



District No.	Sub-district No.	Mesh-block No.	Questionnaire No.	For Office Use Only
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DEPARTMENT OF STATISTICS

**NEW ZEALAND CENSUS OF POPULATION AND DWELLINGS**

Tuesday, 24 March 1981

**SPECIMEN  
ONLY**

**PERSONAL QUESTIONNAIRE ONLY**

This Census is taken under the authority of section 23 (1) of the Statistics Act 1975.

Under this Act, a Personal Questionnaire must be completed by or for **EVERY** man, woman, and child (including baby) who is alive and is in New Zealand at midnight on the night of Tuesday, 24 March 1981.

It is an offence under section 43 (1) of the Statistics Act 1975, to neglect or refuse to supply Census information, or to make false statements on this questionnaire or to Census officers.

**CONFIDENTIALITY**

It is recognised that much of the information in the completed questionnaire is private. The confidentiality of the information you supply is safeguarded both by legislation and by Census procedures.

No information given in this questionnaire will be made available by the Department of Statistics to any organisation (including any other government department), or to any person (other than an employee of the Department of Statistics), in any form which would allow identification with the individual.

J.H. DARWIN  
Government Statistician

**INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE**

A tick or other appropriate answer must be made in:

- every question from 1 to 12 (inclusive) for every person, and in
- every question from 13 to 29 (inclusive) if this questionnaire refers to a person aged 15 years or over (except in the case of certain visitors to New Zealand—see note following Question 12).

**1. FULL NAME(\*):** .....  
Surname or Family Name ..... Christian or First Names (Write 'Baby' for a child not yet named.)

**2. SEX:** TICK BOX WHICH APPLIES: Male  1 Female  2

**3. DATE OF BIRTHDAY:** Day of Month ..... Month of Year .....

**4. YEAR BORN, OR AGE LAST BIRTHDAY:**  
 SPECIFY EITHER YEAR BORN: ..... OR AGE LAST BIRTHDAY: ..... (years).

**5. RELATIONSHIP TO OCCUPIER OR TO PERSON IN CHARGE OF DWELLING ON CENSUS NIGHT(\*):**  
**EITHER (A) IF IN A PRIVATE DWELLING (e.g. house, flat) ON CENSUS NIGHT, TICK BOX WHICH APPLIES:**

Occupier	<input type="checkbox"/> 1	Spouse (husband or wife) of occupier	<input type="checkbox"/> 2	Daughter or son (including adopted or step) of occupier	<input type="checkbox"/> 3	Flatmate	<input type="checkbox"/> 12	Guest or visitor	<input type="checkbox"/> 13
Boarder	<input type="checkbox"/> 14	Grandchild of occupier	<input type="checkbox"/> 7	Father, mother, father-in-law, or mother-in-law of occupier	<input type="checkbox"/> 5	Brother or sister of occupier	<input type="checkbox"/> 8	Nephew, niece or cousin of occupier	<input type="checkbox"/> 10
Other	<input type="checkbox"/>	→ SPECIFY (e.g. son-in-law, lodger, foster-child): .....							

**OR (B) IF IN A NON-PRIVATE DWELLING (e.g., hotel, motel, hospital, hostel, camp, ship) ON CENSUS NIGHT, TICK BOX WHICH APPLIES:**

Person in charge of a non-private dwelling	<input type="checkbox"/> 19	Member of family of, or non-paying guest of, person in charge	<input type="checkbox"/> 20	Resident staff in non-private dwelling	<input type="checkbox"/> 21	Paying guest, patient, other resident or inmate of a non-private dwelling	<input type="checkbox"/> 22
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**6. FULL ADDRESS ON CENSUS NIGHT: (DO NOT GIVE P.O. BOX OR RURAL DELIVERY NUMBERS.)**  
 .....  
Number in street, and name of street, road, etc. .... Name of suburb or rural locality (if any) .... Name of city, town, or county

**7. USUAL RESIDENTIAL ADDRESS(\*): TICK BOX WHICH APPLIES:**

Same as address given in Question 6 above	<input type="checkbox"/>	N.Z. resident with no fixed residential address in N.Z.	<input type="checkbox"/>	Usually resident overseas (see Census Guide)	<input type="checkbox"/>	..... Name of Country
Other fixed residential address in N.Z.	<input type="checkbox"/>	→ SPECIFY:				
(i) Number in street, and name of street, road, etc.: .....						
(ii) Name of suburb or rural locality (if any): .....						
(iii) Name of city, town, or county: .....						

\* SEE CENSUS GUIDE

Continue overleaf

**8. USUAL RESIDENTIAL ADDRESS ONE YEAR AGO (24 MARCH 1980):** TICK BOX WHICH APPLIES:

Same as address in Question 7 on Page One       Not applicable (born since 24 March 1980)       Living in an overseas country on 24 March 1980  → Name of Country .....

Other  → SPECIFY: (i) Number in street, and name of street, road, etc.: .....  
 (ii) Name of suburb or rural locality (if any): .....  
 (iii) Name of city, town, or county: .....

**9. USUAL RESIDENTIAL ADDRESS AT PREVIOUS CENSUS (23 MARCH 1976):** TICK BOX WHICH APPLIES:

Same as address in Question 7 on Page One       Same as address written in Question 8 above       Not applicable (born since 23 March 1976)       Living in an overseas country on 23 March 1976  → Name of Country .....

Other  → SPECIFY: (i) Number in street, and name of street, road, etc.: .....  
 (ii) Name of suburb or rural locality (if any): .....  
 (iii) Name of city, town, or county: .....

**10. COUNTRY OF BIRTH(\*):** TICK BOX WHICH APPLIES:

New Zealand       Other country  → SPECIFY: (A) Present name of country ..... AND (B) Number of years in N.Z.: .....  
 (If under 1 year, write '0')

**11. RELIGIOUS DENOMINATION(\*):**

SPECIFY: ..... There is a statutory right to object to stating religious denomination, providing the word "OBJECT" is entered.

**12. ETHNIC ORIGIN(\*):**

EITHER (A) IF OF ONLY ONE (FULL) ORIGIN, TICK BOX WHICH APPLIES:

Full European, or full Caucasian       Full N.Z. Maori       Full Samoan       Full Cook Is. Maori       Full Chinese       Full Indian   
 Full Niuean       Full Tongan       Other full origin  → SPECIFY: ..... (e.g. Tokelauan, Japanese, Vietnamese)

OR (B) IF OF MORE THAN ONE ORIGIN, GIVE PARTICULARS:  
 .....  
 (e.g.  $\frac{7}{8}$  European +  $\frac{1}{8}$  N.Z. Maori;  $\frac{3}{4}$  N.Z. Maori +  $\frac{1}{4}$  Niuean;  $\frac{1}{2}$  Chinese +  $\frac{1}{4}$  European +  $\frac{1}{4}$  Samoan)

CONTINUE BELOW if this questionnaire refers to a person who is aged 15 years or over and is either (a) a resident of New Zealand, or (b) a visitor to New Zealand who is, has been, or will be working while visiting New Zealand, or (c) a member of the family of an overseas resident who is working while visiting New Zealand.

If this questionnaire refers to a visitor to New Zealand who will not have worked in New Zealand between his or her date of arrival and date of departure, and he or she is not a member of the family of an overseas resident who is, has been, or will be working while visiting New Zealand, then no further questions need be answered, but this questionnaire must be signed in the space provided on Page Four.

For those under 15 years of age (i.e. those born on or since 25 March 1966), no further questions need be answered, but this questionnaire must be signed in the space provided on Page Four. A parent or guardian should sign the questionnaire of a young child.

**13. CIGARETTE SMOKING:** TICK THE BOX WHICH BEST DESCRIBES YOUR CURRENT CIGARETTE SMOKING:

Never smoked cigarettes at all, or never smoked them regularly  0      Do not smoke cigarettes now, but used to smoke them regularly (1 or more per day)  1      Currently smoke cigarettes regularly (1 or more per day)  2 → Specify number smoked yesterday: ..... cigarettes (If none write '0')

**14. PRESENT MARITAL STATUS:** (A) TICK BOX WHICH APPLIES:

Never married  1      Married  2      Married but permanently separated  3      Widowed  4      Divorced  5

(B) IF LIVING IN A DE FACTO RELATIONSHIP (as husband/wife), TICK BOX:

**15. NUMBER OF CHILDREN BORN:**

IF A FEMALE, SPECIFY NUMBER OF CHILDREN BORN ALIVE TO YOU, INCLUDING ANY WHO HAVE SINCE DIED, BUT DO NOT INCLUDE STEP-CHILDREN OR ADOPTED CHILDREN: ..... (If none, write '0')

IF A MALE, TICK BOX:

**16. HOURS WORKED PER WEEK(\*):**

- This question refers to usual hours at present worked for wages, salary, other financial reward, or as an unpaid relative assisting in business (farm, shop, etc.), including part-time and overtime hours.
- Except for hours worked as an unpaid relative assisting in business (farm, shop, etc.), **no hours worked in unpaid jobs are to be included in your answer(s) to this question.**

SPECIFY: (A) Number of hours worked PER WEEK in main job: . . . . . OR IF NONE (i.e. not working),   
 (B) Number of hours worked PER WEEK in second job (if any): . . . . . TICK BOX:   
 (C) Number of hours worked PER WEEK in any other jobs: . . . . .  
 (D) TOTAL NUMBER OF HOURS WORKED PER WEEK IN ALL JOBS: . . . . .

**17. EMPLOYMENT STATUS(\*):**

IF YOUR ANSWER TO QUESTION 16(D) WAS 20 HOURS OR MORE, TICK BOX WHICH APPLIES TO YOUR (MAIN) JOB:

Employer of labour in own business or profession  0      Working on own account and not employing labour  1      Working for wages or salary  2      Relative assisting in business (farm, shop, etc.) and NOT receiving wages  4

OTHERWISE, TICK BOX WHICH APPLIES:

Unemployed and seeking work  5      Retired  6      Full-time student  7      Household duties (unpaid)  8

Other  9 → SPECIFY: (e.g. invalid).....

**18. OCCUPATION(\*)**

Job, profession, trade or type of work in which you now work full-time or part-time for financial reward, or as an unpaid relative assisting. State fully, e.g. sheep farmer, auto-electrician, builder's labourer, dental nurse, wages clerk. If unemployed, state previous occupation. Otherwise, write NIL.

**19. NAME OF EMPLOYING ORGANISATION(\*):** (If Unemployed give name of previous employer.)

SPECIFY: ..... OR IF NOT APPLICABLE, TICK BOX:

**20. ADDRESS OF WORKPLACE(\*):**

EITHER (A) SPECIFY: (i) Number in street, and name of street, road, etc.: .....  
 (ii) Name of suburb or rural locality (if any): .....  
 (iii) Name of city, town or county: .....

OR (B) IF NOT APPLICABLE, TICK BOX:

**21. TYPE OF WORK CARRIED OUT BY EMPLOYING ORGANISATION(\*):** (If unemployed give type of work of previous employer.)

SPECIFY: ..... OR IF NOT APPLICABLE, TICK BOX:

**22. MAIN MEANS OF TRAVEL TO WORK(\*):** TICK BOX WHICH APPLIES:

Public bus  0      Train  1      Passenger in car, truck, van, or firm's bus  2      Drive car, truck, or van  3      Motor cycle, power cycle  4  
 Bicycle  5      Walk  6      Other means  7      Work at home  8      Not applicable  9

**23. SOCIAL SECURITY BENEFITS (including National Superannuation, Family Benefit, and War Pensions)(\*):**

- Indicate below the types of Social Security benefit and war pension received during the year ending 31 March 1981, including benefits and war pensions received for only part of that year.
- Benefits received by one family member on behalf of other family members (e.g. mother receiving Family Benefit, husband receiving benefit for couple and children) should be reported on one questionnaire only, that of the recipient.

TICK BOX OR BOXES WHICH APPLY:

None       Family Benefit       National Superannuation       Unemployment Benefit       Sickness Benefit   
 Domestic Purposes Benefit       Widows Benefit       Invalids Benefit       War Pension       Miners Benefit   
 Orphans Benefit       Other benefit  → SPECIFY: .....

**24. INCOME FROM SOCIAL SECURITY BENEFITS (including National Superannuation, Family Benefit, and War Pensions):**

- Tick the box below which represents your estimated income, for the year ending 31 March 1981, from ALL Social Security benefits and war pensions (including any benefit that was received for only part of that year).
- If receiving a benefit which is taxed before you get it, include the before-tax amount in your estimate.
- Benefit income received by one family member on behalf of other family members (e.g. mother receiving Family Benefit, husband receiving benefit for couple and children) should be reported on one questionnaire only, that of the recipient.

TICK BOX WHICH APPLIES:

Nil  0      \$1 to \$499  1      \$500 to \$999  2      \$1,000 to \$1,999  3      \$2,000 to \$2,999  4  
 \$3,000 to \$3,999  5      \$4,000 to \$4,999  6      \$5,000 to \$5,999  7      \$6,000 or over  8

**25. INCOME FROM OTHER SOURCES(\*):**

- Tick the box below which represents your estimated gross income, for the year ending 31 March 1981, from all sources EXCEPT Social Security benefits and war pensions.
- Include interest, wages, salary, piecework income, dividends, Accident Compensation weekly payments, Standard Tertiary Bursary income (including any supplement), and net income before tax from own business (including farming), rents, commissions, etc.
- Include the assessed value of housing, board, and goods or services where supplied free by an employer.

TICK BOX WHICH APPLIES:

Nil or loss <input type="checkbox"/> 0	\$1 to \$249 <input type="checkbox"/> 1	\$250 to \$499 <input type="checkbox"/> 2	\$500 to \$999 <input type="checkbox"/> 3	\$1,000 to \$1,999 <input type="checkbox"/> 4	\$2,000 to \$3,499 <input type="checkbox"/> 5	\$3,500 to \$4,999 <input type="checkbox"/> 6	\$5,000 to \$6,499 <input type="checkbox"/> 7
\$6,500 to \$7,999 <input type="checkbox"/> 8	\$8,000 to \$9,999 <input type="checkbox"/> 9	\$10,000 to \$11,999 <input type="checkbox"/> 10	\$12,000 to \$13,999 <input type="checkbox"/> 11	\$14,000 to \$15,999 <input type="checkbox"/> 12	\$16,000 to \$17,999 <input type="checkbox"/> 13	\$18,000 to \$19,999 <input type="checkbox"/> 14	\$20,000 to \$22,499 <input type="checkbox"/> 15
\$22,500 to \$24,999 <input type="checkbox"/> 16	\$25,000 to \$27,499 <input type="checkbox"/> 17	\$27,500 to \$29,999 <input type="checkbox"/> 18	\$30,000 to \$34,999 <input type="checkbox"/> 19	\$35,000 to \$39,999 <input type="checkbox"/> 20	\$40,000 to \$49,999 <input type="checkbox"/> 21	\$50,000 to \$59,999 <input type="checkbox"/> 22	\$60,000 or over <input type="checkbox"/> 23

**26. HIGHEST LEVEL ATTENDED AT SCHOOL(\*):** TICK BOX WHICH APPLIES:

No Primary or Secondary Schooling <input type="checkbox"/> 1	Primary or Intermediate School (Standard 6 or below) <input type="checkbox"/> 2	SECONDARY SCHOOL: Form 3 <input type="checkbox"/> 3	Form 4 <input type="checkbox"/> 4	Form 5 <input type="checkbox"/> 5	Form 6 <input type="checkbox"/> 6	Form 7 <input type="checkbox"/> 7
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**27. HIGHEST SCHOOL QUALIFICATION GAINED(\*):**

IF YOU HAVE TICKED ONE OF THE BOXES NUMBERED 1 TO 4 IN QUESTION 26 ABOVE, TICK BOX:  THEN GO TO QUESTION 28. OTHERWISE, TICK BOX BELOW WHICH APPLIES:—

No school qualification <input type="checkbox"/> 0	University Scholarship or 'A' or 'B' Bursary <input type="checkbox"/> 1	Higher School Certificate, Higher Leaving Certificate <input type="checkbox"/> 2	University Entrance, Matriculation <input type="checkbox"/> 3	Endorsed School Certificate, Sixth Form Certificate in 4 or more subjects <input type="checkbox"/> 4	Sixth Form Certificate in 1, 2 or 3 subjects <input type="checkbox"/> 5
School Certificate or 3 or more subject passes in School Cert. <input type="checkbox"/> 6	1 or 2 subject passes in School Certificate <input type="checkbox"/> 7	Other <input type="checkbox"/> → SPECIFY: .....			

**28. OTHER PLACES OF EDUCATION ATTENDED OR AT WHICH ENROLLED(\*):**

IF STILL ATTENDING PRIMARY OR SECONDARY SCHOOL, TICK BOX  THEN GO TO QUESTION 29.

OTHERWISE ANSWER PARTS (A) and (B) BELOW BY TICKING BOX OR BOXES WHICH APPLY:

(A) Past Attendance:—	None <input type="checkbox"/>	University <input type="checkbox"/>	Teachers College <input type="checkbox"/>	Polytechnic or Technical Institute <input type="checkbox"/>	Other <input type="checkbox"/> → SPECIFY: ..... (e.g. Business College, Nursing School)
(B) Current Attendance:—	None <input type="checkbox"/>	University <input type="checkbox"/>	Teachers College <input type="checkbox"/>	Polytechnic or Technical Institute <input type="checkbox"/>	Other <input type="checkbox"/> → SPECIFY: ..... (e.g. Pharmacy School, Community College)

**29. ACADEMIC, VOCATIONAL, OR PROFESSIONAL QUALIFICATIONS GAINED SINCE LEAVING SCHOOL(\*):**

EITHER (A) TICK BOX WHICH APPLIES: No qualifications, or no relevant qualifications  Still at school

- OR (B)
- Specify academic, vocational, or professional qualifications gained through prescribed courses of study since leaving school, starting with the most recently gained. If more than one qualification in a particular field or subject, give only the highest qualification in that field or subject.
  - Also give field or subject associated with each qualification, and year qualification gained.
  - Do not use abbreviations, and do not give recreational qualifications, qualifications not yet fully gained, or courses of study which did not produce a qualification.

	NAME OF QUALIFICATION	FIELD OR SUBJECT	YEAR GAINED
Qualification 1:	.....	.....	.....
Qualification 2:	.....	.....	.....
Qualification 3:	.....	.....	.....
Qualification 4:	.....	.....	.....

→ **SIGNATURE:** I CERTIFY THAT THE ABOVE PARTICULARS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF: .....

Signature

When you have completed this questionnaire, please check that all relevant questions have been answered, and that the questionnaire has been signed. Please note that failure to answer all relevant questions will result in further inquiries being made by the Sub-enumerator or other Census officers.

Give the questionnaire to the occupier or person in charge of the dwelling. Where additional privacy is desired, you may hand the completed questionnaire in a sealed envelope to the occupier or person in charge, provided you write on the outside of the envelope your name and the District, Sub-district, Mesh-block, and Questionnaire Numbers shown at the top of the front page of this questionnaire.

It is illegal for an envelope so sealed and endorsed to be opened by the occupier, person in charge, or Sub-enumerator. However, the use of an envelope does not release you from your responsibilities under the Statistics Act 1975. Any omissions will result in further inquiries being made by Census officers.

Additional information is contained in the accompanying Census Guide. If you have any queries, please contact your Enumerator, whose telephone number has been advertised in your local newspaper, or is obtainable from your local Post Office.

Thank you for your co-operation.

\* SEE CENSUS GUIDE