="checkbox"/> Protected well  <input type="checkbox"/> Unprotected well</p>	<p><b>D18</b> Traditional Cooking: Does your household practice or carry out "Ummi" or "open fire" cooking? If so, how often? <i>Remember to mark one box</i></p> <p><input type="checkbox"/> Daily  <input type="checkbox"/> Once a week  <input type="checkbox"/> Once a month  <input type="checkbox"/> Once a year  <input type="checkbox"/> Occasional  <input type="checkbox"/> Not at all</p>	<p><b>D22</b> Rubbish Collection cont'd: For household rubbish not collected, how does the household dispose of its rubbish?</p> <p><input type="checkbox"/> Burn  <input type="checkbox"/> Bury  <input type="checkbox"/> Recycle/re-use  <input type="checkbox"/> Dispose in backyard  <input type="checkbox"/> Compost  <input type="checkbox"/> Other, specify</p>	<p><b>D26</b> Fishing: What fishing activity is this household mainly engaged in? <i>exclude Pearl Farming</i> +</p> <p><input type="checkbox"/> Subsistence only  <input type="checkbox"/> Commercial only  <input type="checkbox"/> Subsistence &amp; Commercial  <input type="checkbox"/> No Fishing GOTO D27</p> <p>* where does this household carry out its fishing activity?</p> <p><input type="checkbox"/> Only in reef/lagoon  <input type="checkbox"/> Only outside reef  <input type="checkbox"/> Both in &amp; outside reef</p>																																																
<p><b>D2</b> Tenure: What is the tenure of this household? <i>Remember to mark only one box.</i></p> <p><input type="checkbox"/> Owned Outright  <input type="checkbox"/> On loan repayment/mortgage  <input type="checkbox"/> Occupying without charge  <input type="checkbox"/> Provide free with job  <input type="checkbox"/> Rented</p> <p>If rented, how much rent is paid to the nearest dollar per week?</p> <p>\$ <input type="text"/></p> <p>What condition was the house rented to you?</p> <p><input type="checkbox"/> Unfurnished  <input type="checkbox"/> Partly furnished  <input type="checkbox"/> Fully furnished</p>	<p><b>D7</b> Roofing Materials: What is the primary roofing material for this dwelling? <i>Remember to mark only one box.</i></p> <p><input type="checkbox"/> Corrugated iron  <input type="checkbox"/> Kikau  <input type="checkbox"/> Pandanus (rau)  <input type="checkbox"/> Other, specify</p>	<p><b>D13</b> Energy: What sources of electricity does your household utilise?</p> <p><input type="checkbox"/> Grid (Te Aponga, Council)  <input type="checkbox"/> Generator  <input type="checkbox"/> Solar panels  <input type="checkbox"/> Wind Turbine  <input type="checkbox"/> Other  <input type="checkbox"/> No Electricity</p>	<p><b>D19</b> Historical objects: Does any member of your household have in their possession any of the following objects or documents dated 60 years or more?</p> <p><input type="checkbox"/> Stone carving  <input type="checkbox"/> Wooden carving  <input type="checkbox"/> Weaving  <input type="checkbox"/> Tivaevae  <input type="checkbox"/> Painting  <input type="checkbox"/> Manuscripts/articles  <input type="checkbox"/> Other please specify</p>	<p><b>D23</b> Agriculture: What type of agriculture activity is this household engaged in? <i>Include raising livestock, floriculture, etc.</i></p> <p><input type="checkbox"/> Subsistence only  <input type="checkbox"/> Commercial only  <input type="checkbox"/> Subsistence &amp; Commercial  <input type="checkbox"/> No agriculture</p> <p>* apart from raising animals, what crops does your household grow?</p> <p><input type="checkbox"/> Vegetables, spices, herbs  <input type="checkbox"/> Fruit and Tree crops  <input type="checkbox"/> Flowers  <input type="checkbox"/> Other, specify</p>	<p><b>D27</b> Pearl Farming: Is this household engaged in pearl farming, even if only one member of household?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>For the next questions, count only those items, equipments, devices, etc. owned by this household. Do not count anything borrowed, broken or rented. For D29 only- count the equipment owned/Used.</i>  Enter a number in the box.</p>																																																
<p><b>D3</b> Age: What year was this dwelling constructed?</p> <p>Year <input type="text"/></p>	<p><b>D8</b> Spouting or guttering: Does this dwelling have spouting or gutter fitted to it? <i>Remember to mark only one box.</i></p> <p><input type="checkbox"/> Not spouted  <input type="checkbox"/> Partially spouted  <input type="checkbox"/> Fully spouted</p>	<p><b>D14</b> <i>Answer only if you use a Generator</i> <i>else GOTO D15.</i> How much do you spend on fuel in a week?</p> <p>Petrol: \$ <input type="text"/></p> <p>Diesel: \$ <input type="text"/></p>	<p><b>D15</b> Toilet Facilities: What toilet facilities are available to this household?</p> <p><input type="checkbox"/> Flush toilet  <input type="checkbox"/> Pour flush toilet  <input type="checkbox"/> Pit latrine with/without slab  <input type="checkbox"/> Lagoon toilet</p>	<p><b>D24</b> Commercial Farming: If your household is engaged in commercial farming, did your sales of crops in the last 12 months exceed NZ\$1,000?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>D28</b> Fishing Equipment: How many of the following equipment does the household members own?</p> <p><input type="checkbox"/> Speargun  <input type="checkbox"/> Fish rod imported  <input type="checkbox"/> Fishing net  <input type="checkbox"/> Scuba (full set)  <input type="checkbox"/> Canoe  <input type="checkbox"/> Boat  <input type="checkbox"/> Outboard motor</p>																																																
<p><b>D4</b> Rooms: How many rooms are there in this dwelling?</p> <p>Total rooms: <input type="text"/></p> <p>Count: bedrooms, kitchen, dining room, lounge, living room, study room, family room, etc</p> <p>Do not count: bathroom, shower, toilets garage, open verandah, store rooms, etc.</p>	<p><b>D9</b> Water Supply: What is this household's source of water? <i>Mark as many boxes as you need to answer this question.</i></p> <p><input type="checkbox"/> Public water main  <input type="checkbox"/> Public water catchment  <input type="checkbox"/> Own water tank  <input type="checkbox"/> Dug out well  <input type="checkbox"/> Other sources, please specify</p>	<p><b>D16</b> Household Facilities: What facilities are available to this household?</p> <p><input type="checkbox"/> Electric water heater  <input type="checkbox"/> Gas water heater  <input type="checkbox"/> Solar water heater  <input type="checkbox"/> Water Filter  <input type="checkbox"/> Kitchen sink  <input type="checkbox"/> Bath or Shower  <input type="checkbox"/> Water pump</p>	<p><b>D20</b> Communication Technology: What type of communication equipment does this household have access to?</p> <p><input type="checkbox"/> Phone/fax at home  <input type="checkbox"/> Phone/fax at family/friends  <input type="checkbox"/> Phone/fax at workplace  <input type="checkbox"/> Phone/fax at school  <input type="checkbox"/> Cell phone (private)  <input type="checkbox"/> Cell phone at family/friends  <input type="checkbox"/> Cell phone at workplace  <input type="checkbox"/> Cell phone at school  <input type="checkbox"/> Internet at home  <input type="checkbox"/> Internet at Family/Friends  <input type="checkbox"/> Internet at workplace  <input type="checkbox"/> Internet at school  <input type="checkbox"/> Internet cafe  <input type="checkbox"/> No access</p>	<p><b>D25</b> Average Weekly Consumption of Coconuts: Does your household consume/use coconuts?</p> <p><input type="checkbox"/> Yes - fill details below <input type="checkbox"/> No</p> <p>Coconut Use</p> <p>For human consumption <input type="text"/></p> <p>Animals <input type="text"/></p> <p>Other use <input type="text"/></p>	<p><b>D29</b> Farm Equipment: How many of the following equipment does the household members own or use?</p> <table border="1"> <thead> <tr> <th></th> <th>Owned</th> <th>Hired</th> <th>Borrowed</th> </tr> </thead> <tbody> <tr><td>Tractor</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Rotary hoe</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Mist Blower</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Grass cutter</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Motor mower</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Disc harrow</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Plough</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Rotovator</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Slasher</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Tyne</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Ripper</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Owned	Hired	Borrowed	Tractor	<input type="text"/>	<input type="text"/>	<input type="text"/>	Rotary hoe	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mist Blower	<input type="text"/>	<input type="text"/>	<input type="text"/>	Grass cutter	<input type="text"/>	<input type="text"/>	<input type="text"/>	Motor mower	<input type="text"/>	<input type="text"/>	<input type="text"/>	Disc harrow	<input type="text"/>	<input type="text"/>	<input type="text"/>	Plough	<input type="text"/>	<input type="text"/>	<input type="text"/>	Rotovator	<input type="text"/>	<input type="text"/>	<input type="text"/>	Slasher	<input type="text"/>	<input type="text"/>	<input type="text"/>	Tyne	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ripper	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Ripper	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																		
<p><b>D5</b> Floor Materials: What is the primary flooring material of this dwelling? <i>Remember to mark only one box.</i></p> <p><input type="checkbox"/> Concrete  <input type="checkbox"/> Wood/Timber  <input type="checkbox"/> Gravel (kirkini)  <input type="checkbox"/> Other, specify</p>	<p><b>D10</b> If "public water main", is water piped to:</p> <p><input type="checkbox"/> Outside dwelling only  <input type="checkbox"/> Inside dwelling only  <input type="checkbox"/> Both to inside and outside</p>	<p><b>D17</b> Cooking: Of the types of energy used for cooking, indicate how often you use any of them in the last month (in days)?</p> <p><input type="checkbox"/> Electricity  <input type="checkbox"/> Gas  <input type="checkbox"/> Kerosene  <input type="checkbox"/> Firewood</p>	<p><b>D21</b> Rubbish Collection: Is this household's rubbish collected by the collection truck?</p> <p><input type="checkbox"/> All rubbish collected  <input type="checkbox"/> Only some rubbish collected  <input type="checkbox"/> None at all</p>																																																		
<p><b>D11</b> If "own water tank", is water piped to:</p> <p><input type="checkbox"/> Outside dwelling  <input type="checkbox"/> Inside dwelling only  <input type="checkbox"/> Both to inside and outside</p> <p><i>Is water collected from:</i></p> <p><input type="checkbox"/> Public water main  <input type="checkbox"/> Roof  <input type="checkbox"/> Both</p>	<p><b>D16</b> Household Facilities: What facilities are available to this household?</p> <p><input type="checkbox"/> Electric water heater  <input type="checkbox"/> Gas water heater  <input type="checkbox"/> Solar water heater  <input type="checkbox"/> Water Filter  <input type="checkbox"/> Kitchen sink  <input type="checkbox"/> Bath or Shower  <input type="checkbox"/> Water pump</p>	<p><b>D17</b> Cooking: Of the types of energy used for cooking, indicate how often you use any of them in the last month (in days)?</p> <p><input type="checkbox"/> Electricity  <input type="checkbox"/> Gas  <input type="checkbox"/> Kerosene  <input type="checkbox"/> Firewood</p>	<p><b>D21</b> Rubbish Collection: Is this household's rubbish collected by the collection truck?</p> <p><input type="checkbox"/> All rubbish collected  <input type="checkbox"/> Only some rubbish collected  <input type="checkbox"/> None at all</p>																																																		