



District No.

Sub District No.

Meshblock No.

Questionnaire No.

For Office Use Only

# Personal Questionnaire

The information you provide will remain confidential to the Department of Statistics

- A Personal Questionnaire is legally required to be filled in by or for every man, woman and child (including baby) living in New Zealand at midnight on 4 March 1986.
- This completed questionnaire will be seen only by employees of the Department of Statistics who have taken a statutory declaration of secrecy. The information you provide will be used for statistical purposes only and identifiable details about you or your household will not be disclosed to any other government department, organisation or person.
- This Census is taken under the authority of Section 23 (1) of the Statistics Act 1975.

S. KUZMICICH  
Government Statistician

Please refer to the guide notes before you fill in this questionnaire

For each question, please either tick box



or enter number eg:

or print answer eg:

Surname or family name

**SMITH**

**Name**

Surname or family name

First or Christian names

**Address of where you are on Census night**

• DO NOT give P.O. Box or Rural Delivery numbers

Street number and name

Suburb or rural locality

City or town or county

**1 Where do you usually live?**

1 Usually live at the above address

2 Usually live elsewhere in New Zealand at the address below

Street number and name

Suburb or rural locality

City or town or county

3 New Zealand resident with no fixed address

4 Usually live overseas

Please state country

**2 How long have you lived at your usual address?**

years (If under 1 year write '0')

**3 Where did you usually live five years ago? (at the last Census on 24 March 1981)**

1 Same as usual address now

2 Lived elsewhere in New Zealand at the address below

Street number and name

Suburb or rural locality

City or town or county

3 Not alive 5 years ago

4 Lived overseas in March 1981

Please state country

**4 Sex**

6 Male

7 Female

**5 Date of birth**

day month year

**6 What is your relationship to the occupier? (the person answering the Dwelling Questionnaire)**

01 I am the occupier

02 Husband or wife of occupier

03 Daughter or son of occupier

Other relative (such as grandchild, mother-in-law)

Please state

Not a relative (such as flatmate, boarder, hotel guest)

Please state

**7 What country were you born in?**

- 1 New Zealand
- 2 Australia
- 3 England
- 4 Scotland
- 5 The Netherlands
- 6 Western Samoa
- 7 Cook Islands
- 8 Other country (such as Eire, India, Fiji)

Please state

**8 If you were born overseas, how many years have you lived in New Zealand?**

| years (If under 1 year write '0')

**9 What is your ethnic origin?**

Tick the box or boxes which apply to you

- ① European
- ② New Zealand Maori
- ③ Samoan
- ④ Cook Island Maori
- ⑤ Niuean
- ⑥ Tongan
- ⑦ Chinese
- ⑧ Indian
- ⑨ Other (such as Fijian, Tokelauan)

Please state

**10 What is your religion?**

- 01 Anglican
- 02 Presbyterian
- 03 Catholic
- 04 Methodist
- 05 Baptist
- 06 No religion
- 07 Other religion (such as Ratana, Hindu)

Please state

- 08 Object to answering this question

**Answer the remaining questions if you are aged 15 years or over**

(that is, if you were born on or before 4 March 1971)

**If you are under 15 years, answer no more questions, but please sign at the bottom of the back page.**

**11 What are your living arrangements?**

- 1 Living with legal husband or wife
- 2 Living with a partner as a couple (de facto marriage)
- 3 Living alone
- 4 Living with other persons (such as parents, flatmates)

Please state

**12 What is your present marital status?**

- 1 Never married
- 2 Married, first time
- 3 Remarried
- 4 Separated
- 5 Divorced
- 6 Widowed

**13 What Social Welfare payments have you received during the last 12 months?**

Tick the box or boxes which apply to you

- ① None
- ② Family Benefit
- ③ Family Care
- ④ National Superannuation
- ⑤ Domestic Purposes Benefit
- ⑥ Unemployment Benefit
- ⑦ Sickness or Invalid's Benefit
- ⑧ Widow's Benefit
- ⑨ War Pension
- ⑩ Other

Please state

**14 What will be your income before tax for the year ending 31 March 1986?**

*Include income from all sources*

- Wages, salary
- Social Welfare payments (*including National Superannuation*)
- Family Care, Family Benefit
- Interest, dividends, rent, commission
- Fringe benefits or income in kind
- Business or farming income (*less expenses*)
- Accident Compensation weekly payments
- Bursary, Scholarship
- Superannuation

- 01 Nil or Loss
- 02 \$1000 or less per year  
(Less than \$19 per week)
- 03 \$1,001-\$2,500 per year  
(\$19 and less than \$48 per week)
- 04 \$2,501-\$5,000 per year  
(\$48 and less than \$96 per week)
- 05 \$5,001-\$7,500 per year  
(\$96 and less than \$144 per week)
- 06 \$7,501-\$10,000 per year  
(\$144 and less than \$192 per week)
- 07 \$10,001-\$12,500 per year  
(\$192 and less than \$240 per week)
- 08 \$12,501-\$15,000 per year  
(\$240 and less than \$288 per week)
- 09 \$15,001-\$17,500 per year  
(\$288 and less than \$337 per week)
- 10 \$17,501-\$20,000 per year  
(\$337 and less than \$385 per week)
- 11 \$20,001-\$25,000 per year  
(\$385 and less than \$481 per week)
- 12 \$25,001-\$30,000 per year  
(\$481 and less than \$577 per week)
- 13 \$30,001-\$35,000 per year  
(\$577 and less than \$673 per week)
- 14 \$35,001-\$40,000 per year  
(\$673 and less than \$769 per week)
- 15 \$40,001-\$50,000 per year  
(\$769 and less than \$962 per week)
- 16 \$50,001 and over per year  
(\$962 and over per week)

**15 How many hours of voluntary work do you do on a regular weekly basis?**

• For example, Meals on Wheels, sports administration, marriage counselling, Te Kohanga Reo

- 1 Nil hours
- 2 1-4 hours per week
- 3 5-9 hours per week
- 4 10-14 hours per week
- 5 15 or more hours per week

**16 What is your main work or activity?**

- 01 Home duties—looking after children
- 02 Home duties—not looking after children
- 03 Full-time student
- 04 Retired
- 05 Unemployed
- 06 Paid job, business, farming or profession
- 07 Unpaid work in a family business
- 08 Other (*such as hospital patient*)

↓  
Please state

**17 What is your highest school qualification?**

- 1 No school qualification
- 2 School Certificate, 1 or 2 passes
- 3 School Certificate, 3 or more passes  
6th Form Certificate, Endorsed School Certificate
- 4
- 5 University Entrance, Matriculation  
Higher School Certificate, Higher Leaving Certificate
- 6
- 7 University Bursary, Scholarship
- 8 Other school qualification

↓  
Please state

**18 What qualifications have you obtained since leaving school?**

*Tick the box or boxes which apply to you*

- ⓪1 Still at school
- ⓪2 No qualification since leaving school
- ⓪3 Trade Certificate, Advanced Trade Certificate
- ⓪4 Nursing Certificate or Diploma
- ⓪5 Teachers Certificate or Diploma
- ⓪6 Technicians Certificate
- ⓪7 New Zealand Certificate or Diploma  
(awarded by the TCA or AAVA)
- ⓪8 University Certificate or Diploma below  
Bachelor level
- ⓪9 Bachelors Degree
- ⓪10 Postgraduate Degree, Certificate or Diploma
- ⓪11 Other qualification

↓  
Please state

**19 Did you look for paid work in the last 4 weeks?**

- 1 Yes — looked for full-time work
- 2 Yes — looked for part-time work
- 3 No — did not look for work

**20 Do you work in a job, business, farm or profession?**

- 6 Yes — working ► **Answer all questions 21 to 27**
- 7 No ► **Answer no more questions. Please sign box at bottom of page**

**21 In your work, are you ...**

- 1 Working for wages or salary
- 2 Self-employed and not employing others
- 3 Employer of others in own business
- 4 Unpaid worker in a family business

**22 How many hours did you work last week?**

• *If on holiday, sick or absent for other reasons, state usual hours*

| Hours worked last week in main job  
and

| Hours worked last week in other jobs  
(If nil hours write '0')

**23 What is your present occupation?**

• *For example, builder's labourer, maintenance fitter, sheep farmer, primary teacher, general office clerk.*

**In your work what are your main tasks or duties?**

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**24 Who do you work for?**

• *Please state name of business, firm, government department or other organisation*

**25 Where do you work?**

• *If street address is not known, give building name or shopping centre*

Street number and name

Suburb or rural locality

City or town or county

OR Work at home

**26 What is the main activity at your place of work?**

• **State fully**

*For example, public health nursing, video hire, shirt manufacturing, sheep farming.*

**27 What is your main means of travel to work?**

**Tick one box only**

- 1 Public bus
- 2 Train
- 3 Drive a private car, truck or van
- 4 Drive a company car, truck or van
- 5 Passenger in car, truck, van or company bus
- 6 Bicycle
- 7 Motor cycle, power cycle
- 8 Walk
- 9 Other means
- 0 Work at home

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

*Sign here*