

Questions about dwelling

1. Type of living quarters:

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> one family house | 4. <input type="checkbox"/> shared (common) flat | 6. <input type="checkbox"/> room rented from owner |
| 2. <input type="checkbox"/> part of a family house | 5. <input type="checkbox"/> room in the hostel | 7. <input type="checkbox"/> other type of quarters |
| 3. <input type="checkbox"/> separate flat | | |

The following questions, please, answer, if in the question No 1 you marked answers 1 - 5

2. Type of ownership of your living quarters (housing unit):

- | | |
|---|--|
| 1. <input type="checkbox"/> owner-occupied housing unit | 4. <input type="checkbox"/> co-operative association of the owners |
| 2. <input type="checkbox"/> in private ownership of other owner | 5. <input type="checkbox"/> other type of ownership |
| 3. <input type="checkbox"/> owned by municipality or company | |

3. Number of rooms occupied by household:

4. Floor space

1. useful floor space m²

2. living floor space, m²

5. Public utilities:

- | | | | |
|---|---|---|--|
| 1. <input type="checkbox"/> kitchen | 4. <input type="checkbox"/> water supply inside | 7. <input type="checkbox"/> water supply outside | 10. <input type="checkbox"/> bath/shower |
| 2. <input type="checkbox"/> electricity | 5. <input type="checkbox"/> sewerage | 8. <input type="checkbox"/> toilet outside housing unit | 11. <input type="checkbox"/> bath-house |
| 3. <input type="checkbox"/> gas | 6. <input type="checkbox"/> toilet inside housing | 9. <input type="checkbox"/> hot water supply | |

6. Type of heating:

- | | | |
|---|-----------------------------------|-----------------------------------|
| 1. <input type="checkbox"/> central heating | 2. <input type="checkbox"/> stove | 3. <input type="checkbox"/> other |
|---|-----------------------------------|-----------------------------------|

7. Period of construction of building (years):

- | | | |
|---|---|--|
| 1. <input type="checkbox"/> before 1919 | 4. <input type="checkbox"/> 1961 - 1970 | 7. <input type="checkbox"/> 1986 - 1990 |
| 2. <input type="checkbox"/> 1919 - 1945 | 5. <input type="checkbox"/> 1971 - 1980 | 8. <input type="checkbox"/> 1991 - 1995 |
| 3. <input type="checkbox"/> 1946 - 1960 | 6. <input type="checkbox"/> 1981 - 1985 | 9. <input type="checkbox"/> 1996 and later |

8. Type of building:

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> one-dwelling house | 3. <input type="checkbox"/> 3 - 9 dwelling house | 6. <input type="checkbox"/> 30 - 49 dwelling house |
| 2. <input type="checkbox"/> two-dwelling house | 4. <input type="checkbox"/> 10 - 19 dwelling house | 7. <input type="checkbox"/> 50 and more dwelling house |
| | 5. <input type="checkbox"/> 20 - 29 dwelling house | |

9. Materials of outer walls:

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> brick, stone | 2. <input type="checkbox"/> concrete, blocks, panels | 4. <input type="checkbox"/> mixed material |
| | 3. <input type="checkbox"/> wood | 5. <input type="checkbox"/> other material |