

HOUSING QUESTIONNAIRE



Questionnaire approved by Regulation No. 82 of the Government of the Republic of 5 March 1999
DATA ARE USED FOR STATISTICAL PURPOSES ONLY

Census district	Enumeration area	Enumeration area	House No. on the map	<input type="checkbox"/> Answered by permanent resident	<input type="checkbox"/> Verification form <input type="checkbox"/> Post-enumeration

Location of dwelling dwelling missing

street (farm) building No. flat No.

settlement

rural municipality county

List of inhabitants of the dwelling by households

Household No.	First name and surname	Row No.	Relationship to the reference person	Row No. of the legal spouse	Row No. of the partner in consensual union	Row No. of mother	Row No. of father	Temporarily absent	Temporarily present	Duration in months
		1								
		2								
		3								
		4								
		5								
		6								
		7								
		8								
		9								
		1,0								
		1,1								
		1,2								
		1,3								

- Choose an appropriate letter for indicating the relationship:
- | | |
|---|---|
| <p>V reference person</p> <p>E partner (legal spouse or partner in consensual union)</p> <p>L son or daughter of the reference person or his/her partner</p> <p>P parent (or parent's partner) of the reference person or his/her partner</p> | <p>W grandparent of the reference person or his/her partner</p> <p>T grandchild of the reference person or his/her partner</p> <p>S other relative of the reference person or his/her partner</p> <p>X person who is neither a relative of the reference person nor his/her partner</p> |
|---|---|

<p style="text-align: center;">Question 1 is filled in only for persons staying in institutions</p> <p>1. Type of institution</p> <p><input type="checkbox"/> educational institution <input type="checkbox"/> military institution</p> <p><input type="checkbox"/> health care institution <input type="checkbox"/> religious institution</p> <p><input type="checkbox"/> welfare institution <input type="checkbox"/> other</p> <p>End of questionnaire for persons staying in institution</p>	<p>9. Dwelling is equipped with...</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">water supply system</td> <td style="width: 10%; text-align: center;">yes</td> <td style="width: 20%; text-align: center;">no</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>sewage disposal system</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>hot water</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>bath (shower)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>sauna</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>flush toilet</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>electricity</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>gas</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>central heating</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>electric heating</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	water supply system	yes	no		<input type="checkbox"/>	<input type="checkbox"/>	sewage disposal system	<input type="checkbox"/>	<input type="checkbox"/>	hot water	<input type="checkbox"/>	<input type="checkbox"/>	bath (shower)	<input type="checkbox"/>	<input type="checkbox"/>	sauna	<input type="checkbox"/>	<input type="checkbox"/>	flush toilet	<input type="checkbox"/>	<input type="checkbox"/>	electricity	<input type="checkbox"/>	<input type="checkbox"/>	gas	<input type="checkbox"/>	<input type="checkbox"/>	central heating	<input type="checkbox"/>	<input type="checkbox"/>	electric heating	<input type="checkbox"/>	<input type="checkbox"/>
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<p>2. Type of dwelling</p> <p><input type="checkbox"/> one-family dwelling <input type="checkbox"/> separate living room(s)</p> <p><input type="checkbox"/> part of the family dwelling <input type="checkbox"/> accommodation room</p> <p><input type="checkbox"/> apartment <input type="checkbox"/> non-dwelling used for habitation</p> <p>In the case of "accommodation room" or "non-dwelling used for habitation" continue with question 12</p>	<p style="text-align: center;">Questions 10 and 11 are filled in once about the building</p>																																	
<p>3. Occupancy of the dwelling</p> <p><input type="checkbox"/> occupied <input type="checkbox"/> vacant</p> <p><input type="checkbox"/> reserved for temporary or seasonal use <input type="checkbox"/> unknown</p>	<p>10. Type of building</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> apartment building</td> <td style="width: 50%;"><input type="checkbox"/> non-residential building with dwell.</td> </tr> <tr> <td><input type="checkbox"/> one-family dwelling</td> <td><input type="checkbox"/> accommodation building</td> </tr> <tr> <td><input type="checkbox"/> other small residential building</td> <td><input type="checkbox"/> other building</td> </tr> </table>	<input type="checkbox"/> apartment building	<input type="checkbox"/> non-residential building with dwell.	<input type="checkbox"/> one-family dwelling	<input type="checkbox"/> accommodation building	<input type="checkbox"/> other small residential building	<input type="checkbox"/> other building																											
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<p>4. Owner of the dwelling</p> <p><input type="checkbox"/> state <input type="checkbox"/> dwelling association</p> <p><input type="checkbox"/> local government <input type="checkbox"/> other</p> <p><input type="checkbox"/> person residing in Estonia <input type="checkbox"/> unknown</p> <p><input type="checkbox"/> person residing in a foreign country</p>	<p>11. Construction time of building</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> before 1919</td> <td style="width: 50%;"><input type="checkbox"/> 1981 – 1990</td> </tr> <tr> <td><input type="checkbox"/> 1919 – 1945</td> <td><input type="checkbox"/> 1991 – 1995</td> </tr> <tr> <td><input type="checkbox"/> 1946 – 1960</td> <td><input type="checkbox"/> 1996 and later</td> </tr> <tr> <td><input type="checkbox"/> 1961 – 1970</td> <td><input type="checkbox"/> uncompleted building</td> </tr> <tr> <td><input type="checkbox"/> 1971 – 1980</td> <td><input type="checkbox"/> unknown</td> </tr> </table>	<input type="checkbox"/> before 1919	<input type="checkbox"/> 1981 – 1990	<input type="checkbox"/> 1919 – 1945	<input type="checkbox"/> 1991 – 1995	<input type="checkbox"/> 1946 – 1960	<input type="checkbox"/> 1996 and later	<input type="checkbox"/> 1961 – 1970	<input type="checkbox"/> uncompleted building	<input type="checkbox"/> 1971 – 1980	<input type="checkbox"/> unknown																							
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<p>5. Is the member of your household dwelling's...</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">I household</td> <td style="text-align: center;">II household</td> <td style="text-align: center;">III household</td> </tr> <tr> <td>owner</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>member of dwelling associat.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>tenant</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		I household	II household	III household	owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	member of dwelling associat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tenant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p style="text-align: center;">Question 12 is filled in only in the census questionnaire of the household's permanent place of residence</p>													
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other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																															
<p>6. Total area of the dwelling _____ m²</p>	<p>12. Does your household use directly any land for growing field crops or horticultural products, or own any natural grassland, woodland or farm animals?</p> <p style="text-align: center;">I household II household III household</p>																																	
<p>7. Number of rooms in the dwelling _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">yes</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/></td> <td style="width: 33%; text-align: center;"><input type="checkbox"/></td> <td style="width: 33%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>no</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
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<p>8. Is there a kitchen in the dwelling?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> kitchenette <input type="checkbox"/> missing</p>																																		