

Household number

This part has to be filled in for each household living in the dwelling

1. Ownership of the dwelling

Are you:

- Owner of the dwelling 1 _____
- Renting the dwelling 2 _____
- Other 3 _____

If the answer is 2 or 3, who is the owner of your dwelling?

- Another person or family 1
- Private building enterprise 2
- Old-regime owners 3
- Public housing entity 4
- Other 5

2. Which material do you use for heating

If your household uses one of these, mark them (several options are possible)

- Wood 1
- Electricity 2
- Gas 3
- Oil, petrol, etc. 4
- Coal 5
- None 6

3. Agricultural land

Do you own agricultural land?

- No 2 _____
- Yes 1 _____

Where is that land situated?

District Com/Munic

Cultivated by:

- Yourself (with household members) 1
- By others 2
- Not cultivated 3

4. Household equipment

Do you have:

- | | Yes | No |
|---------------------------|----------------------------|----------------------------|
| a. TV | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Parabolic antenna | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Refrigerator | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Washing machine | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Electric cooking stove | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Gas cooking stove | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. Microwave oven | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| h. Airconditioner | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| i. Computer | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| j. Car | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

1 Members of the household that are present, or absent for less than 1 year

Nr	Name	Surname	Fathers name	
	02	03	04	
01				L
02				L
03				L
04				L
05				L
06				L
07				L
08				L
09				L
10				L

2 Members of the household that are absent for more than 1 year (abroad)

Nr	Name	Surname	Fathers name	
	02	03	04	
01				L
02				L
03				L
04				L
05				L

3 Temporarily present persons at the time of the enumeration

Nr	Name	Surname	Fathers name	
	02	03	04	
01				L
02				L
03				L
04				L
05				L

Household number

Date of birth dd-mm-yyyy	Sex Male Female	Relationship with the head of household	Family nucleus	Town/Village registration office	Citizenship X = foreign
05	06	07	08	09	10
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/>	<input type="text"/>		<input type="text"/>

Date of birth dd-mm-yyyy	Sex Male Female	Relationship with the head of household	Town/Village registration office	Country
05	06	07	09	10
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/>		
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/>		
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/>		
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/>		
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/>		

Codes 07 - Relationship with head of household

Date of birth dd-mm-yyyy	Sex Male Female
05	06
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2
<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2

- 01 - Head of household
- 02 - Husband or wife
- 03 - Factual partner of head (not actually married)
- 04 - Natural-born son or daughter
- 05 - Adopted/Steep son or daughter
- 06 - Father or mother
- 07 - Father-in-law or mother-in-law
- 08 - Brother or sister
- 09 - Brother-in-law or sister-in-law
- 10 - Son-in-law or daughter-in-law
- 11 - Nephew or niece
- 12 - Uncle or aunt
- 13 - Other form of relative
- 14 - No family relation

Town/Village registration office	Citizenship X = foreign
09	10
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Census 2001

1001/2001

District

Comm/Munic

Town/Village

EA

Building

Dwelling

Household Number

(0 if no households in this dwelling)

BUILDING

Complete the building questions only for the first or only dwelling in the building

1. Type of building

- Single dwelling 1
- Multiple dwellings 2
- Partially other purposes 3
- For collective household 4
- Other (specify) 5

Stop questionnaire

2. Building character

- Plastered with roof 1
- Plastered with terrace 2
- Not plastered with roof 3
- Not plastered with terrace 4

3. Main material used for construction

- Pre-fabricated 1
- Bricks, stones 2
- Wood 3
- Other 4

4. Has building an elevator?

- Yes 1
- No 2

5. Time of construction

- Before 1945 1
- 1945-1960 2
- 1961-1980 3
- 1981-1990 4
- After 1990 5
- After 1990, year

6. Number of floors, including ground floor

- 1 floor 1
- 2 floors 2
- 3-5 floors 3
- 6-10 floors 4
- More than 10 floors 5

7. Number of dwellings in the building

- 1 dwelling 1
- 2 dwellings 2
- 3-4 dwellings 3
- 5-8 dwellings 4
- 9-15 dwellings 5
- More than 16 dwellings 6

DWELLING

Address:

- Quarter -----
- Street -----
- Building No. -----
- Entrance No. -----
- Apt No. -----

1. Households in the dwelling

Is the dwelling inhabited?

- No 2 → End of dwelling questions
- Yes 1 ↓

Complete the other dwelling questions only for the first or only household in the dwelling.

How many households live in this dwelling?

2. Rooms (excluding kitchen, hallway, etc.)

- Total number of rooms
- Work rooms only

3. Kitchen

- Does the dwelling have a room only for cooking?
- Yes 1
- No 2

4. Inhabited surface

- What is the inhabited surface?
- Less than 40 m² 1
- 40-69 m² 2
- 70-99 m² 3
- 100-130 m² 4
- More than 130 m² 5

5. Water supply

Water supply to the dwelling

- Inside the dwelling 1
- Outside the dwelling 2
- Well or water tank 3
- Not supplied with water 4

6. Toilet facility

Does the dwelling have:

- One W.C. inside 1
- Two or more W.C.'s inside 2
- W.C. outside, with piping 3
- W.C. outside, no piping 4
- No W.C. 5

7. Principal heating

Does the dwelling have:

- Central heating 1
- Individual heating 2
- No form of heating 3