

Personal Questionnaire



Completion of the questionnaire is compulsory under the Census Law CVIII. of 1999! The data can be used exclusively for statistical purposes!

0 1 2 3 4 5 6 7 8 9 X

HSOR

Area:

CSSOR

Enumeration district:

CSLAS

Address no.:

JC

Person's no in the dwelling:

1. Gender: male... 1 female... 2

2. Date of birth (year, month):

3. Country of citizenship: other:

Hungary..... 1

4.1 What is your registered permanent address?

1 at the place of enumeration..... 1 district:

2 other, name of city or locality:

3 no registered address..... 0 → Skip to 5.1

4.2 Since when have you been registered here?

since birth..... 1

year month

5.1 What's your registered temporary address?

1 no registered address..... 0 → Skip to 6.1

2 at the place of enumeration..... 1 district:

3 other, name of city or locality:

5.2 Since when have you been keeping it?

since birth..... 1

year month

6.1 What is your usual residence?

1 registered permanent address... 1 → Skip to 6.3

2 registered temporary address... 2 → Skip to 6.3

3 non-registered address which is the place of enumeration..... 3 district:

4 non-registered address, name of city or locality:

Place of usual residence is the place where you usually reside, from where you go to work or school and spend most of your daily night-rest.

6.2 Since when have you been staying here?

since birth..... 1

year month

6.3 If you have more addresses, which place do you consider as your permanent home?

the registered permanent address... 1 the registered temporary address... 2 the non-registered address... 3

7.1 What was your former registered permanent address?

the current registered permanent address..... 1 other, name of city or locality: district:

7.2 What was your registered permanent address at date of birth?

the current registered permanent address..... 1 other, name of city or locality: district:

7.3 What was your registered permanent address on February 1, 2000?

born after Jan 31, 2000... 1 same as the current registered permanent address... 2

other, name of city or locality: district: there was no registered permanent address... 0

8. Marital status: never married... 1 → Skip to 10 married, living together... 2 married but living separately... 3 widowed... 4 divorced... 5

9.1 Number of marriages:	9.2 Date of marriage (year, month)?	9.3 Does the marriage still exist?	9.4 When did it end? (year, month)	9.5 Why did it end?
first marriage	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	yes... <input checked="" type="checkbox"/> 1 no... <input checked="" type="checkbox"/> 0	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	widowhood... <input checked="" type="checkbox"/> 1 divorce... <input checked="" type="checkbox"/> 2
last marriage	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	yes... <input checked="" type="checkbox"/> 1 no... <input checked="" type="checkbox"/> 0	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	widowhood... <input checked="" type="checkbox"/> 1 divorce... <input checked="" type="checkbox"/> 2

10. Do you live in cohabitation? no... 0 yes, with present partner since year month

11. Number of live-born children:

first	second	third	for more than three, the youngest
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
date of birth (year, month)			
<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"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Questions on educational attainment

12.1 School attendance, qualifications

- nursery school, kindergarten..... ₁ → **Skip to 13**
- do not attend school,
never completed any class ₀ → **Skip to 13**

Type of education	grade, level or class		year of completion
	being attended	completed	
1	2	3	4
elementary school	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	—
higher elementary school	—	<input type="checkbox"/>	—
apprentice school	—	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
typist and stenographic, health and housekeeping	—	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> class other specialized secondary school	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
basic level vocational training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> class grammar school	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> class other secondary school	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> class other technical school	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
bilingual <input type="checkbox"/> class (specialized) secondary school	<input checked="" type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₁	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
secondary level vocational training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
high level, accredited vocational training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
high school	<input type="checkbox"/>	<input type="checkbox"/>	—
post-graduation in high school	<input type="checkbox"/>	<input type="checkbox"/>	—
university	<input type="checkbox"/>	<input type="checkbox"/>	—
post-graduation in university (PhD, DLA)	<input type="checkbox"/>	<input type="checkbox"/>	—

12.2 In case you attend any of the schools above, what is the form of education?

- regular ₁ non-regular..... ₂

12.3 In case you attend any of the schools above, in which locality or district the school is?

- in the locality (district) of the enumeration..... ₁
- other,
name of city or locality: district:
-

12.4 Secondary level qualification obtained

none ₀

- Name of education completed
- Qualification Year of obtaining certificate
-

12.5 High school or university qualification obtained

none ₀

- Name of education completed
- Qualification Year of obtaining certificate
-

12.6 Vocational qualifications obtained

none ₀

- a) Name of education completed
- Qualification Year of obtaining certificate
- b) Name of education completed
- Qualification Year of obtaining certificate
-

Questions on source of livelihood, occupation and employer

13. What does provide your livelihood?

Please mark three answers maximum

- | | | |
|--|---|--|
| work, activity providing income..... <input checked="" type="checkbox"/> ₁₀ | child care fee..... <input checked="" type="checkbox"/> ₂₁ | welfare assistance for unemployed..... <input checked="" type="checkbox"/> ₅₁ |
| regular or reserve military service..... <input checked="" type="checkbox"/> ₁₁ | old age pension on own right..... <input checked="" type="checkbox"/> ₃₀ | other regular benefit, aid..... <input checked="" type="checkbox"/> ₆₀ |
| child care allowance..... <input checked="" type="checkbox"/> ₂₀ | disability or accident pension..... <input checked="" type="checkbox"/> ₃₁ | from own asset and other source..... <input checked="" type="checkbox"/> ₇₀ |
| | pension or benefit of relative's right..... <input checked="" type="checkbox"/> ₄₀ | dependent by private person..... <input checked="" type="checkbox"/> ₈₀ |
| | unemployment benefit..... <input checked="" type="checkbox"/> ₅₀ | dependent by public institution..... <input checked="" type="checkbox"/> ₈₁ |

14. If dependent by private person are you enumerated with your supporter?

yes, supporter's no. in the dwelling:

no, main source of livelihood of the supporter (see question 13 for answers):

Questions on source of livelihood, occupation and employer (cont.)

Only for those who marked answers 10-11 in question 13

15.1 What is the name of the main occupation and what activities characterize it?

15.2 Do you have employees? no... 0 yes, number of employees: 1-2 person(s)... 1 3-9 persons... 2 10-19 persons... 3 20 or more persons... 4

15.3 How many hours do you work usually? hours a week varying... 99

16. What's your status in employment?

contributing family worker... 5

employee... 1 working owner of a company... 3 occasional worker... 6

self employed, sole proprietor... 2 working member of a co-operative... 4 közhasznú munkás... 7

17.1 Your employer's name - main activity?

- address?

17.2 Name of your workplace - main activity?

17.3 In which locality is your workplace? same as the place of enumeration... 1 varying... 2

other locality or district: name of city or locality: district:

17.4 How many persons, including you, are employed at your workplace? less than 10... 1 10-19... 2 20 or more... 3 don't know... 4

18.1 Did you work in agriculture last year? yes, in the whole year... 366 yes, in a part of the year, about days no... 0

18.2 Did you work occasionally, seasonally or as a contributing family member during the last year? yes... 1 no... 0

Questions on looking for job

Only for those who did not mark answers 10-11 in question 13

19.1 Are you looking for a job? yes... 1 no because you think you would not find a suitable job... 2 → **Skip to 20** no for other reasons... 3 → **Skip to 20**

19.2 When would you be available for work? within 2 weeks... 1 in 3-4 weeks... 2 in 1-3 months... 3 in 3 months or later... 4 don't know... 5

19.3 How long have you been looking for a job? less than a month... 0 months

Questions on the last job

Only for those who marked any of the answers 20-81 in questions 13.

20.1 When did you finish your last job? never worked... 0 → **Skip to 21** in the year

20.2 What were the name and the main activities of your last job?

20.3 What was your status in employment? employee... 1 self-employed, sole proprietor... 2 working owner of a company... 3 working member of a co-operative... 4 helping family member... 5

Questions on journey to work or school

21.1 Do you have to travel daily to work or school?

to work: no... 0 yes... 1 to school: no... 0 yes... 1

21.2 How do you get to work or school?

Please mark three answers maximum for each category

	to work	to school		to work	to school
on foot.....	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	long-distance bus.....	<input checked="" type="checkbox"/> 6	<input checked="" type="checkbox"/> 6
tram, trolley.....	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 2	train.....	<input checked="" type="checkbox"/> 7	<input checked="" type="checkbox"/> 7
subway, underground.....	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> 3	car.....	<input checked="" type="checkbox"/> 8	<input checked="" type="checkbox"/> 8
suburban rail.....	<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> 4	bicycle, motorcycle.....	<input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/> 9
local bus.....	<input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> 5	in another way.....	<input checked="" type="checkbox"/> 10	<input checked="" type="checkbox"/> 10

21.3 How much time does the journey to work or school take usually (including the way back home and waiting)?

to work: minutes to school: minutes

Questions on spoken languages

22. What languages do you speak?

other:

Hungarian... 327

Answering the following questions is not compulsory!

Questions on nationality and used languages

Please mark three answers maximum for each question

	193	056	125	057	111	196	207	179	098	123	211	195	201	199	210	327	999
	Bulgarian	Gipsy (Roma)	Beás	Romani	Greek	Croatian	Polish	German	Armenian	Roumanian	Ruthenian	Serbian	Slovakian	Slovenian	Ukrainian	Hungarian	do not wish to answer
23.1 Which of these nationalities do you think you belong to?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
other: <input style="width: 500px;" type="text"/>																	
23.2 Which of these nationalities' cultural values and traditions do you feel affinity with?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
other: <input style="width: 500px;" type="text"/>																	
23.3 What is your mother tongue?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
other: <input style="width: 500px;" type="text"/>																	
23.4 In which languages do you speak with family members or friends?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
other: <input style="width: 500px;" type="text"/>																	

Questions on religion, denomination

24. Religion, denomination?

do not belong to religion or, denomination... 998

do not wish to answer... 999

Questions on deficiencies

25.1 What deficiencies do you

no deficiencies... 0 do not wish to answer... 99

deficiency in movement... <input checked="" type="checkbox"/> 1	mental deficiency... <input checked="" type="checkbox"/> 4	defective speech... <input checked="" type="checkbox"/> 7	hard of seeing... <input checked="" type="checkbox"/> 10
lack of lower, upper limb... <input checked="" type="checkbox"/> 2	hard of hearing... <input checked="" type="checkbox"/> 5	dumb... <input checked="" type="checkbox"/> 8	blind in one eye... <input checked="" type="checkbox"/> 11
other physical deficiency... <input checked="" type="checkbox"/> 3	deaf... <input checked="" type="checkbox"/> 6	deaf and dumb... <input checked="" type="checkbox"/> 9	blind... <input checked="" type="checkbox"/> 12
Please mark three deficiencies maximum			other... <input checked="" type="checkbox"/> 13

25.2 If you have more deficiencies, which one of them do you think is the most serious?

25.3 What caused the most serious deficiency?

congenital... 1 accident... 2 disease... 3 don't know... 4