

# Census of Population and Housing 2005



Reference no.	for official use
Dwelling name/no.	
Street/Alley	
Locality	
Telephone no.	
Mobile phone no.	

▲ Fill in only if printed details are incorrect or are missing

message

The census is carried out every ten years and is a count of all persons and private dwellings in Malta. The information collected enables a better understanding of our current living conditions. The results are used for the formulation of policy, mainly in the education, health and social services sectors. They are also used at local government level.

You are asked to fill in the questionnaire and to hand it over to the enumerator who will be visiting you between 21st November and 11th December. Should you encounter any difficulty, you may approach the enumerator or alternatively, you may contact us. The enumerator may also assist you in filling in the questionnaire. Enumerators may be identified by means of the official identity card that they are obliged to wear during their visits.

**The census is being carried out in terms of the Census Act of 1948. It is your duty to provide all the requested information. The information that you provide is strictly confidential and no-one, except the National Statistics Office, will have access to it.**

Thank you for your participation.

Alfred Camilleri  
CENSUS OFFICER

## FOR OFFICE USE ONLY

LOCALITY CODE		EA CODE		NAME			ID CARD NO.			SIGNATURE		
				ENUMERATOR								
				SUPERVISOR								
				VETTER								
				CODER								
DWELLING				HOUSEHOLD								
SERIAL NUMBER		NO. OF HOUSEHOLDS		HSE NO.	HOUSEHOLD MEMBERS			QUESTIONNAIRE				
					MALES	FEMALES	TOTAL					
										1	OF	

Confidential once completed

**READ THE NOTES WELL  
PRIOR FILLING IN  
THE QUESTIONNAIRE**



**FREEPHONE 300**

[21 November to 11 December 2005]

Monday to Friday: 8.00 am – 8.00 pm

Saturday and Sunday: 9.00 am – 1.00 pm

Please contact us on the freephone  
or send an e-mail  
should this questionnaire  
not be collected by 11 December

**E-MAIL: [census2005@gov.mt](mailto:census2005@gov.mt)**

**[www.census2005.gov.mt](http://www.census2005.gov.mt)**

## NOTES

### HOUSEHOLD MEMBERS

- The information provided in respect of all household members should be correct as at midnight of the 27th November 2005.
- Include those persons who normally reside at this address and those who are temporarily away, e.g. on holiday, etc.
- A person who lives in more than one dwelling should be included in the dwelling where he/she spends most nights.
- Include visitors who will not be included at any other address and who have been staying in Malta for a period of at least one year from the 27th November 2005.
- Include also persons who form part of this household, such as students who are either living at another address or who are abroad. Exclude persons who have emigrated.
- Include babies who were born before and up to midnight of the 27th November 2005, even if these are still in hospital.

### GUIDELINES ON ANSWERING THE QUESTIONNAIRE

- Use blue or black ink. Do NOT use a pencil.
- A separate column in the questionnaire should be filled in for each household member.
- Mark the box/boxes that are applicable in this manner . In case of an error mark the box in this manner  and then proceed to mark the correct answer in this manner .
- A box with a number inside it, for example **8**, which is located next to a response, indicates the question that you must go to next if you select that answer. For example:  

<b>5</b>	Are you male or female?	<input type="checkbox"/> <sub>1</sub> Male	→ go to	<b>8</b>	→ Means go to question number 8 and continue
	(mark <input checked="" type="checkbox"/> one ONLY)	<input type="checkbox"/> <sub>2</sub> Female	→ go to	<b>6</b>	→ Means go to question number 6 and continue
- Where you are instructed to write, use block letters, for example: BIRKIRKARA, CLERK, etc.

### OTHER INFORMATION

- Person number 1, or the reference person, should be selected as follows:
  - The husband/wife in the case of a married couple.
  - Either partner of a cohabiting couple.
  - The parent in the case of a single-parent household.
  - If none of the above conditions apply, person number 1 should be a mature member of the household.
- The questionnaire should be filled in by the reference person or by another mature person within the household.
- The questionnaire takes around 25 minutes to complete.
- Each questionnaire covers up to 6 persons. In the case of a household with more than 6 persons, ask the enumerator for a continuation form of the questionnaire or contact us for same.
- A different questionnaire has to be completed for each group of persons, or individuals, residing in the same dwelling but who do not share their expenditure on everyday meals. In this case, the dwelling section is to be completed in the first questionnaire only.
- If you do not know how to answer or have not understood a question, consult the enumerator or contact us on ☎ freephone 300 for assistance.
- **The census is being carried out in terms of the Census Act of 1948. You are obliged by law to provide all the requested information. The information that you provide will be kept strictly confidential and no-one, except the National Statistics Office, shall have access to it.**

## POPULATION

START HERE ↓ (FILL IN A COLUMN FOR EACH HOUSEHOLD MEMBER. INCLUDING BABIES)

	Person 1	Person 2
<b>1</b> What is your name? • • state the names of all the persons who usually live in this household, e.g. JOSEPH, MARY, ANN, PETER in these boxes →	<input type="text"/>	<input type="text"/>
<b>2</b> What is your surname? •	<input type="text"/>	<input type="text"/>
<b>3</b> Insert your identity card number, e.g. 245678(M) • • insert Act of Birth if an identity card is not available	<input type="text"/>	<input type="text"/>
<b>4</b> Insert your date of birth • • e.g. 12 January 1972 must read as <input type="text" value="12"/> <input type="text" value="01"/> <input type="text" value="1972"/>	DD MM YYYY <input type="text"/> <input type="text"/> <input type="text"/>	DD MM YYYY <input type="text"/> <input type="text"/> <input type="text"/>
<b>5</b> Are you male or female? • (mark <input checked="" type="checkbox"/> one ONLY)	<input type="checkbox"/> <sub>1</sub> Male → go to <b>8</b> <input type="checkbox"/> <sub>2</sub> Female → go to <b>6</b>	<input type="checkbox"/> <sub>1</sub> Male → go to <b>8</b> <input type="checkbox"/> <sub>2</sub> Female → go to <b>6</b>
<b>6</b> How many children were ever born alive to you?	<input type="text"/> If '0' → go to <b>8</b>	<input type="text"/> If '0' → go to <b>8</b>
<b>7</b> Insert the date of your first live birth	DD MM YYYY <input type="text"/> <input type="text"/> <input type="text"/>	DD MM YYYY <input type="text"/> <input type="text"/> <input type="text"/>
<b>8</b> Which is your country of birth? (mark <input checked="" type="checkbox"/> one ONLY)	<input type="checkbox"/> <sub>1</sub> Malta <input type="checkbox"/> <sub>2</sub> Australia <input type="checkbox"/> <sub>3</sub> United States <input type="checkbox"/> <sub>4</sub> Germany <input type="checkbox"/> <sub>5</sub> United Kingdom <input type="checkbox"/> <sub>6</sub> Italy <input type="checkbox"/> <sub>7</sub> Canada <input type="checkbox"/> <sub>8</sub> Libya <input type="checkbox"/> <sub>9</sub> Syria <input type="checkbox"/> <sub>10</sub> Tunisia <input type="checkbox"/> <sub>11</sub> Other country? Write ↓ <input type="text"/>	<input type="checkbox"/> <sub>1</sub> Malta <input type="checkbox"/> <sub>2</sub> Australia <input type="checkbox"/> <sub>3</sub> United States <input type="checkbox"/> <sub>4</sub> Germany <input type="checkbox"/> <sub>5</sub> United Kingdom <input type="checkbox"/> <sub>6</sub> Italy <input type="checkbox"/> <sub>7</sub> Canada <input type="checkbox"/> <sub>8</sub> Libya <input type="checkbox"/> <sub>9</sub> Syria <input type="checkbox"/> <sub>10</sub> Tunisia <input type="checkbox"/> <sub>11</sub> Other country? Write ↓ <input type="text"/>
<b>9</b> Do you have Maltese citizenship? • (mark <input checked="" type="checkbox"/> one ONLY)	<input type="checkbox"/> <sub>1</sub> Yes → go to <b>10</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>11</b>	<input type="checkbox"/> <sub>1</sub> Yes → go to <b>10</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>11</b>
<b>10</b> How did you gain Maltese citizenship? (mark <input checked="" type="checkbox"/> one ONLY)	<input type="checkbox"/> <sub>1</sub> By birth <input type="checkbox"/> <sub>2</sub> By marriage <input type="checkbox"/> <sub>3</sub> By registration <input type="checkbox"/> <sub>4</sub> By other means. How? ↓ <input type="text"/>	<input type="checkbox"/> <sub>1</sub> By birth <input type="checkbox"/> <sub>2</sub> By marriage <input type="checkbox"/> <sub>3</sub> By registration <input type="checkbox"/> <sub>4</sub> By other means. How? ↓ <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"/>
DD MM YYYY <input type="text"/>	DD MM YYYY <input type="text"/>	DD MM YYYY <input type="text"/>	DD MM YYYY <input type="text"/>
<input type="checkbox"/> <sub>1</sub> Male → go to <b>8</b> <input type="checkbox"/> <sub>2</sub> Female → go to <b>6</b>	<input type="checkbox"/> <sub>1</sub> Male → go to <b>8</b> <input type="checkbox"/> <sub>2</sub> Female → go to <b>6</b>	<input type="checkbox"/> <sub>1</sub> Male → go to <b>8</b> <input type="checkbox"/> <sub>2</sub> Female → go to <b>6</b>	<input type="checkbox"/> <sub>1</sub> Male → go to <b>8</b> <input type="checkbox"/> <sub>2</sub> Female → go to <b>6</b>
<input type="text"/> If '0' → go to <b>8</b>	<input type="text"/> If '0' → go to <b>8</b>	<input type="text"/> If '0' → go to <b>8</b>	<input type="text"/> If '0' → go to <b>8</b>
DD MM YYYY <input type="text"/>	DD MM YYYY <input type="text"/>	DD MM YYYY <input type="text"/>	DD MM YYYY <input type="text"/>
<input type="checkbox"/> <sub>1</sub> Malta <input type="checkbox"/> <sub>2</sub> Australia <input type="checkbox"/> <sub>3</sub> United States <input type="checkbox"/> <sub>4</sub> Germany <input type="checkbox"/> <sub>5</sub> United Kingdom <input type="checkbox"/> <sub>6</sub> Italy <input type="checkbox"/> <sub>7</sub> Canada <input type="checkbox"/> <sub>8</sub> Libya <input type="checkbox"/> <sub>9</sub> Syria <input type="checkbox"/> <sub>10</sub> Tunisia <input type="checkbox"/> <sub>11</sub> Other country? Write ↓ <input type="text"/>	<input type="checkbox"/> <sub>1</sub> Malta <input type="checkbox"/> <sub>2</sub> Australia <input type="checkbox"/> <sub>3</sub> United States <input type="checkbox"/> <sub>4</sub> Germany <input type="checkbox"/> <sub>5</sub> United Kingdom <input type="checkbox"/> <sub>6</sub> Italy <input type="checkbox"/> <sub>7</sub> Canada <input type="checkbox"/> <sub>8</sub> Libya <input type="checkbox"/> <sub>9</sub> Syria <input type="checkbox"/> <sub>10</sub> Tunisia <input type="checkbox"/> <sub>11</sub> Other country? Write ↓ <input type="text"/>	<input type="checkbox"/> <sub>1</sub> Malta <input type="checkbox"/> <sub>2</sub> Australia <input type="checkbox"/> <sub>3</sub> United States <input type="checkbox"/> <sub>4</sub> Germany <input type="checkbox"/> <sub>5</sub> United Kingdom <input type="checkbox"/> <sub>6</sub> Italy <input type="checkbox"/> <sub>7</sub> Canada <input type="checkbox"/> <sub>8</sub> Libya <input type="checkbox"/> <sub>9</sub> Syria <input type="checkbox"/> <sub>10</sub> Tunisia <input type="checkbox"/> <sub>11</sub> Other country? Write ↓ <input type="text"/>	<input type="checkbox"/> <sub>1</sub> Malta <input type="checkbox"/> <sub>2</sub> Australia <input type="checkbox"/> <sub>3</sub> United States <input type="checkbox"/> <sub>4</sub> Germany <input type="checkbox"/> <sub>5</sub> United Kingdom <input type="checkbox"/> <sub>6</sub> Italy <input type="checkbox"/> <sub>7</sub> Canada <input type="checkbox"/> <sub>8</sub> Libya <input type="checkbox"/> <sub>9</sub> Syria <input type="checkbox"/> <sub>10</sub> Tunisia <input type="checkbox"/> <sub>11</sub> Other country? Write ↓ <input type="text"/>
<input type="checkbox"/> <sub>1</sub> Yes → go to <b>10</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>11</b>	<input type="checkbox"/> <sub>1</sub> Yes → go to <b>10</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>11</b>	<input type="checkbox"/> <sub>1</sub> Yes → go to <b>10</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>11</b>	<input type="checkbox"/> <sub>1</sub> Yes → go to <b>10</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>11</b>
<input type="checkbox"/> <sub>1</sub> By birth <input type="checkbox"/> <sub>2</sub> By marriage <input type="checkbox"/> <sub>3</sub> By registration <input type="checkbox"/> <sub>4</sub> By other means. How? ↓ <input type="text"/>	<input type="checkbox"/> <sub>1</sub> By birth <input type="checkbox"/> <sub>2</sub> By marriage <input type="checkbox"/> <sub>3</sub> By registration <input type="checkbox"/> <sub>4</sub> By other means. How? ↓ <input type="text"/>	<input type="checkbox"/> <sub>1</sub> By birth <input type="checkbox"/> <sub>2</sub> By marriage <input type="checkbox"/> <sub>3</sub> By registration <input type="checkbox"/> <sub>4</sub> By other means. How? ↓ <input type="text"/>	<input type="checkbox"/> <sub>1</sub> By birth <input type="checkbox"/> <sub>2</sub> By marriage <input type="checkbox"/> <sub>3</sub> By registration <input type="checkbox"/> <sub>4</sub> By other means. How? ↓ <input type="text"/>

<p><b>11</b> Do you have any foreign citizenship? (mark <input checked="" type="checkbox"/> one ONLY)</p>	<p><input type="checkbox"/><sub>1</sub> Yes → go to <b>12</b> <input type="checkbox"/><sub>2</sub> No → go to <b>13</b></p>	<p><input type="checkbox"/><sub>1</sub> Yes → go to <b>12</b> <input type="checkbox"/><sub>2</sub> No → go to <b>13</b></p>
<p><b>12</b> Which foreign citizenship do you have? (mark <input checked="" type="checkbox"/> all those that apply)</p>	<p><input type="checkbox"/><sub>1</sub> American <input type="checkbox"/><sub>2</sub> Australian <input type="checkbox"/><sub>3</sub> British <input type="checkbox"/><sub>4</sub> Italian <input type="checkbox"/><sub>5</sub> Canadian <input type="checkbox"/><sub>6</sub> Libyan <input type="checkbox"/><sub>7</sub> Tunisian <input type="checkbox"/><sub>8</sub> Other citizenship Which? ↓ <input type="text"/></p>	<p><input type="checkbox"/><sub>1</sub> American <input type="checkbox"/><sub>2</sub> Australian <input type="checkbox"/><sub>3</sub> British <input type="checkbox"/><sub>4</sub> Italian <input type="checkbox"/><sub>5</sub> Canadian <input type="checkbox"/><sub>6</sub> Libyan <input type="checkbox"/><sub>7</sub> Tunisian <input type="checkbox"/><sub>8</sub> Other citizenship Which? ↓ <input type="text"/></p>
<p><b>13</b> At present, where do you mostly live? (mark <input checked="" type="checkbox"/> one ONLY)</p> <ul style="list-style-type: none"> <li>that dwelling, institution or country where you spend most nights</li> </ul>	<p><input type="checkbox"/><sub>1</sub> In this dwelling → go to <b>14</b> <input type="checkbox"/><sub>2</sub> In another dwelling in Malta → go to <b>16</b> <input type="checkbox"/><sub>3</sub> In an institution in Malta → go to <b>16</b> <input type="checkbox"/><sub>4</sub> Abroad → go to <b>15</b></p>	<p><input type="checkbox"/><sub>1</sub> In this dwelling → go to <b>14</b> <input type="checkbox"/><sub>2</sub> In another dwelling in Malta → go to <b>16</b> <input type="checkbox"/><sub>3</sub> In an institution in Malta → go to <b>16</b> <input type="checkbox"/><sub>4</sub> Abroad → go to <b>15</b></p>
<p><b>14</b> At present, is there another dwelling in which you regularly spend nights? (mark <input checked="" type="checkbox"/> one ONLY)</p> <ul style="list-style-type: none"> <li>at least one night a week</li> </ul>	<p><input type="checkbox"/><sub>1</sub> Yes → go to <b>16</b> <input type="checkbox"/><sub>2</sub> No → go to <b>17</b></p>	<p><input type="checkbox"/><sub>1</sub> Yes → go to <b>16</b> <input type="checkbox"/><sub>2</sub> No → go to <b>17</b></p>
<p><b>15</b> How long have you been living abroad? (mark <input checked="" type="checkbox"/> one ONLY)</p> <ul style="list-style-type: none"> <li>a year means 12 months prior to and including 27th November</li> <li>relevant to persons who, for example, are studying, working or undergoing medical treatment abroad</li> <li>not relevant to emigrants</li> </ul>	<p><input type="checkbox"/><sub>1</sub> Up to a year → go to <b>16</b> <input type="checkbox"/><sub>2</sub> For more than a year → go to <b>16</b></p>	<p><input type="checkbox"/><sub>1</sub> Up to a year → go to <b>16</b> <input type="checkbox"/><sub>2</sub> For more than a year → go to <b>16</b></p>
<p><b>16</b> State the address of your second dwelling (or country if residing abroad) (mark <input checked="" type="checkbox"/> one ONLY)</p> <ul style="list-style-type: none"> <li>state full address</li> </ul>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>

<input type="checkbox"/> <sub>1</sub> Yes → go to <b>12</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>13</b>	<input type="checkbox"/> <sub>1</sub> Yes → go to <b>12</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>13</b>	<input type="checkbox"/> <sub>1</sub> Yes → go to <b>12</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>13</b>	<input type="checkbox"/> <sub>1</sub> Yes → go to <b>12</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>13</b>
<input type="checkbox"/> <sub>1</sub> American <input type="checkbox"/> <sub>2</sub> Australian <input type="checkbox"/> <sub>3</sub> British <input type="checkbox"/> <sub>4</sub> Italian <input type="checkbox"/> <sub>5</sub> Canadian <input type="checkbox"/> <sub>6</sub> Libyan <input type="checkbox"/> <sub>7</sub> Tunisian <input type="checkbox"/> <sub>8</sub> Other citizenship Which? ↓  	<input type="checkbox"/> <sub>1</sub> American <input type="checkbox"/> <sub>2</sub> Australian <input type="checkbox"/> <sub>3</sub> British <input type="checkbox"/> <sub>4</sub> Italian <input type="checkbox"/> <sub>5</sub> Canadian <input type="checkbox"/> <sub>6</sub> Libyan <input type="checkbox"/> <sub>7</sub> Tunisian <input type="checkbox"/> <sub>8</sub> Other citizenship Which? ↓  	<input type="checkbox"/> <sub>1</sub> American <input type="checkbox"/> <sub>2</sub> Australian <input type="checkbox"/> <sub>3</sub> British <input type="checkbox"/> <sub>4</sub> Italian <input type="checkbox"/> <sub>5</sub> Canadian <input type="checkbox"/> <sub>6</sub> Libyan <input type="checkbox"/> <sub>7</sub> Tunisian <input type="checkbox"/> <sub>8</sub> Other citizenship Which? ↓  	<input type="checkbox"/> <sub>1</sub> American <input type="checkbox"/> <sub>2</sub> Australian <input type="checkbox"/> <sub>3</sub> British <input type="checkbox"/> <sub>4</sub> Italian <input type="checkbox"/> <sub>5</sub> Canadian <input type="checkbox"/> <sub>6</sub> Libyan <input type="checkbox"/> <sub>7</sub> Tunisian <input type="checkbox"/> <sub>8</sub> Other citizenship Which? ↓  
<input type="checkbox"/> <sub>1</sub> In this dwelling → go to <b>14</b> <input type="checkbox"/> <sub>2</sub> In another dwelling in Malta → go to <b>16</b> <input type="checkbox"/> <sub>3</sub> In an institution in Malta → go to <b>16</b> <input type="checkbox"/> <sub>4</sub> Abroad → go to <b>15</b>	<input type="checkbox"/> <sub>1</sub> In this dwelling → go to <b>14</b> <input type="checkbox"/> <sub>2</sub> In another dwelling in Malta → go to <b>16</b> <input type="checkbox"/> <sub>3</sub> In an institution in Malta → go to <b>16</b> <input type="checkbox"/> <sub>4</sub> Abroad → go to <b>15</b>	<input type="checkbox"/> <sub>1</sub> In this dwelling → go to <b>14</b> <input type="checkbox"/> <sub>2</sub> In another dwelling in Malta → go to <b>16</b> <input type="checkbox"/> <sub>3</sub> In an institution in Malta → go to <b>16</b> <input type="checkbox"/> <sub>4</sub> Abroad → go to <b>15</b>	<input type="checkbox"/> <sub>1</sub> In this dwelling → go to <b>14</b> <input type="checkbox"/> <sub>2</sub> In another dwelling in Malta → go to <b>16</b> <input type="checkbox"/> <sub>3</sub> In an institution in Malta → go to <b>16</b> <input type="checkbox"/> <sub>4</sub> Abroad → go to <b>15</b>
<input type="checkbox"/> <sub>1</sub> Yes → go to <b>16</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>17</b>	<input type="checkbox"/> <sub>1</sub> Yes → go to <b>16</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>17</b>	<input type="checkbox"/> <sub>1</sub> Yes → go to <b>16</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>17</b>	<input type="checkbox"/> <sub>1</sub> Yes → go to <b>16</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>17</b>
<input type="checkbox"/> <sub>1</sub> Up to a year → go to <b>16</b> <input type="checkbox"/> <sub>2</sub> For more than a year → go to <b>16</b>	<input type="checkbox"/> <sub>1</sub> Up to a year → go to <b>16</b> <input type="checkbox"/> <sub>2</sub> For more than a year → go to <b>16</b>	<input type="checkbox"/> <sub>1</sub> Up to a year → go to <b>16</b> <input type="checkbox"/> <sub>2</sub> For more than a year → go to <b>16</b>	<input type="checkbox"/> <sub>1</sub> Up to a year → go to <b>16</b> <input type="checkbox"/> <sub>2</sub> For more than a year → go to <b>16</b>

<p><b>17</b> Where did you live one year ago? (mark <input checked="" type="checkbox"/> one ONLY)</p> <ul style="list-style-type: none"> <li>relevant only if you are one year old or over</li> </ul>	<p><input type="checkbox"/><sub>1</sub> In this dwelling</p> <p><input type="checkbox"/><sub>2</sub> In another dwelling in the same locality</p> <p><input type="checkbox"/><sub>3</sub> In another locality in Malta/ in another country. State where ↓</p> <input type="text"/>	<p><input type="checkbox"/><sub>1</sub> In this dwelling</p> <p><input type="checkbox"/><sub>2</sub> In another dwelling in the same locality</p> <p><input type="checkbox"/><sub>3</sub> In another locality in Malta/ in another country. State where ↓</p> <input type="text"/>
<p><b>18</b> Where did you live five years ago? (mark <input checked="" type="checkbox"/> one ONLY)</p> <ul style="list-style-type: none"> <li>relevant only if you are five years old or over</li> </ul>	<p><input type="checkbox"/><sub>1</sub> In this dwelling</p> <p><input type="checkbox"/><sub>2</sub> In another dwelling in the same locality</p> <p><input type="checkbox"/><sub>3</sub> In another locality in Malta/ in another country. State where ↓</p> <input type="text"/>	<p><input type="checkbox"/><sub>1</sub> In this dwelling</p> <p><input type="checkbox"/><sub>2</sub> In another dwelling in the same locality</p> <p><input type="checkbox"/><sub>3</sub> In another locality in Malta/ in another country. State where ↓</p> <input type="text"/>
<p><b>19</b> How is each person related to person number 1? (mark <input checked="" type="checkbox"/> one ONLY)</p> <ul style="list-style-type: none"> <li>each person's family or other relationship with person number 1 must be stated e.g. son/daughter of person number 1 must be entered as son/daughter of person no. 1</li> </ul>	<p><b>Person number 1</b></p>	<p><input type="checkbox"/><sub>1</sub> Wife/husband</p> <p><input type="checkbox"/><sub>2</sub> Cohabiting partner</p> <p><input type="checkbox"/><sub>3</sub> Son/daughter of person no. 1</p> <p><input type="checkbox"/><sub>4</sub> Adopted child of person no. 1</p> <p><input type="checkbox"/><sub>5</sub> Grandchild of person no. 1</p> <p><input type="checkbox"/><sub>6</sub> Father/mother of person no. 1</p> <p><input type="checkbox"/><sub>7</sub> Father-/mother-in-law of person no. 1</p> <p><input type="checkbox"/><sub>8</sub> Sister/brother of person no. 1</p> <p><input type="checkbox"/><sub>9</sub> Son-/daughter-in-law of person no. 1</p> <p><input type="checkbox"/><sub>10</sub> Other relative</p> <p><input type="checkbox"/><sub>11</sub> Friend of person no. 1</p> <p><input type="checkbox"/><sub>12</sub> Other relationship</p>
<p><b>20</b> Do you suffer from any long-term illness and/or health condition? (mark <input checked="" type="checkbox"/> one ONLY)</p> <ul style="list-style-type: none"> <li>e.g. asthma, diabetes, heart disease, etc.</li> </ul>	<p><input type="checkbox"/><sub>1</sub> Yes</p> <p><input type="checkbox"/><sub>2</sub> No</p>	<p><input type="checkbox"/><sub>1</sub> Yes</p> <p><input type="checkbox"/><sub>2</sub> No</p>
<p><b>21</b> Do you have any long-term disability? (mark <input checked="" type="checkbox"/> one ONLY)</p>	<p><input type="checkbox"/><sub>1</sub> Do not have any</p> <p><input type="checkbox"/><sub>2</sub> Visual impairment</p> <ul style="list-style-type: none"> <li>exclude those who are able to see clearly by wearing spectacles</li> </ul> <p><input type="checkbox"/><sub>3</sub> Hearing impairment</p> <ul style="list-style-type: none"> <li>exclude those who are able to hear clearly by means of a hearing aid</li> </ul> <p><input type="checkbox"/><sub>4</sub> Physical impairment</p> <p><input type="checkbox"/><sub>5</sub> Intellectual impairment</p> <p><input type="checkbox"/><sub>6</sub> Mental health condition</p> <p><input type="checkbox"/><sub>7</sub> Other impairment. Which? ↓</p> <input type="text"/> <p><input type="checkbox"/><sub>8</sub> Have more than one type of impairment</p>	<p><input type="checkbox"/><sub>1</sub> Do not have any</p> <p><input type="checkbox"/><sub>2</sub> Visual impairment</p> <ul style="list-style-type: none"> <li>exclude those who are able to see clearly by wearing spectacles</li> </ul> <p><input type="checkbox"/><sub>3</sub> Hearing impairment</p> <ul style="list-style-type: none"> <li>exclude those who are able to hear clearly by means of a hearing aid</li> </ul> <p><input type="checkbox"/><sub>4</sub> Physical impairment</p> <p><input type="checkbox"/><sub>5</sub> Intellectual impairment</p> <p><input type="checkbox"/><sub>6</sub> Mental health condition</p> <p><input type="checkbox"/><sub>7</sub> Other impairment. Which? ↓</p> <input type="text"/> <p><input type="checkbox"/><sub>8</sub> Have more than one type of impairment</p>



<input type="checkbox"/> <sub>1</sub> In this dwelling <input type="checkbox"/> <sub>2</sub> In another dwelling in the same locality <input type="checkbox"/> <sub>3</sub> In another locality in Malta/ in another country. State where ↓ <input type="text"/>	<input type="checkbox"/> <sub>1</sub> In this dwelling <input type="checkbox"/> <sub>2</sub> In another dwelling in the same locality <input type="checkbox"/> <sub>3</sub> In another locality in Malta/ in another country. State where ↓ <input type="text"/>	<input type="checkbox"/> <sub>1</sub> In this dwelling <input type="checkbox"/> <sub>2</sub> In another dwelling in the same locality <input type="checkbox"/> <sub>3</sub> In another locality in Malta/ in another country. State where ↓ <input type="text"/>	<input type="checkbox"/> <sub>1</sub> In this dwelling <input type="checkbox"/> <sub>2</sub> In another dwelling in the same locality <input type="checkbox"/> <sub>3</sub> In another locality in Malta/ in another country. State where ↓ <input type="text"/>
<input type="checkbox"/> <sub>1</sub> In this dwelling <input type="checkbox"/> <sub>2</sub> In another dwelling in the same locality <input type="checkbox"/> <sub>3</sub> In another locality in Malta/ in another country. State where ↓ <input type="text"/>	<input type="checkbox"/> <sub>1</sub> In this dwelling <input type="checkbox"/> <sub>2</sub> In another dwelling in the same locality <input type="checkbox"/> <sub>3</sub> In another locality in Malta/ in another country. State where ↓ <input type="text"/>	<input type="checkbox"/> <sub>1</sub> In this dwelling <input type="checkbox"/> <sub>2</sub> In another dwelling in the same locality <input type="checkbox"/> <sub>3</sub> In another locality in Malta/ in another country. State where ↓ <input type="text"/>	<input type="checkbox"/> <sub>1</sub> In this dwelling <input type="checkbox"/> <sub>2</sub> In another dwelling in the same locality <input type="checkbox"/> <sub>3</sub> In another locality in Malta/ in another country. State where ↓ <input type="text"/>
<input type="checkbox"/> <sub>1</sub> Wife/husband <input type="checkbox"/> <sub>2</sub> Cohabiting partner <input type="checkbox"/> <sub>3</sub> Son/daughter of person no. 1 <input type="checkbox"/> <sub>4</sub> Adopted child of person no. 1 <input type="checkbox"/> <sub>5</sub> Grandchild of person no. 1 <input type="checkbox"/> <sub>6</sub> Father/mother of person no. 1 <input type="checkbox"/> <sub>7</sub> Father-/mother-in-law of person no. 1 <input type="checkbox"/> <sub>8</sub> Sister/brother of person no. 1 <input type="checkbox"/> <sub>9</sub> Son-/daughter-in-law of person no. 1 <input type="checkbox"/> <sub>10</sub> Other relative <input type="checkbox"/> <sub>11</sub> Friend of person no. 1 <input type="checkbox"/> <sub>12</sub> Other relationship	<input type="checkbox"/> <sub>1</sub> Wife/husband <input type="checkbox"/> <sub>2</sub> Cohabiting partner <input type="checkbox"/> <sub>3</sub> Son/daughter of person no. 1 <input type="checkbox"/> <sub>4</sub> Adopted child of person no. 1 <input type="checkbox"/> <sub>5</sub> Grandchild of person no. 1 <input type="checkbox"/> <sub>6</sub> Father/mother of person no. 1 <input type="checkbox"/> <sub>7</sub> Father-/mother-in-law of person no. 1 <input type="checkbox"/> <sub>8</sub> Sister/brother of person no. 1 <input type="checkbox"/> <sub>9</sub> Son-/daughter-in-law of person no. 1 <input type="checkbox"/> <sub>10</sub> Other relative <input type="checkbox"/> <sub>11</sub> Friend of person no. 1 <input type="checkbox"/> <sub>12</sub> Other relationship	<input type="checkbox"/> <sub>1</sub> Wife/husband <input type="checkbox"/> <sub>2</sub> Cohabiting partner <input type="checkbox"/> <sub>3</sub> Son/daughter of person no. 1 <input type="checkbox"/> <sub>4</sub> Adopted child of person no. 1 <input type="checkbox"/> <sub>5</sub> Grandchild of person no. 1 <input type="checkbox"/> <sub>6</sub> Father/mother of person no. 1 <input type="checkbox"/> <sub>7</sub> Father-/mother-in-law of person no. 1 <input type="checkbox"/> <sub>8</sub> Sister/brother of person no. 1 <input type="checkbox"/> <sub>9</sub> Son-/daughter-in-law of person no. 1 <input type="checkbox"/> <sub>10</sub> Other relative <input type="checkbox"/> <sub>11</sub> Friend of person no. 1 <input type="checkbox"/> <sub>12</sub> Other relationship	<input type="checkbox"/> <sub>1</sub> Wife/husband <input type="checkbox"/> <sub>2</sub> Cohabiting partner <input type="checkbox"/> <sub>3</sub> Son/daughter of person no. 1 <input type="checkbox"/> <sub>4</sub> Adopted child of person no. 1 <input type="checkbox"/> <sub>5</sub> Grandchild of person no. 1 <input type="checkbox"/> <sub>6</sub> Father/mother of person no. 1 <input type="checkbox"/> <sub>7</sub> Father-/mother-in-law of person no. 1 <input type="checkbox"/> <sub>8</sub> Sister/brother of person no. 1 <input type="checkbox"/> <sub>9</sub> Son-/daughter-in-law of person no. 1 <input type="checkbox"/> <sub>10</sub> Other relative <input type="checkbox"/> <sub>11</sub> Friend of person no. 1 <input type="checkbox"/> <sub>12</sub> Other relationship
<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
<input type="checkbox"/> <sub>1</sub> Do not have any <input type="checkbox"/> <sub>2</sub> Visual impairment <ul style="list-style-type: none"> <li>exclude those who are able to see clearly by wearing spectacles</li> </ul> <input type="checkbox"/> <sub>3</sub> Hearing impairment <ul style="list-style-type: none"> <li>exclude those who are able to hear clearly by means of a hearing aid</li> </ul> <input type="checkbox"/> <sub>4</sub> Physical impairment <input type="checkbox"/> <sub>5</sub> Intellectual impairment <input type="checkbox"/> <sub>6</sub> Mental health condition <input type="checkbox"/> <sub>7</sub> Other impairment. Which? ↓ <input type="text"/> <input type="checkbox"/> <sub>8</sub> Have more than one type of impairment	<input type="checkbox"/> <sub>1</sub> Do not have any <input type="checkbox"/> <sub>2</sub> Visual impairment <ul style="list-style-type: none"> <li>exclude those who are able to see clearly by wearing spectacles</li> </ul> <input type="checkbox"/> <sub>3</sub> Hearing impairment <ul style="list-style-type: none"> <li>exclude those who are able to hear clearly by means of a hearing aid</li> </ul> <input type="checkbox"/> <sub>4</sub> Physical impairment <input type="checkbox"/> <sub>5</sub> Intellectual impairment <input type="checkbox"/> <sub>6</sub> Mental health condition <input type="checkbox"/> <sub>7</sub> Other impairment. Which? ↓ <input type="text"/> <input type="checkbox"/> <sub>8</sub> Have more than one type of impairment	<input type="checkbox"/> <sub>1</sub> Do not have any <input type="checkbox"/> <sub>2</sub> Visual impairment <ul style="list-style-type: none"> <li>exclude those who are able to see clearly by wearing spectacles</li> </ul> <input type="checkbox"/> <sub>3</sub> Hearing impairment <ul style="list-style-type: none"> <li>exclude those who are able to hear clearly by means of a hearing aid</li> </ul> <input type="checkbox"/> <sub>4</sub> Physical impairment <input type="checkbox"/> <sub>5</sub> Intellectual impairment <input type="checkbox"/> <sub>6</sub> Mental health condition <input type="checkbox"/> <sub>7</sub> Other impairment. Which? ↓ <input type="text"/> <input type="checkbox"/> <sub>8</sub> Have more than one type of impairment	<input type="checkbox"/> <sub>1</sub> Do not have any <input type="checkbox"/> <sub>2</sub> Visual impairment <ul style="list-style-type: none"> <li>exclude those who are able to see clearly by wearing spectacles</li> </ul> <input type="checkbox"/> <sub>3</sub> Hearing impairment <ul style="list-style-type: none"> <li>exclude those who are able to hear clearly by means of a hearing aid</li> </ul> <input type="checkbox"/> <sub>4</sub> Physical impairment <input type="checkbox"/> <sub>5</sub> Intellectual impairment <input type="checkbox"/> <sub>6</sub> Mental health condition <input type="checkbox"/> <sub>7</sub> Other impairment. Which? ↓ <input type="text"/> <input type="checkbox"/> <sub>8</sub> Have more than one type of impairment

**QUESTIONS 22 AND 23 ARE RELEVANT ONLY TO PERSONS AGED 16 YEARS AND OVER**

**22** What is your legal marital status?  
(mark  one ONLY)

- <sub>1</sub> Single → go to **24**
- <sub>2</sub> Married
- <sub>3</sub> Re-married
- <sub>4</sub> Separated
- <sub>5</sub> Widowed
- <sub>6</sub> Divorced
- <sub>7</sub> Annulled
- 23**

- <sub>1</sub> Single → go to **24**
- <sub>2</sub> Married
- <sub>3</sub> Re-married
- <sub>4</sub> Separated
- <sub>5</sub> Widowed
- <sub>6</sub> Divorced
- <sub>7</sub> Annulled
- 23**

**23** Insert the date of your first marriage

DD      MM      YYYY

--	--	--

DD      MM      YYYY

--	--	--

**QUESTIONS 24 TO 26 ARE RELEVANT ONLY TO PERSONS AGED 10 YEARS AND OVER**

**24** Which language do you speak most at home?  
(mark  one ONLY)

- <sub>1</sub> Maltese
- <sub>2</sub> English
- <sub>3</sub> Other language
- <sub>4</sub> More than one language

- <sub>1</sub> Maltese
- <sub>2</sub> English
- <sub>3</sub> Other language
- <sub>4</sub> More than one language

**25** Are you able to read and write a simple sentence about your everyday life?  
(mark  one ONLY)

- Yes
- No

- Yes
- No

**26** How well do you speak...  
(mark  one ONLY for each language)

- a) Maltese?
- b) English?
- c) Italian?
- d) French?
- e) German?
- f) Arabic?
- g) Any other language?

	Well	Average	A little	Not at all		Well	Average	A little	Not at all
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**QUESTION 27 IS RELEVANT ONLY TO PERSONS AGED 5 YEARS AND OVER**

**27** During this year did you practise a sport at least once a week?  
(mark  one ONLY)

- <sub>1</sub> Yes, on a competitive basis
- <sub>2</sub> Yes, not on a competitive basis
- <sub>3</sub> No

- <sub>1</sub> Yes, on a competitive basis
- <sub>2</sub> Yes, not on a competitive basis
- <sub>3</sub> No

**QUESTIONS 22 AND 23 ARE RELEVANT ONLY TO PERSONS AGED 16 YEARS AND OVER**

<sub>1</sub> Single → go to **24**

<sub>2</sub> Married

<sub>3</sub> Re-married

<sub>4</sub> Separated

<sub>5</sub> Widowed

<sub>6</sub> Divorced

<sub>7</sub> Annulled

**23**

<sub>1</sub> Single → go to **24**

<sub>2</sub> Married

<sub>3</sub> Re-married

<sub>4</sub> Separated

<sub>5</sub> Widowed

<sub>6</sub> Divorced

<sub>7</sub> Annulled

**23**

<sub>1</sub> Single → go to **24**

<sub>2</sub> Married

<sub>3</sub> Re-married

<sub>4</sub> Separated

<sub>5</sub> Widowed

<sub>6</sub> Divorced

<sub>7</sub> Annulled

**23**

<sub>1</sub> Single → go to **24**

<sub>2</sub> Married

<sub>3</sub> Re-married

<sub>4</sub> Separated

<sub>5</sub> Widowed

<sub>6</sub> Divorced

<sub>7</sub> Annulled

**23**

DD MM YYYY

--	--	--

DD MM YYYY

--	--	--

DD MM YYYY

--	--	--

DD MM YYYY

--	--	--

**QUESTIONS 24 TO 26 ARE RELEVANT ONLY TO PERSONS AGED 10 YEARS AND OVER**

<sub>1</sub> Maltese

<sub>2</sub> English

<sub>3</sub> Other language

<sub>4</sub> More than one language

<sub>1</sub> Maltese

<sub>2</sub> English

<sub>3</sub> Other language

<sub>4</sub> More than one language

<sub>1</sub> Maltese

<sub>2</sub> English

<sub>3</sub> Other language

<sub>4</sub> More than one language

<sub>1</sub> Maltese

<sub>2</sub> English

<sub>3</sub> Other language

<sub>4</sub> More than one language

Yes

No

Yes

No

Yes

No

Yes

No

Well	Average	A little	Not at all
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

Well	Average	A little	Not at all
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

Well	Average	A little	Not at all
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

Well	Average	A little	Not at all
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**QUESTION 27 IS RELEVANT ONLY TO PERSONS AGED 5 YEARS AND OVER**

<sub>1</sub> Yes, on a competitive basis

<sub>2</sub> Yes, not on a competitive basis

<sub>3</sub> No

<sub>1</sub> Yes, on a competitive basis

<sub>2</sub> Yes, not on a competitive basis

<sub>3</sub> No

<sub>1</sub> Yes, on a competitive basis

<sub>2</sub> Yes, not on a competitive basis

<sub>3</sub> No

<sub>1</sub> Yes, on a competitive basis

<sub>2</sub> Yes, not on a competitive basis

<sub>3</sub> No

**CONTINUE IF YOU ARE AGED 15 YEARS AND OVER/STOP IF YOU ARE LESS THAN 15 YEARS OF AGE**

**28** During this year were you actively involved in sport for pay or profit, either as an athlete or in an administrative capacity?

- 1 Yes
- 2 No

- 1 Yes
- 2 No

**29** Between the 21 and 27 of November 2005, were you a student or an apprentice in a formal-educational institution?  
 • e.g. in a school, college or university

- 1 Yes, on a full-time basis
- 2 Yes, on a part-time basis
- 3 Yes, by distance learning
- 4 No

- 1 Yes, on a full-time basis
- 2 Yes, on a part-time basis
- 3 Yes, by distance learning
- 4 No

**30** What is the highest level of education that you have successfully completed to date (full-time/part-time)?  
**(mark  one ONLY)**

- if you are still a student mark the highest level of education completed so far

**NOTES**

**Pre-primary**

- includes Kindergarten, Nursery, Infant stages 1-2, etc.

**Primary level**

- includes Year 1-6 or Standard 1-6, etc.

**Secondary level**

- includes Secondary Education Certificate, Lyceum, Trade or Grammar school, Marsa Apprentice School, Navigation College, etc.

**Post-secondary level**

- includes Sixth Form, City & Guilds, ESTS, TAS, Industrial Training Centre, Polytechnic, Dockyard Apprenticeship, School of Hairdressing, ITS (not diploma), etc.

**Non-tertiary level**

- includes Kindergarten Assistant certificate, HTD, OTD, MCAST certificate or diploma, ITS diploma, etc.

**Tertiary level**

- includes university diploma, Degree, post-graduate diploma or certificate, Masters, Doctorate, professional qualification e.g. ACCA, MIA, ACII, ACIB, Teachers' Training College, etc.

- 1 No schooling
- 2 Special school for persons with a disability
- 3 Pre-primary
- 4 Primary level
- 5 Secondary level
- 6 Post-secondary level
- 7 Non-tertiary level
- 8 Tertiary level
- 9 Other. Which level? ↓

- 1 No schooling
- 2 Special school for persons with a disability
- 3 Pre-primary
- 4 Primary level
- 5 Secondary level
- 6 Post-secondary level
- 7 Non-tertiary level
- 8 Tertiary level
- 9 Other. Which level? ↓

**31** How old were you when you attained your highest level of education?

- answer only if you went to school



**32** What is the highest qualification that you have attained?  
**(mark  one ONLY)**

- if you are still a student mark the highest qualification that you have attained so far

**NOTES**

**Certificate or diploma not issued by university**

- includes Trade Schools/School of Hairdressing certificate, City & Guilds, Kindergarten Assistant certificate, HTD, OTD, Dockyard apprenticeship, ITS diploma, MCAST diploma or certificate, etc.

**First degree**

- e.g. BSc (Hons), BA (Hons), etc.

**Professional qualification (at least a degree level)**

- e.g. ACCA, MIA, etc.

**Post-graduate diploma or certificate**

- e.g. PGCE, etc.

- 1 No qualifications attained
- 2 'O' level
- 3 Intermediate level
- 4 'A' level
- 5 Certificate or diploma not issued by university
- 6 University diploma
- 7 First degree
- 8 Professional qualification
- 9 Both a degree and a professional qualification
- 10 Post-graduate diploma or certificate
- 11 Masters
- 12 Doctorate (PhD/DBA)
- 13 Other. State which ↓

- 1 No qualifications attained
- 2 'O' level
- 3 Intermediate level
- 4 'A' level
- 5 Certificate or diploma not issued by university
- 6 University diploma
- 7 First degree
- 8 Professional qualification
- 9 Both a degree and a professional qualification
- 10 Post-graduate diploma or certificate
- 11 Masters
- 12 Doctorate (PhD/DBA)
- 13 Other. State which ↓

**CONTINUE IF YOU ARE AGED 15 YEARS AND OVER/STOP IF YOU ARE LESS THAN 15 YEARS OF AGE**

- <sub>1</sub> Yes
- <sub>2</sub> No

- <sub>1</sub> Yes
- <sub>2</sub> No

- <sub>1</sub> Yes
- <sub>2</sub> No

- <sub>1</sub> Yes
- <sub>2</sub> No

- <sub>1</sub> Yes, on a full-time basis
- <sub>2</sub> Yes, on a part-time basis
- <sub>3</sub> Yes, by distance learning
- <sub>4</sub> No

- <sub>1</sub> Yes, on a full-time basis
- <sub>2</sub> Yes, on a part-time basis
- <sub>3</sub> Yes, by distance learning
- <sub>4</sub> No

- <sub>1</sub> Yes, on a full-time basis
- <sub>2</sub> Yes, on a part-time basis
- <sub>3</sub> Yes, by distance learning
- <sub>4</sub> No

- <sub>1</sub> Yes, on a full-time basis
- <sub>2</sub> Yes, on a part-time basis
- <sub>3</sub> Yes, by distance learning
- <sub>4</sub> No

- <sub>1</sub> No schooling
- <sub>2</sub> Special school for persons with a disability
- <sub>3</sub> Pre-primary
- <sub>4</sub> Primary level
- <sub>5</sub> Secondary level
- <sub>6</sub> Post-secondary level
- <sub>7</sub> Non-tertiary level
- <sub>8</sub> Tertiary level
- <sub>9</sub> Other. Which level? ↓

- <sub>1</sub> No schooling
- <sub>2</sub> Special school for persons with a disability
- <sub>3</sub> Pre-primary
- <sub>4</sub> Primary level
- <sub>5</sub> Secondary level
- <sub>6</sub> Post-secondary level
- <sub>7</sub> Non-tertiary level
- <sub>8</sub> Tertiary level
- <sub>9</sub> Other. Which level? ↓

- <sub>1</sub> No schooling
- <sub>2</sub> Special school for persons with a disability
- <sub>3</sub> Pre-primary
- <sub>4</sub> Primary level
- <sub>5</sub> Secondary level
- <sub>6</sub> Post-secondary level
- <sub>7</sub> Non-tertiary level
- <sub>8</sub> Tertiary level
- <sub>9</sub> Other. Which level? ↓

- <sub>1</sub> No schooling
- <sub>2</sub> Special school for persons with a disability
- <sub>3</sub> Pre-primary
- <sub>4</sub> Primary level
- <sub>5</sub> Secondary level
- <sub>6</sub> Post-secondary level
- <sub>7</sub> Non-tertiary level
- <sub>8</sub> Tertiary level
- <sub>9</sub> Other. Which level? ↓





- <sub>1</sub> No qualifications attained
- <sub>2</sub> 'O' level
- <sub>3</sub> Intermediate level
- <sub>4</sub> 'A' level
- <sub>5</sub> Certificate or diploma not issued by university
- <sub>6</sub> University diploma
- <sub>7</sub> First degree
- <sub>8</sub> Professional qualification
- <sub>9</sub> Both a degree and a professional qualification
- <sub>10</sub> Post-graduate diploma or certificate
- <sub>11</sub> Masters
- <sub>12</sub> Doctorate (PhD/DBA)
- <sub>13</sub> Other. State which ↓

- <sub>1</sub> No qualifications attained
- <sub>2</sub> 'O' level
- <sub>3</sub> Intermediate level
- <sub>4</sub> 'A' level
- <sub>5</sub> Certificate or diploma not issued by university
- <sub>6</sub> University diploma
- <sub>7</sub> First degree
- <sub>8</sub> Professional qualification
- <sub>9</sub> Both a degree and a professional qualification
- <sub>10</sub> Post-graduate diploma or certificate
- <sub>11</sub> Masters
- <sub>12</sub> Doctorate (PhD/DBA)
- <sub>13</sub> Other. State which ↓

- <sub>1</sub> No qualifications attained
- <sub>2</sub> 'O' level
- <sub>3</sub> Intermediate level
- <sub>4</sub> 'A' level
- <sub>5</sub> Certificate or diploma not issued by university
- <sub>6</sub> University diploma
- <sub>7</sub> First degree
- <sub>8</sub> Professional qualification
- <sub>9</sub> Both a degree and a professional qualification
- <sub>10</sub> Post-graduate diploma or certificate
- <sub>11</sub> Masters
- <sub>12</sub> Doctorate (PhD/DBA)
- <sub>13</sub> Other. State which ↓

- <sub>1</sub> No qualifications attained
- <sub>2</sub> 'O' level
- <sub>3</sub> Intermediate level
- <sub>4</sub> 'A' level
- <sub>5</sub> Certificate or diploma not issued by university
- <sub>6</sub> University diploma
- <sub>7</sub> First degree
- <sub>8</sub> Professional qualification
- <sub>9</sub> Both a degree and a professional qualification
- <sub>10</sub> Post-graduate diploma or certificate
- <sub>11</sub> Masters
- <sub>12</sub> Doctorate (PhD/DBA)
- <sub>13</sub> Other. State which ↓

<p><b>33</b> What is your current labour status? (mark <input checked="" type="checkbox"/> one ONLY)</p>	<p><input type="checkbox"/><sub>1</sub> Employed</p> <p><input type="checkbox"/><sub>2</sub> Unemployed</p> <p><input type="checkbox"/><sub>3</sub> Student or trainee</p> <p><input type="checkbox"/><sub>4</sub> Retired</p> <p><input type="checkbox"/><sub>5</sub> Cannot work because of disability or illness</p> <p><input type="checkbox"/><sub>6</sub> Taking care of house and/or family</p> <p><input type="checkbox"/><sub>7</sub> Other status</p>	<p><input type="checkbox"/><sub>1</sub> Employed</p> <p><input type="checkbox"/><sub>2</sub> Unemployed</p> <p><input type="checkbox"/><sub>3</sub> Student or trainee</p> <p><input type="checkbox"/><sub>4</sub> Retired</p> <p><input type="checkbox"/><sub>5</sub> Cannot work because of disability or illness</p> <p><input type="checkbox"/><sub>6</sub> Taking care of house and/or family</p> <p><input type="checkbox"/><sub>7</sub> Other status</p>
<p><b>34</b> Did you work in the week between the 21 and 27 of November 2005?</p> <ul style="list-style-type: none"> <li>• 'Yes' if you worked for at least one hour or more for pay or profit</li> <li>• 'Yes' if you were on holiday or sick leave</li> <li>• 'No' if you were taking care of house and/or family</li> </ul>	<p><input type="checkbox"/><sub>1</sub> Yes → go to <b>38</b></p> <p><input type="checkbox"/><sub>2</sub> No → go to <b>35</b></p>	<p><input type="checkbox"/><sub>1</sub> Yes → go to <b>38</b></p> <p><input type="checkbox"/><sub>2</sub> No → go to <b>35</b></p>
<p><b>35</b> What was the reason for your not working in the week between the 21 and 27 November 2005? (mark <input checked="" type="checkbox"/> one ONLY)</p>	<p><input type="checkbox"/><sub>1</sub> Do not work → go to <b>36</b></p> <ul style="list-style-type: none"> <li>• e.g. taking care of house and/or family, pensioner, student, unemployed, etc.</li> </ul> <p><input type="checkbox"/><sub>2</sub> Absent from work during that week → go to <b>38</b></p> <ul style="list-style-type: none"> <li>• e.g. maternity/parental leave, etc.</li> </ul>	<p><input type="checkbox"/><sub>1</sub> Do not work → go to <b>36</b></p> <ul style="list-style-type: none"> <li>• e.g. taking care of house and/or family, pensioner, student, unemployed, etc.</li> </ul> <p><input type="checkbox"/><sub>2</sub> Absent from work during that week → go to <b>38</b></p> <ul style="list-style-type: none"> <li>• e.g. maternity/parental leave, etc.</li> </ul>
<p><b>36</b> Have you been seeking employment during the past four (4) weeks?</p> <ul style="list-style-type: none"> <li>• the four-week period before the 27 November 2005</li> </ul>	<p><input type="checkbox"/><sub>1</sub> Yes → go to <b>37</b></p> <p><input type="checkbox"/><sub>2</sub> No → go to <b>go to dwellings' section</b></p>	<p><input type="checkbox"/><sub>1</sub> Yes → go to <b>37</b></p> <p><input type="checkbox"/><sub>2</sub> No → <b>stop</b></p>
<p><b>37</b> If work becomes available, would you be ready to start within the next two (2) weeks?</p> <ul style="list-style-type: none"> <li>• the two-week period following 27 November 2005</li> </ul>	<p><input type="checkbox"/><sub>1</sub> Yes } <b>go to dwellings' section</b></p> <p><input type="checkbox"/><sub>2</sub> No }</p>	<p><input type="checkbox"/><sub>1</sub> Yes } <b>stop</b></p> <p><input type="checkbox"/><sub>2</sub> No }</p>

<input type="checkbox"/> <sub>1</sub> Employed <input type="checkbox"/> <sub>2</sub> Unemployed <input type="checkbox"/> <sub>3</sub> Student or trainee <input type="checkbox"/> <sub>4</sub> Retired <input type="checkbox"/> <sub>5</sub> Cannot work because of disability or illness <input type="checkbox"/> <sub>6</sub> Taking care of house and/or family <input type="checkbox"/> <sub>7</sub> Other status	<input type="checkbox"/> <sub>1</sub> Employed <input type="checkbox"/> <sub>2</sub> Unemployed <input type="checkbox"/> <sub>3</sub> Student or trainee <input type="checkbox"/> <sub>4</sub> Retired <input type="checkbox"/> <sub>5</sub> Cannot work because of disability or illness <input type="checkbox"/> <sub>6</sub> Taking care of house and/or family <input type="checkbox"/> <sub>7</sub> Other status	<input type="checkbox"/> <sub>1</sub> Employed <input type="checkbox"/> <sub>2</sub> Unemployed <input type="checkbox"/> <sub>3</sub> Student or trainee <input type="checkbox"/> <sub>4</sub> Retired <input type="checkbox"/> <sub>5</sub> Cannot work because of disability or illness <input type="checkbox"/> <sub>6</sub> Taking care of house and/or family <input type="checkbox"/> <sub>7</sub> Other status	<input type="checkbox"/> <sub>1</sub> Employed <input type="checkbox"/> <sub>2</sub> Unemployed <input type="checkbox"/> <sub>3</sub> Student or trainee <input type="checkbox"/> <sub>4</sub> Retired <input type="checkbox"/> <sub>5</sub> Cannot work because of disability or illness <input type="checkbox"/> <sub>6</sub> Taking care of house and/or family <input type="checkbox"/> <sub>7</sub> Other status
<input type="checkbox"/> <sub>1</sub> Yes → go to <b>38</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>35</b>	<input type="checkbox"/> <sub>1</sub> Yes → go to <b>38</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>35</b>	<input type="checkbox"/> <sub>1</sub> Yes → go to <b>38</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>35</b>	<input type="checkbox"/> <sub>1</sub> Yes → go to <b>38</b> <input type="checkbox"/> <sub>2</sub> No → go to <b>35</b>
<input type="checkbox"/> <sub>1</sub> Do not work → go to <b>36</b> <ul style="list-style-type: none"> <li>e.g. taking care of house and/or family, pensioner, student, unemployed, etc.</li> </ul> <input type="checkbox"/> <sub>2</sub> Absent from work during that week → go to <b>38</b> <ul style="list-style-type: none"> <li>e.g. maternity/parental leave, etc.</li> </ul>	<input type="checkbox"/> <sub>1</sub> Do not work → go to <b>36</b> <ul style="list-style-type: none"> <li>e.g. taking care of house and/or family, pensioner, student, unemployed, etc.</li> </ul> <input type="checkbox"/> <sub>2</sub> Absent from work during that week → go to <b>38</b> <ul style="list-style-type: none"> <li>e.g. maternity/parental leave, etc.</li> </ul>	<input type="checkbox"/> <sub>1</sub> Do not work → go to <b>36</b> <ul style="list-style-type: none"> <li>e.g. taking care of house and/or family, pensioner, student, unemployed, etc.</li> </ul> <input type="checkbox"/> <sub>2</sub> Absent from work during that week → go to <b>38</b> <ul style="list-style-type: none"> <li>e.g. maternity/parental leave, etc.</li> </ul>	<input type="checkbox"/> <sub>1</sub> Do not work → go to <b>36</b> <ul style="list-style-type: none"> <li>e.g. taking care of house and/or family, pensioner, student, unemployed, etc.</li> </ul> <input type="checkbox"/> <sub>2</sub> Absent from work during that week → go to <b>38</b> <ul style="list-style-type: none"> <li>e.g. maternity/parental leave, etc.</li> </ul>
<input type="checkbox"/> <sub>1</sub> Yes → go to <b>37</b> <input type="checkbox"/> <sub>2</sub> No → <b>stop</b>	<input type="checkbox"/> <sub>1</sub> Yes → go to <b>37</b> <input type="checkbox"/> <sub>2</sub> No → <b>stop</b>	<input type="checkbox"/> <sub>1</sub> Yes → go to <b>37</b> <input type="checkbox"/> <sub>2</sub> No → <b>stop</b>	<input type="checkbox"/> <sub>1</sub> Yes → go to <b>37</b> <input type="checkbox"/> <sub>2</sub> No → <b>stop</b>
<input type="checkbox"/> <sub>1</sub> Yes } <b>stop</b> <input type="checkbox"/> <sub>2</sub> No }	<input type="checkbox"/> <sub>1</sub> Yes } <b>stop</b> <input type="checkbox"/> <sub>2</sub> No }	<input type="checkbox"/> <sub>1</sub> Yes } <b>stop</b> <input type="checkbox"/> <sub>2</sub> No }	<input type="checkbox"/> <sub>1</sub> Yes } <b>stop</b> <input type="checkbox"/> <sub>2</sub> No }

<p><b>38</b> What is your professional status in your main job? (mark <input checked="" type="checkbox"/> one ONLY)</p>	<p><input type="checkbox"/><sub>1</sub> Employee</p> <p><input type="checkbox"/><sub>2</sub> Self-employed with employees</p> <p><input type="checkbox"/><sub>3</sub> Self-employed without employees</p> <p><input type="checkbox"/><sub>4</sub> Unpaid family worker</p>	<p><input type="checkbox"/><sub>1</sub> Employee</p> <p><input type="checkbox"/><sub>2</sub> Self-employed with employees</p> <p><input type="checkbox"/><sub>3</sub> Self-employed without employees</p> <p><input type="checkbox"/><sub>4</sub> Unpaid family worker</p>
<p><b>39</b> Insert your main job title</p> <ul style="list-style-type: none"> <li>e.g. TEACHER, CARPENTER, CLERK, etc.</li> </ul>	<div style="border: 1px solid black; height: 60px;"></div>	<div style="border: 1px solid black; height: 60px;"></div>
<p><b>40</b> Describe your main job</p> <ul style="list-style-type: none"> <li>e.g. TEACHING, MAKING FURNITURE, WORK IN AN OFFICE, etc.</li> </ul>	<div style="border: 1px solid black; height: 60px;"></div>	<div style="border: 1px solid black; height: 60px;"></div>
<p><b>41</b> State the name of your place of work</p> <ul style="list-style-type: none"> <li>e.g. DUN KARM SANT PRIMARY SCHOOL, A&amp;B Co. LTD., BORG GROUP OF COMPANIES, etc.</li> </ul>	<div style="border: 1px solid black; height: 60px;"></div>	<div style="border: 1px solid black; height: 60px;"></div>
<p><input type="checkbox"/><sub>1</sub> No name</p>		<p><input type="checkbox"/><sub>1</sub> No name</p>
<p><b>42</b> What is the activity of the organisation/firm that you work for in your main job?</p> <ul style="list-style-type: none"> <li>e.g. SCHOOL, KITCHEN-MAKING, MANUFACTURE OF JEANS, etc.</li> </ul>	<div style="border: 1px solid black; height: 60px;"></div>	<div style="border: 1px solid black; height: 60px;"></div>
<p><b>43</b> State the locality of your main place of work</p>	<div style="border: 1px solid black; height: 60px;"></div> <p><input type="checkbox"/><sub>1</sub> Work at home and/or from home</p> <p><input type="checkbox"/><sub>2</sub> No fixed place of work</p>	<div style="border: 1px solid black; height: 60px;"></div> <p><input type="checkbox"/><sub>1</sub> Work at home and/or from home</p> <p><input type="checkbox"/><sub>2</sub> No fixed place of work</p>
<p><b>44</b> How many hours per week do you usually work in your main job? (do not include breaks)</p> <ul style="list-style-type: none"> <li>include overtime if done regularly throughout the year</li> <li>if the number of hours varies throughout the year, state the number of hours worked during the last working week</li> </ul>	<div style="border: 1px solid black; height: 60px;"></div>	<div style="border: 1px solid black; height: 60px;"></div>
<p><b>45</b> Did you have another job in addition to your main job in the week between the 21 and 27 November?</p>	<p><input type="checkbox"/><sub>1</sub> Yes</p> <p><input type="checkbox"/><sub>2</sub> No</p>	<p><input type="checkbox"/><sub>1</sub> Yes</p> <p><input type="checkbox"/><sub>2</sub> No</p>



Person 3	Person 4	Person 5	Person 6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> <sub>1</sub> Employee <input type="checkbox"/> <sub>2</sub> Self-employed with employees <input type="checkbox"/> <sub>3</sub> Self-employed without employees <input type="checkbox"/> <sub>4</sub> Unpaid family worker	<input type="checkbox"/> <sub>1</sub> Employee <input type="checkbox"/> <sub>2</sub> Self-employed with employees <input type="checkbox"/> <sub>3</sub> Self-employed without employees <input type="checkbox"/> <sub>4</sub> Unpaid family worker	<input type="checkbox"/> <sub>1</sub> Employee <input type="checkbox"/> <sub>2</sub> Self-employed with employees <input type="checkbox"/> <sub>3</sub> Self-employed without employees <input type="checkbox"/> <sub>4</sub> Unpaid family worker	<input type="checkbox"/> <sub>1</sub> Employee <input type="checkbox"/> <sub>2</sub> Self-employed with employees <input type="checkbox"/> <sub>3</sub> Self-employed without employees <input type="checkbox"/> <sub>4</sub> Unpaid family worker
<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="checkbox"/> <sub>1</sub> No name	<input type="checkbox"/> <sub>1</sub> No name	<input type="checkbox"/> <sub>1</sub> No name	<input type="checkbox"/> <sub>1</sub> No name
<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="checkbox"/> <sub>1</sub> Work at home and/or from home <input type="checkbox"/> <sub>2</sub> No fixed place of work	<input type="checkbox"/> <sub>1</sub> Work at home and/or from home <input type="checkbox"/> <sub>2</sub> No fixed place of work	<input type="checkbox"/> <sub>1</sub> Work at home and/or from home <input type="checkbox"/> <sub>2</sub> No fixed place of work	<input type="checkbox"/> <sub>1</sub> Work at home and/or from home <input type="checkbox"/> <sub>2</sub> No fixed place of work
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No

QUESTIONS ABOUT THE DWELLING YOU LIVE IN

- 1** What type of dwelling do you live in?  
(mark  one ONLY)
- <sub>1</sub> Terraced house
  - <sub>2</sub> Semi-detached house
  - <sub>3</sub> Fully-detached house
  - <sub>4</sub> Ground-floor tenement having its own airspace
    - without an overlying habitation
  - <sub>5</sub> Ground-floor tenement without its own airspace
    - having an overlying habitation
  - <sub>6</sub> Maisonette
  - <sub>7</sub> Flat/Penthouse with access to lift
  - <sub>8</sub> Flat/Penthouse without access to lift
  - <sub>9</sub> Farmhouse
  - <sub>10</sub> Suite of rooms forming part of a housing unit
  - <sub>11</sub> Garage
  - <sub>12</sub> Cellar
  - <sub>13</sub> Boathouse
  - <sub>14</sub> Yacht
  - <sub>15</sub> Caravan, fixed or mobile
  - <sub>16</sub> Other type. State which →

- 2** In which period was the dwelling constructed?  
(mark  one ONLY)
- |   |  |
|---|--|
| <input type="checkbox"/> <sub>1</sub> 1918 or earlier | <input type="checkbox"/> <sub>7</sub> 1971-1980  |
| <input type="checkbox"/> <sub>2</sub> 1919-1945       | <input type="checkbox"/> <sub>8</sub> 1981-1990  |
| <input type="checkbox"/> <sub>3</sub> 1946-1955       | <input type="checkbox"/> <sub>9</sub> 1991-1995  |
| <input type="checkbox"/> <sub>4</sub> 1956-1960       | <input type="checkbox"/> <sub>10</sub> 1996-2000 |
| <input type="checkbox"/> <sub>5</sub> 1961-1965       | <input type="checkbox"/> <sub>11</sub> 2001-2005 |
| <input type="checkbox"/> <sub>6</sub> 1966-1970       |  |

- 3** In which condition is this dwelling?  
(mark  one ONLY)
- <sub>1</sub> In a good state of repair
  - <sub>2</sub> Needs minor repairs
  - <sub>3</sub> Needs moderate repairs
  - <sub>4</sub> Needs serious repairs
  - <sub>5</sub> Dilapidated

- 4** How many rooms does this dwelling consist of?
- **include:** kitchens, bedrooms, dining rooms, living rooms, study rooms and habitable rooms in cellar/basement
  - **do not include:** garages, kitchenettes, corridors, boxrooms, verandahs, washrooms, halls, bathrooms and other rooms used solely for business purposes
  - **combined/open plan** rooms should be counted separately

Number

- 5** Apart from these rooms, are there any rooms that are used solely for business purposes?  
(mark  one ONLY)
- <sub>1</sub> Yes → How many?
  - <sub>2</sub> No

- 6** Is this dwelling ...  
(mark  one ONLY)
- <sub>1</sub> owned freehold? → go to **9**
  - <sub>2</sub> owned with ground rent?  
→ How much ground rent is paid annually?  
Lm  → go to **9**
  - <sub>3</sub> rented unfurnished?  
→ How much rent is paid annually?  
Lm  → go to **7**
  - <sub>4</sub> rented furnished?  
→ How much rent is paid annually?  
Lm  → go to **7**
  - <sub>5</sub> held by emphyteusis (notarial contract)?  
→ How much emphyteusis is paid annually?  
Lm  → go to **7**
  - <sub>6</sub> used free-of-charge? → go to **9**

- 7** To whom do you pay the rent or emphyteusis on this dwelling?  
(mark  one ONLY)
- <sub>1</sub> The Government
  - <sub>2</sub> Private landlord
  - <sub>3</sub> The Church

- 8** Indicate the period when the rental/emphyteusis contract/agreement was signed/reached  
(mark  one ONLY)
- |   |  |
|---|--|
| <input type="checkbox"/> <sub>1</sub> 1945 or earlier | <input type="checkbox"/> <sub>5</sub> 1976-1985                    |
| <input type="checkbox"/> <sub>2</sub> 1946-1955       | <input type="checkbox"/> <sub>6</sub> 1986-1995                    |
| <input type="checkbox"/> <sub>3</sub> 1956-1965       | <input type="checkbox"/> <sub>7</sub> 1996-2005                    |
| <input type="checkbox"/> <sub>4</sub> 1966-1975       | <input type="checkbox"/> <sub>8</sub> Do not have a fixed contract |

- 9** Is there a kitchen and/or a kitchenette in this dwelling?  
(mark  one ONLY)
- <sub>1</sub> Yes, kitchen only
  - <sub>2</sub> Yes, kitchenette only
  - <sub>3</sub> Yes, both kitchen and kitchenette
  - <sub>4</sub> No

- 10** Is there a bath and/or a shower in this dwelling?  
(mark  one ONLY)
- <sub>1</sub> Yes
  - <sub>2</sub> No

**11** Is/are there a toilet/s in this dwelling?  
(mark  one ONLY)

- <sub>1</sub> Yes, flush toilet → go to **12**
- <sub>2</sub> Yes, non-flush toilet → go to **12**
- <sub>3</sub> No → go to **13**

**12** Is this/are these toilet/s used regularly by ...  
(mark  one ONLY)

- <sub>1</sub> members of this household only?
- <sub>2</sub> members of more than one household?

**13** What type of sewage disposal system is there in this dwelling?  
(mark  one ONLY)

- <sub>1</sub> public sewage    <sub>2</sub> a cesspool    <sub>3</sub> none

**14** Which of the following facilities are available in this dwelling?  
(mark  only where applicable)

- |   |   |
|---|---|
| <input type="checkbox"/> <sub>1</sub> Air conditioning            | <input type="checkbox"/> <sub>10</sub> Freezer                    |
| <input type="checkbox"/> <sub>2</sub> Central heating             | <input type="checkbox"/> <sub>11</sub> Dishwasher                 |
| <input type="checkbox"/> <sub>3</sub> Fireplace                   | <input type="checkbox"/> <sub>12</sub> Washing machine            |
| <input type="checkbox"/> <sub>4</sub> Heater                      | <input type="checkbox"/> <sub>13</sub> Tumble dryer (stand alone) |
| <input type="checkbox"/> <sub>5</sub> Fan                         | <input type="checkbox"/> <sub>14</sub> Television                 |
| <input type="checkbox"/> <sub>6</sub> Water heater                | <input type="checkbox"/> <sub>15</sub> Computer                   |
| <input type="checkbox"/> <sub>7</sub> Solar water heater          | <input type="checkbox"/> <sub>16</sub> Video player               |
| <input type="checkbox"/> <sub>8</sub> Cooker (including hob/oven) | <input type="checkbox"/> <sub>17</sub> DVD player                 |
| <input type="checkbox"/> <sub>9</sub> Fridge/fridge-freezer       | <input type="checkbox"/> <sub>18</sub> Fixed telephone line       |

**15** Is there Internet access in this dwelling?  
(mark  one ONLY)

- Yes, dial-up                       Yes, other type
- Yes, ADSL                          No
- Yes, Cable Internet

**16** Does any household member **own** a garage/s and/or part of a garage/s that is/are not used for business purposes?

- include those that form part of this dwelling
  - do not include those rented or used free-of-charge
- <sub>1</sub> Yes → How many?
- <sub>2</sub> No

**17** Does any household member **rent** a garage/s and/or part of a garage/s from another party that is/are not used for business purposes?

- <sub>1</sub> Yes → How many?  → go to **18**
- <sub>2</sub> No → go to **19**

**18** What is the total amount in rent you pay **annually** for this/these garage/s and/or part of this/these garage/s?

Lm

## QUESTIONS ABOUT YOUR HOLIDAY DWELLING

A holiday dwelling is one that consists of one or more rooms. Do not include those holiday dwellings that are used for business purposes and/or that are rented out to any other person.

**19** Do you own or make use of a holiday dwelling?

- <sub>1</sub> Yes → go to **20**
- <sub>2</sub> No → **stop**

**20** What type of dwelling is this holiday dwelling?  
(mark  one ONLY)

- <sub>1</sub> Terraced house
- <sub>2</sub> Semi-detached house
- <sub>3</sub> Fully-detached house } include villa, bungalow, converted farmhouse, etc.
- <sub>4</sub> Ground-floor tenement having its own airspace
- without an overlying habitation
- <sub>5</sub> Ground-floor tenement without its own airspace
- having an overlying habitation
- <sub>6</sub> Maisonette
- <sub>7</sub> Flat/Penthouse with access to lift
- <sub>8</sub> Flat/Penthouse without access to lift
- <sub>9</sub> Farmhouse
- <sub>10</sub> Suite of rooms forming part of a housing unit
- <sub>11</sub> Garage
- <sub>12</sub> Cellar
- <sub>13</sub> Boathouse
- <sub>14</sub> Yacht
- <sub>15</sub> Caravan, fixed or mobile
- <sub>16</sub> Other type. State which →

**21** In which period was this holiday dwelling constructed?  
(mark  one ONLY)

- |   |  |
|---|--|
| <input type="checkbox"/> <sub>1</sub> 1918 or earlier | <input type="checkbox"/> <sub>7</sub> 1971-1980  |
| <input type="checkbox"/> <sub>2</sub> 1919-1945       | <input type="checkbox"/> <sub>8</sub> 1981-1990  |
| <input type="checkbox"/> <sub>3</sub> 1946-1955       | <input type="checkbox"/> <sub>9</sub> 1991-1995  |
| <input type="checkbox"/> <sub>4</sub> 1956-1960       | <input type="checkbox"/> <sub>10</sub> 1996-2000 |
| <input type="checkbox"/> <sub>5</sub> 1961-1965       | <input type="checkbox"/> <sub>11</sub> 2001-2005 |
| <input type="checkbox"/> <sub>6</sub> 1966-1970       |  |

**22** In which condition is this holiday dwelling?  
(mark  one ONLY)

- <sub>1</sub> In a good state of repair  
<sub>2</sub> Needs minor repairs  
<sub>3</sub> Needs moderate repairs  
<sub>4</sub> Needs serious repairs  
<sub>5</sub> Dilapidated

**23** How many rooms does this holiday dwelling consist of?

- **include:** kitchens, bedrooms, dining rooms, living rooms, study rooms and habitable rooms in cellar/basement
- **do not include:** garages, kitchenettes, corridors, boxrooms, verandahs, washrooms, halls, bathrooms and other rooms used solely for business purposes
- **combined/open plan** rooms should be counted separately

Number

**24** Is this holiday dwelling...  
(mark  one ONLY)

- <sub>1</sub> owned freehold? → go to **27**
- <sub>2</sub> partially owned? → go to **27**  
• e.g. a dwelling shared among relatives
- <sub>3</sub> owned with ground rent?  
→ How much ground rent is paid annually?  
Lm  → go to **27**
- <sub>4</sub> rented unfurnished?  
→ How much rent is paid annually?  
Lm  → go to **25**
- <sub>5</sub> rented furnished?  
→ How much rent is paid annually?  
Lm  → go to **25**
- <sub>6</sub> held by emphyteusis (notarial contract)?  
→ How much emphyteusis is paid annually on this holiday dwelling?  
Lm  → go to **25**
- <sub>7</sub> used free-of-charge? → go to **27**

**25** To whom do you pay the rent or emphyteusis on this holiday dwelling?

(mark  one ONLY)

- <sub>1</sub> The Government    <sub>2</sub> Private landlord  
<sub>3</sub> The Church

**26** Indicate the period when the rental/emphyteusis contract/ agreement on this holiday dwelling was signed/reached

(mark  one ONLY)

- <sub>1</sub> 1945 or earlier    <sub>5</sub> 1976-1985  
<sub>2</sub> 1946-1955    <sub>6</sub> 1986-1995  
<sub>3</sub> 1956-1965    <sub>7</sub> 1996-2005  
<sub>4</sub> 1966-1975    <sub>8</sub> Do not have a fixed contract

**27** In which locality or country is this holiday dwelling situated?

- <sub>1</sub> Baħar iċ-Ċagħaq  
<sub>2</sub> Birzebbugia  
<sub>3</sub> Marsascalea (including St. Thomas Bay)  
<sub>4</sub> Mellieħa (including Għadira and Armier)  
<sub>5</sub> Munxar (including Xlendi)  
<sub>6</sub> St. Paul's Bay (including Bugibba, Qawra and Xemxija)  
<sub>7</sub> Sliema  
<sub>8</sub> St. Julians (including Paceville)  
<sub>9</sub> Xgħajra (in the vicinity of Żabbar)  
<sub>10</sub> Żebbuġ, Gozo (including Marsalforn)  
<sub>11</sub> Another locality/country (if abroad)  
State which ↓