

# The National Population and Housing Census 1990

To be filled in by the municipality

County-Munic.	Parish	Property serial no.

This information is protected by the Act relating to the National Population and Housing Census 1990, the Secrecy Act and the Data Act. Further information is given in the brochure!

**Open up and read the explanations while you fill in your answers!**

**Name and address**

Name \_\_\_\_\_

Street address \_\_\_\_\_

Post code \_\_\_\_\_ Town \_\_\_\_\_

To be filled in by the municipality  
Serial no. \_\_\_\_\_

① Is the address correct?

Yes

No

If the address is incorrect, give the correct one here:  
Street address \_\_\_\_\_  
Post code \_\_\_\_\_ Town \_\_\_\_\_

The form should be sent in the enclosed stamped reply envelope to the address below, by **13 November 1990 at the latest**  
**National Population and Housing Census 1990**  
**Municipal Office**

**Occupation Answer questions 2-4 if you were employed some time during 1990**

② For how many hours per week were you employed in October 1990?  
State your agreed or normal working time, even if you were temporarily absent.

1  0 hrs → Skip to question 4.

2  1-15 hrs                      4  20-34 hrs

3  16-19 hrs                      5  35 hrs or more

③ What was your main (daily) way of travelling to work in October 1990?  
State only one alternative and relating to the greatest distance!

1  Public transport, e.g. bus, train, underground, tram

2  Car (driver)

3  Car (passenger)

4  Bicycle, moped or by foot

5  Other means of travel

6  No travel (Work place in connection to the home)

④ In what profession did you work?

State your occupation as carefully as possible so that it describes your main work.  
(See the examples on the information page on the left).

.....

**Education To be answered if you were born between 1926-1974**

⑤ What is your highest level of completed education?

**State only one alternative!**

2  Elementary school or the like, maximum 8 years → Skip to question 6 overleaf

3  Basic public education or the like, maximum 9 years → Skip to question 6 overleaf

4  Other education (general education or vocational) → Describe below the highest level of education you have completed:

Name of education (course, study programme, certificate/degree, points acquired)  
.....

Name of school/course arranger/country:.....

When was your education (exam) completed? 19 \_\_

Length of education: \_\_ Years \_\_ Months

**Household/Dwelling Use one form per household in replying to questions 6-12**

**⑥ All persons, born in 1974 or earlier, who lived permanently in the dwelling are to be included here.**

- a) Add those who are missing.
- b) Cross out those no longer living there.
- c) Tick **one** box for each person.

**Applies to 1 November**

Name	Personal identity number	Married or cohabiting living there	Single/Other persons	Child of someone in the household	To be filled in by the municipality Serial no.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**⑦ Write the name of the person(s) who holds the contract to rent the dwelling or who owns the dwelling.**

- \_\_\_\_\_
- \_\_\_\_\_
- Another person who **is part of** the household, state who \_\_\_\_\_
- Another person who **is not part of** the household, state who \_\_\_\_\_

**⑧ Form of tenure. Does the household...**

- 1  Own the house
- 2  Have a contract to rent from the owner of the house
- 3  Have a tenant-owner flat
- 4  Have a condominium/part ownership of the house
- 5  Rent the flat as a sub-let
- 6  Have some other form of contract

**⑨ How many rooms are there with windows in the dwelling? Do not count the kitchen or rooms of less than 6 square metres.**

- 1 room     4 rooms
- 2 rooms     5 rooms
- 3 rooms     6 rooms

Other, state number \_\_\_\_\_

**⑩ Does the dwelling have a kitchen or kitchenette?**

- 1  Kitchen (or kitchenette with a dining area)
- 2  Kitchenette (without a dining area)
- 3  Neither kitchen nor kitchenette

**⑪ How many housing units are there in the house?**

- One
- Two
- Three or more

**⑫ Do you have access to a lift on the same floor as the dwelling? (Not applicable in single-family house)**

- 1  Yes    2  No

**⑬ In what year was the house originally ready to live in? Note - not the year for reconstruction.**

- |   |                                       |
|---|---------------------------------------|
| 01 <input type="checkbox"/> Before 1921 | 06 <input type="checkbox"/> 1961-1965 |
| 02 <input type="checkbox"/> 1921-1930   | 07 <input type="checkbox"/> 1966-1970 |
| 03 <input type="checkbox"/> 1931-1940   | 08 <input type="checkbox"/> 1971-1975 |
| 04 <input type="checkbox"/> 1941-1950   | 09 <input type="checkbox"/> 1976-1980 |
| 05 <input type="checkbox"/> 1951-1960   | 10 <input type="checkbox"/> 1981-1985 |
|   | 11 <input type="checkbox"/> 1986-1990 |

**⑭ State which heating system(s) the dwelling has. Tick either the YES or NO box in each case. If the house has a combination boiler, tick the appropriate YES boxes stating "Boiler using..."**

- |  | Yes                      | No                       |                               | Yes                      | No                       |
|--|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| Boiler using electricity (water heating) | <input type="checkbox"/> | <input type="checkbox"/> | Electricity (direct effect)   | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler using oil                         | <input type="checkbox"/> | <input type="checkbox"/> | Electricity (heating the air) | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler using solid fuel                  | <input type="checkbox"/> | <input type="checkbox"/> | Municipal district heating    | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler using gas                         | <input type="checkbox"/> | <input type="checkbox"/> | Other central boiler-house    | <input type="checkbox"/> | <input type="checkbox"/> |
| Heat pump                                | <input type="checkbox"/> | <input type="checkbox"/> | Other                         | <input type="checkbox"/> | <input type="checkbox"/> |

**⑮ Was the house classed as an agricultural property in the most recent property assessment?**

- 1  Yes    2  No

**⑯ Is more than half of the area the house used for a purpose(s) other than a dwelling?**

- 1  Yes    2  No

**⑰ Is the house a terraced house/linked house?**

- 1  Yes    2  No

**Signature**

The form is to be signed here by the person responsible for seeing that the information is correct.

Date

Signature

Telephone (including area code)

Evenings

During the day