



Filling in the questionnaire is compulsory under Act CXXXIX of 2009.
The data can be used exclusively for statistical purposes.

Identifier:

To be copied from page 1 of
the dwelling questionnaire

Number of the person in the dwelling:

I. Demography

1. Sex:

male female

2. Date of birth:

year month day

3. Citizenship:

Hungarian

Hungarian and foreign,
namely: 1

foreign, namely: 2

stateless person

1 2

4. Data on the address provided on the dwelling questionnaire

4.1. The address is your

residence (registered permanent address)

place of stay (registered temporary address)

not registered address

4.2. Under what title do you live there?

owner or relative, beneficial owner

tenant of the whole dwelling or relative of tenant

tenant of a part of the dwelling

other

4.3. How long have you lived there?

since your birth → Question 7

year month

5. Where were you living before?

locality (town, village), in Budapest also the district, in
case of a foreign address the current name of the country

6. Where was your address when born?

locality (town, village), in Budapest also the district, in
case of a foreign address the current name of the country

7. Do you have an address in addition to the address provided on the dwelling questionnaire?

If yes, where? (in case of more than one address write in all!)

no → Question 9.1

yes, (permanent) address
registered as a residence 1

yes, (temporary) address
registered as a place of stay 2

yes, not registered address 3

yes, abroad 4

1 Locality (town, village), in Budapest also the district,
in case of a foreign address the name of the country

2 3 4

8. At what address of yours are you living?

residence (registered permanent address)

place of stay (registered temporary address)

not registered address

abroad

9.1. Have you ever been living abroad (outside the present area of Hungary) for at least one year? If you have been living abroad more than once for at least one year, please provide data on the last period!

no → Question 10

yes, the current name of
the country:

9.2. When did you return or actually move to Hungary?

year month

10. What is your legal marital status?

never married

married

widow(er)

divorced

registered cohabiting partner

widowed registered cohabiting partner

divorced registered cohabiting partner

These answers can be
marked only in case of
same-sex cohabiting
partners registered
after 1st July, 2009.

11. If you are married,

11.1. date of current marriage:

year month

11.2. do you live with your spouse?

yes → Question 13 no

12. Do you have a cohabiting partner?

no → Question 13

12.1. yes, beginning of the cohabiting partnership:

year month

Please provide data on
cohabiting partnership,
either registered or not!

12.2. do you live in the same dwelling as your cohabiting partner?

yes no

13. Number of the household which you belong to (take into consideration your answer given to question 14 on the dwelling questionnaire)

one household lives in the dwelling

more than one household lives in the dwelling, number of the household:

Persons belonging to the same household should write in the same household number.

14. What role do you have in the family (household)?

Mark the first answer you consider valid for yourself!

husband, wife

cohabiting partner

lone parent living together with her/his children (if the children do not live in couple relationship)

child (including fostered and adopted children)

ascendant (parents and grandparents living together with the family)

other relative

not relative

living alone (no other persons belong to the household)

15. Number of children born alive:

children

No children born alive → Question 17.1

16. When were your children born?

the first (oldest) child: year month

the second child: year month

the third child: year month

the fourth child: year month

the fifth child: year month

the sixth child, or in case there are more than six, the youngest one: .. year month

II. Educational attainment

Take into account studies and qualifications only in formal education.

17.1. Do you learn, or attend infant nursery/kindergarten at present?

no → Question 18

attend infant nursery } Question 21

attend kindergarten

attend primary school

attend vocational school

attend secondary general school

attend secondary vocational school (including secondary vocational programmes built on general certificate of education)

attend higher vocational programmes

attend college-level or BA/BSc training

attend university-level or MA/MSc training, or unified undivided training

attend college- or university-level professional further training

attend PhD or DLA training

17.2. What is the form of education?

full-time other

18. Write in the number of classes or grades that you completed in the following types of schools or training!

Write in the number of grades completed for all types of schools. Those attending school should write in the number of classes or grades already completed.

did not complete the first class of primary (general) school → Question 21

primary (general) school classes or grades

higher general school classes

apprentice school classes or grades

vocational school classes or grades

secondary general school classes or grades

secondary vocational school, technical school etc. classes or grades

vocational programmes built on general certificate of education grades

higher vocational programmes grades

college or BA/BSc training grades

university or MA/MSc training, or unified training grades

college or university level professional further training grades

PhD or DLA training grades

19. What is your highest completed level of education?

lower than the eighth grade in primary (general, higher general) school } Question 21

eighth grade in primary (general, higher general) school

certificate of apprentice school education

certificate of vocational school education

general certificate of education without qualifications

general certificate of education with qualifications, school-leaving certificate

certificate of vocational programmes built on general certificate of education

certificate of higher (also accredited) vocational programmes (granted only after 1998)

college (or equivalent, e.g. BA/BSc) diploma

university (or equivalent, e.g. MA/MSc) diploma

PhD or DLA degree

20. Highest completed level of education

In case of more than one qualification of the same level give answers to questions 20.1 – 20.3 with reference to the first qualification.

20.1. year of completion: year

20.2. form of education:

full-time.. other

20.3. field:

e.g. bricklayer, mason, radio mechanic, wood engineer, general economy, primary school teacher of English language and literature

Do you have another completed level of education of the same level?

no → Question 21

Give answers to questions 20.4–20.6 with reference to your qualification more closely related to your occupation or work. If you have already provided that under questions 20.1–20.3, then write in the data on the qualification you consider the most important besides that.

yes, data on the other qualification

20.4. year of completion: year

20.5. form of education:

full-time.. other.....

20.6. field:

e.g. bricklayer, mason, radio mechanic, wood engineer, general economy, primary school teacher of English language and literature

20.7. further completed levels of education of the same level:

no yes, namely: (number)

III. Command of languages

21. What languages do you speak? In what languages can you understand others and make yourself be understood?

Hungarian.....

IV. Occupation, workplace and transport

22. Mark which of the following groups you belong to.

If you belong to more than one group (e.g. you work while receiving a pension), please mark **all** of them.

- working (employee, entrepreneur, helping family member, casual worker, primary producer, member of a co-operative).....
- jobless, job-seeker.....
- old-age pension, retirement provision recipient on own right.....
- disability pensioner, accident annuity beneficiary on own right.....
- survivors' (widows'/widowers', parents') pension, retirement provision recipient.....
- child-care benefit (child-care allowance, child-care fee, child-care support) recipient.....
- nursing allowance recipient.....
- child attending infant nursery or kindergarten, student, student of a tertiary-education institution.....
- 0–15 year-old child not attending infant nursery, kindergarten or school.....
- living on own asset or on real estate leasing.....
- housewife.....
- social support recipient.....
- other, namely:

If you are younger than 15 i.e. born after 30th September 1996. → Question 31

23. Did you work on the week preceding the population census (between 24th and 30th September 2011)?

- yes, in the given period you did at least one hour of work for income..... } Question 27
- you did not work because you were on leave (including maternity leave), or were temporarily absent from work because of sick-pay etc.....
- you did not work for other reason (e.g. you did not have a job, you were a pensioner, made your studies, received child-care allowance or child-care fee).....

24. Have you actively looked for work during the last four weeks?

yes... no..... → Question 26

25. If you could find a job, could you start it within two weeks?

yes... no.....

26. When did you work last time?

year month

you have never worked → Question 31

27. Your (present or last) occupation:

28. What is (was) your status in employment?

- employee.....
- sole proprietor, self-employed.....
- working member of a company.....
- working member of a co-operative.....
- casual employee (working by special commission contract, casual worker, day worker).....
- employed in public works (doing work for public benefit, public purposes etc., employed in public employment).....
- helping family member.....

If you do not have a job or a workplace at present, and do not look for work either → Question 31

29. Do you have employees?

- no.....
- 1–2 person(s).....
- 3–9 person(s).....
- 10–19 person(s).....
- 20 or more persons.....

30. Name and typical activity of your employer or enterprise, OR description of the activity of your employer or enterprise (current or last employer):

31. Where, in which locality is your workplace/infant nursery/kindergarten/school?

- do not work and do not study (do not attend infant nursery, kindergarten or school)..... } Question 34
- in your dwelling or home (at the address provided on the dwelling questionnaire).....
- in the same locality or the same district of Budapest as where your dwelling or home can be found (at the address provided on the dwelling questionnaire).....
- in another locality, another district of Budapest, abroad, namely.....
- in different localities (you cannot state a particular locality or a particular district of Budapest).....

32. How do you travel from your actual residence to work/school/kindergarten/infant nursery? (Please mark three answers maximum!)

- on foot.....
- by local bus, tram, trolleybus, metro or underground.....
- by long-distance bus.....
- by train or suburban rail.....
- by car.....
- by motorcycle.....
- by bicycle.....
- in another way.....

33. How many minutes does the journey to work/school/kindergarten/infant nursery usually take?

minutes

Answering the following questions is not compulsory

V. Nationality, used languages, religion

34. Which nationality do you feel you belong to?

| | | | | | |
|-------------------|-------------------------------------|----------------|-------------------------------------|-----------------|-------------------------------------|
| Hungarian..... | <input checked="" type="checkbox"/> | Armenian..... | <input checked="" type="checkbox"/> | Arabian..... | <input checked="" type="checkbox"/> |
| Bulgarian..... | <input checked="" type="checkbox"/> | Romanian..... | <input checked="" type="checkbox"/> | Chinese..... | <input checked="" type="checkbox"/> |
| Gipsy (Roma)..... | <input checked="" type="checkbox"/> | Ruthenian..... | <input checked="" type="checkbox"/> | Russian..... | <input checked="" type="checkbox"/> |
| Greek..... | <input checked="" type="checkbox"/> | Serbian..... | <input checked="" type="checkbox"/> | Vietnamese..... | <input checked="" type="checkbox"/> |
| Croatian..... | <input checked="" type="checkbox"/> | Slovakian..... | <input checked="" type="checkbox"/> | | |
| Polish..... | <input checked="" type="checkbox"/> | Slovenian..... | <input checked="" type="checkbox"/> | | |
| German..... | <input checked="" type="checkbox"/> | Ukrainian..... | <input checked="" type="checkbox"/> | | |

other, namely:

do not wish to answer...

35. Do you think you belong to another nationality in addition to what you marked above?

do not belong to another nationality.

| | | | | | |
|-------------------|-------------------------------------|----------------|-------------------------------------|-----------------|-------------------------------------|
| Hungarian..... | <input checked="" type="checkbox"/> | Armenian..... | <input checked="" type="checkbox"/> | Arabian..... | <input checked="" type="checkbox"/> |
| Bulgarian..... | <input checked="" type="checkbox"/> | Romanian..... | <input checked="" type="checkbox"/> | Chinese..... | <input checked="" type="checkbox"/> |
| Gipsy (Roma)..... | <input checked="" type="checkbox"/> | Ruthenian..... | <input checked="" type="checkbox"/> | Russian..... | <input checked="" type="checkbox"/> |
| Greek..... | <input checked="" type="checkbox"/> | Serbian..... | <input checked="" type="checkbox"/> | Vietnamese..... | <input checked="" type="checkbox"/> |
| Croatian..... | <input checked="" type="checkbox"/> | Slovakian..... | <input checked="" type="checkbox"/> | | |
| Polish..... | <input checked="" type="checkbox"/> | Slovenian..... | <input checked="" type="checkbox"/> | | |
| German..... | <input checked="" type="checkbox"/> | Ukrainian..... | <input checked="" type="checkbox"/> | | |

other, namely:

do not wish to answer...

36. What is your mother tongue? (Please mark two answers maximum!)

| | | | | | |
|---------------------------|-------------------------------------|----------------|-------------------------------------|-----------------|-------------------------------------|
| Hungarian..... | <input checked="" type="checkbox"/> | Armenian..... | <input checked="" type="checkbox"/> | Arabian..... | <input checked="" type="checkbox"/> |
| Bulgarian..... | <input checked="" type="checkbox"/> | Romanian..... | <input checked="" type="checkbox"/> | Chinese..... | <input checked="" type="checkbox"/> |
| Gipsy (Romani, Beas)..... | <input checked="" type="checkbox"/> | Ruthenian..... | <input checked="" type="checkbox"/> | Russian..... | <input checked="" type="checkbox"/> |
| Greek..... | <input checked="" type="checkbox"/> | Serbian..... | <input checked="" type="checkbox"/> | Vietnamese..... | <input checked="" type="checkbox"/> |
| Croatian..... | <input checked="" type="checkbox"/> | Slovakian..... | <input checked="" type="checkbox"/> | | |
| Polish..... | <input checked="" type="checkbox"/> | Slovenian..... | <input checked="" type="checkbox"/> | | |
| German..... | <input checked="" type="checkbox"/> | Ukrainian..... | <input checked="" type="checkbox"/> | | |

other, namely:

do not wish to answer...

37. In what languages do you usually speak with family members or friends? (Please mark two answers maximum!)

| | | | | | |
|---------------------------|-------------------------------------|----------------|-------------------------------------|-----------------|-------------------------------------|
| Hungarian..... | <input checked="" type="checkbox"/> | Armenian..... | <input checked="" type="checkbox"/> | Arabian..... | <input checked="" type="checkbox"/> |
| Bulgarian..... | <input checked="" type="checkbox"/> | Romanian..... | <input checked="" type="checkbox"/> | Chinese..... | <input checked="" type="checkbox"/> |
| Gipsy (Romani, Beas)..... | <input checked="" type="checkbox"/> | Ruthenian..... | <input checked="" type="checkbox"/> | Russian..... | <input checked="" type="checkbox"/> |
| Greek..... | <input checked="" type="checkbox"/> | Serbian..... | <input checked="" type="checkbox"/> | Vietnamese..... | <input checked="" type="checkbox"/> |
| Croatian..... | <input checked="" type="checkbox"/> | Slovakian..... | <input checked="" type="checkbox"/> | | |
| Polish..... | <input checked="" type="checkbox"/> | Slovenian..... | <input checked="" type="checkbox"/> | | |
| German..... | <input checked="" type="checkbox"/> | Ukrainian..... | <input checked="" type="checkbox"/> | | |

other, namely:

do not wish to answer...

38. Which religious community or denomination do you feel you belong to?

do not belong to any religious community or denomination... atheist.....

do not wish to answer.....

VI. Long-lasting diseases, deficiencies

39. Do you have any long-lasting disease or deficiency?

have neither long-lasting disease nor deficiency → Please read the information at the bottom of the page.

have both long-lasting disease and deficiency

have deficiency

have long-lasting disease (e.g. hypertension, diabetes mellitus) → Question 42

do not wish to answer

40. What deficiency do you have? (Please mark three answers maximum!)

movement deficiency.....

autism.....

mental deficiency.....

mental injury (psychic injury).....

speech handicap.....

speech deficiency.....

hard of seeing.....

blind.....

hard of hearing.....

deaf.....

deaf and blind (sight and hearing deficiency).....

serious deficiency of internal organs.....

other, namely:

do not wish to answer.....

41. When did your deficiency arise? (If you have more than one deficiency, take into consideration the earliest.)

congenital.....

before school age.....

at school age but before 18 years of age.....

after 18 years of age but before 60.....

after 60 years of age.....

do not know.....

do not wish to answer.....

42. In what areas do you have difficulties

Please mark three answers maximum per line!

| | | | | | | | | | |
|--|---|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | self sufficiency (e.g. putting on your clothes) | everyday life (e.g. doing the shopping) | learning, working at a job | family life | transport | communication, access to information | community life | have no difficulties | do not wish to answer |
| because of your long-lasting disease? | <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"/> |
| because of your deficiency? | <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"/> |

You finished filling in this personal questionnaire. If there are other people living in the dwelling, please fill in a personal questionnaire for each of them. If you filled in a personal questionnaire for each person in the dwelling, the filling in is finished.

Thank you for your answers!