



Surname, name, patronymic	№	№
1 Cognate relation with the first stated person in the household (family)	1 <input type="checkbox"/> First stated person 2 <input type="checkbox"/> Husband, wife 3 <input type="checkbox"/> Son, daughter 4 <input type="checkbox"/> Father, mother 5 <input type="checkbox"/> Brother, sister	6 <input type="checkbox"/> Bride, son-in-law 7 <input type="checkbox"/> Father-in-law, mother-in-law 8 <input type="checkbox"/> Grandfather, grandmother 9 <input type="checkbox"/> Grandchild 10 <input type="checkbox"/> Other relatives 11 <input type="checkbox"/> Not relative
2 Sex	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> First stated person 2 <input type="checkbox"/> Husband, wife 3 <input type="checkbox"/> Son, daughter 4 <input type="checkbox"/> Father, mother 5 <input type="checkbox"/> Brother, sister
3 Temporarily absent	Has been absent from: month <input type="text"/> year <input type="text"/> Temporarily lived: state or region (city) <input type="text"/>	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
4 Date of birth	date: <input type="text"/> month: <input type="text"/> year: <input type="text"/> Fulfilled age: <input type="text"/>	1 <input type="checkbox"/> First stated person 2 <input type="checkbox"/> Husband, wife 3 <input type="checkbox"/> Son, daughter 4 <input type="checkbox"/> Father, mother 5 <input type="checkbox"/> Brother, sister
5 Birth place (state)	1 <input type="checkbox"/> Urban place 2 <input type="checkbox"/> Rural place	1 <input type="checkbox"/> First stated person 2 <input type="checkbox"/> Husband, wife 3 <input type="checkbox"/> Son, daughter 4 <input type="checkbox"/> Father, mother 5 <input type="checkbox"/> Brother, sister
6 Whether the residence during the census is the place of permanent residence?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> There is not permanent place of residence If "not", please indicate the place of permanent residence <input type="text"/>	1 <input type="checkbox"/> First stated person 2 <input type="checkbox"/> Husband, wife 3 <input type="checkbox"/> Son, daughter 4 <input type="checkbox"/> Father, mother 5 <input type="checkbox"/> Brother, sister
7 For those who changed the place of former residence: refugee (forced migrant)	a) Since what time has been living here: -year <input type="text"/> b) Place of former residence (state, region) <input type="text"/>	1 <input type="checkbox"/> First stated person 2 <input type="checkbox"/> Husband, wife 3 <input type="checkbox"/> Son, daughter 4 <input type="checkbox"/> Father, mother 5 <input type="checkbox"/> Brother, sister
8 Nationality	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> First stated person 2 <input type="checkbox"/> Husband, wife 3 <input type="checkbox"/> Son, daughter 4 <input type="checkbox"/> Father, mother 5 <input type="checkbox"/> Brother, sister
9 Native language Other languages		1 <input type="checkbox"/> First stated person 2 <input type="checkbox"/> Husband, wife 3 <input type="checkbox"/> Son, daughter 4 <input type="checkbox"/> Father, mother 5 <input type="checkbox"/> Brother, sister
10 Citizenship (indicate the state)		1 <input type="checkbox"/> First stated person 2 <input type="checkbox"/> Husband, wife 3 <input type="checkbox"/> Son, daughter 4 <input type="checkbox"/> Father, mother 5 <input type="checkbox"/> Brother, sister
11 Marital status	1 <input type="checkbox"/> Unmarried 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Divorced (separated) 4 <input type="checkbox"/> Widowed	1 <input type="checkbox"/> First stated person 2 <input type="checkbox"/> Husband, wife 3 <input type="checkbox"/> Son, daughter 4 <input type="checkbox"/> Father, mother 5 <input type="checkbox"/> Brother, sister
12 For women	a) How many children were born? <input type="text"/> b) How many children are alive? <input type="text"/>	1 <input type="checkbox"/> First stated person 2 <input type="checkbox"/> Husband, wife 3 <input type="checkbox"/> Son, daughter 4 <input type="checkbox"/> Father, mother 5 <input type="checkbox"/> Brother, sister
13 If study, please indicate the type of educational institution	1 <input type="checkbox"/> High educational institution 2 <input type="checkbox"/> Specialized secondary educational institution 3 <input type="checkbox"/> Secondary general school 4 <input type="checkbox"/> Other educational institution	1 <input type="checkbox"/> First stated person 2 <input type="checkbox"/> Husband, wife 3 <input type="checkbox"/> Son, daughter 4 <input type="checkbox"/> Father, mother 5 <input type="checkbox"/> Brother, sister
14 Education	1 <input type="checkbox"/> Higher (master's degree, bachelors) 2 <input type="checkbox"/> Incomplete higher 3 <input type="checkbox"/> Specialized secondary education 4 <input type="checkbox"/> Secondary general 5 <input type="checkbox"/> Incomplete secondary 6 <input type="checkbox"/> Vocational education 7 <input type="checkbox"/> Primary 8 <input type="checkbox"/> Without education, but can write and read 9 <input type="checkbox"/> Illiterate	1 <input type="checkbox"/> First stated person 2 <input type="checkbox"/> Husband, wife 3 <input type="checkbox"/> Son, daughter 4 <input type="checkbox"/> Father, mother 5 <input type="checkbox"/> Brother, sister
15 Income sources and social situation	Working for hire (on the base of labour contract, contract or verbal agreement) 1 <input type="checkbox"/> office, enterprise, organization, peasant (farmer) household 2 <input type="checkbox"/> with different citizens Working not for hire 3 <input type="checkbox"/> private enterprise household 4 <input type="checkbox"/> private peasant (farmer) household 5 individual form 6 <input type="checkbox"/> family enterprise or peasant (farmer) household, not receiving salary 7 <input type="checkbox"/> private subsidiary household 8 <input type="checkbox"/> scholarship 9 <input type="checkbox"/> pension 10 <input type="checkbox"/> compensation for unemployment 11 <input type="checkbox"/> other compensation (besides compensation given for unemployment) 12 <input type="checkbox"/> other state security 13 <input type="checkbox"/> income from private property 14 <input type="checkbox"/> to be under the charity 15 <input type="checkbox"/> other sources	1 <input type="checkbox"/> First stated person 2 <input type="checkbox"/> Husband, wife 3 <input type="checkbox"/> Son, daughter 4 <input type="checkbox"/> Father, mother 5 <input type="checkbox"/> Brother, sister
16 If works, please indicate the general job title, type of activity, profession or post	a) Office, enterprise and organization <input type="text"/> b) Activity type of office, enterprise and organization <input type="text"/> b) Profession or post <input type="text"/>	1 <input type="checkbox"/> First stated person 2 <input type="checkbox"/> Husband, wife 3 <input type="checkbox"/> Son, daughter 4 <input type="checkbox"/> Father, mother 5 <input type="checkbox"/> Brother, sister
17 If doesn't work, please indicate the date and looking for job	1 <input type="checkbox"/> Doesn't work -indicate (month, year) <input type="text"/> <input type="text"/> 2 <input type="checkbox"/> Job search -indicate (month, year) <input type="text"/> <input type="text"/> 3 <input type="checkbox"/> Doesn't search the job <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> First stated person 2 <input type="checkbox"/> Husband, wife 3 <input type="checkbox"/> Son, daughter 4 <input type="checkbox"/> Father, mother 5 <input type="checkbox"/> Brother, sister

It is prohibited to give any information on content of replies.

Please indicate the replies by: