

4. To what church or religious community do you belong?

- | | | |
|--|---|--|
| 1 <input type="checkbox"/> Roman Catholic | 5 <input type="checkbox"/> Evangelical (Free Church)* | 9 <input type="checkbox"/> Muslim* |
| 2 <input type="checkbox"/> Christian Catholic (Old Catholic) | 6 <input type="checkbox"/> Orthodox Christian* | 10 <input type="checkbox"/> Buddhist* |
| 3 <input type="checkbox"/> Protestant Reformed | 7 <input type="checkbox"/> other Christian church or community* | 11 <input type="checkbox"/> Hindu* |
| 4 <input type="checkbox"/> none | 8 <input type="checkbox"/> Jewish | 12 <input type="checkbox"/> other religious community* |

* Please specify which religious community:

5. Have you lived in a country other than Switzerland for at least one year without interruption?

- 1 no 2 yes → In which year did you come to or return to Switzerland for the last time? (year)

6. Where were your parents born?

- a) your mother 1 in Switzerland 2 abroad 3 unknown
- b) your father 4 in Switzerland 5 abroad 6 unknown

7. Questions a), b) and c) are intended only for persons of Swiss nationality:

a) Have you had Swiss nationality from birth?

- 1 yes 2 no → How long have you had Swiss nationality? (year)

b) Do you have, or have you ever had, another nationality besides Swiss nationality?

- 1 no 2 yes → of which country? (only one answer)
- | | | | | |
|---|--|--|--|---|
| 2.01 <input type="checkbox"/> Italy | 2.04 <input type="checkbox"/> Austria | 2.07 <input type="checkbox"/> Netherlands | 2.10 <input type="checkbox"/> Serbia | 2.13 <input type="checkbox"/> Macedonia |
| 2.02 <input type="checkbox"/> France | 2.05 <input type="checkbox"/> Spain | 2.08 <input type="checkbox"/> United Kingdom | 2.11 <input type="checkbox"/> Bosnia and Herzegovina | 2.14 <input type="checkbox"/> Kosovo |
| 2.03 <input type="checkbox"/> Germany | 2.06 <input type="checkbox"/> Portugal | 2.09 <input type="checkbox"/> Turkey | 2.12 <input type="checkbox"/> Croatia | 2.15 <input type="checkbox"/> Sri Lanka |
| 2.16 <input type="checkbox"/> other: <input type="text"/> | | | | |

c) Do you still have this nationality today?

- 1 no 2 Yes

8. Indicate all education/training you have completed in column a)... (tick all qualifications obtained)

9. ... and in column b) enter the education or training in which you are currently engaged. (only one answer)

	a) Education / training completed	b) Current education/ training
1 none	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2 up to 7 years of compulsory education	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3 compulsory education (lower secondary school, middle education, special needs school)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4 1-year preliminary course, 1-year general education school, 1-year vocational course, language school (at least 1 year) with certificate of completion, social work year, bridging courses or similar	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5 2-3 years higher secondary general education not giving access to universities or similar	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6 basic vocational education and training (2-4 year apprenticeship or full-time vocational school, commercial diploma, technical college, national vocational qualifications NVQ 1-3 or similar)	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7 high school-leaving certificate giving access to universities (general baccalaureate) or similar	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8 vocational baccalaureate	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9 advanced technical and professional training (vocational associate's degree, national vocational qualifications NVQ 4), higher technical or commercial college or similar	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10 advanced technical and professional training (i.e national vocational qualifications NVQ 5)	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11 bachelor's degree (university, ETH/EPF, university of applied sciences, university of teacher education)	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12 master's degree, licentiate, diploma, state examination, post-graduate degree (university, ETH/EPF, university of applied sciences, university of teacher education)	12 <input type="checkbox"/>	12 <input type="checkbox"/>
13 doctorate (Ph.D, Research), post-doctoral qualification (habilitation)	13 <input type="checkbox"/>	13 <input type="checkbox"/>

10. Learned occupation: what profession did you learn in your highest educational qualification ?

Enter the official job title if possible, e.g. COOK, FIDUCIARY WITH FEDERAL DIPLOMA, GRADUATE REGISTERED NURSE. Academic titles may also be specified, e.g. LLB., MASTER OF ARTS IN POLITICAL SCIENCE, DR. MED.



11. What is your current labour market situation ? (More than one answer is possible)

Please tick everything that applies. Casual jobs should also be entered.

Tick "in employment" if

- you work at least one hour per week for payment, or
- you work in a family business without payment, or
- you are temporarily away from work (on holiday, sick leave or paid maternity leave, military/community service) but are otherwise employed or self-employed.

Apprentices should select both "in employment" and "undergoing training".

- 1 in full-time employment —————> average number of hours worked per week:
- 2 in part-time employment —————> average number of hours worked per week:
- 3 more than one part-time job —————> average number of hours worked per week:
- 4 seeking a job (whether or not registered for unemployment insurance)
- 5 undergoing training (school, studies, apprenticeship)
- 6 looking after home or family
- 7 disabled or partially disabled (e.g. person in receipt of Federal Disability Insurance)
- 8 retired (in receipt of AHV (retirement) or other pension), or pensioner in receipt of benefit other than disability insurance
- 9 other non-employed situation

Questions 12, 13 and 14 apply to people in employment only, including apprentices.

12. What is your present occupation?

Indicate the exact title of your job, e.g. "OFFICE WORKER" (instead of "EMPLOYEE"), "CLERK OF COURT" (instead of "LLB"), "METAL GRINDER" (instead of just "GRINDER"), "ARTIST / PAINTER" (instead of "PAINTER"), "PRIMARY TEACHER" (instead of "TEACHER"), "MANAGER, FINANCIAL SERVICES" instead of "MANAGER".
If you have more than one job, enter your main occupation. Your main occupation is the one on which you spend the most time.



13. What is your occupational status ? (only one answer)

Your answer should refer to your main occupation as given in question 12.

Own business (or family business)

- 1 self-employed **without** employees (the business is not a stock corporation or plc)
- 2 self-employed **with** employees (the business is not a stock corporation or plc)
- 3 employee in **own** stock corporation or plc **without** other employees
- 4 employee in **own** stock corporation or plc **with** other employees
- 5 relative employed in family business

Other business

- 6 apprentice
- 7 employed as director or board member
- 8 employee **with** managerial responsibility
- 9 employee **without** managerial responsibility
- 10 employee in protected workshop (except support staff)

14. State the company name and full address of your employer. If you work in a branch office, enter the address of the branch. If you are self-employed, state the name and address of your office or practice, etc.

Company name:

Street: No.:

Postcode: Town:

Canton: Country (if abroad):



Household and Dwelling questionnaire

Reference day: 31 December 2011

STRUCTURAL SURVEY OF THE FEDERAL POPULATION CENSUS 2011

23. How many persons, including you, live at the dwelling?

Refer to the dwelling at the address printed on page 1 of the personal questionnaire or that you have corrected.

Do not include those who only reside at the dwelling during the week, i.e. Swiss nationals who are registered in a different commune and have filed their documents there, and foreign nationals whose temporary or permanent residence permit has been issued for a different commune.

Number of persons	

If you live alone (single person household), please go straight to question 31 at the end of this questionnaire.

24. Please enter the persons included in question 23:

Note: The AHV number is on a wage certificate, on the AHV card or in most cases on the health insurance card.

Person ① (Person ① = the person who completed the personal questionnaire)

First name:	<input type="text" value="Hans"/>
Family name:	<input type="text" value="Muster"/>

Person ② First name:	<input type="text"/>
Family name:	<input type="text"/>
AHV-No.: 7 5 6 . <input type="text"/>	Date of birth: <input type="text"/> . <input type="text"/> . <input type="text"/> (DD.MM.YYYY)

Person ③ First name:	<input type="text"/>
Family name:	<input type="text"/>
AHV-No.: 7 5 6 . <input type="text"/>	Date of birth: <input type="text"/> . <input type="text"/> . <input type="text"/> (DD.MM.YYYY)

Person ④ First name:	<input type="text"/>
Family name:	<input type="text"/>
AHV-No.: 7 5 6 . <input type="text"/>	Date of birth: <input type="text"/> . <input type="text"/> . <input type="text"/> (DD.MM.YYYY)

Person ⑤ First name:	<input type="text"/>
Family name:	<input type="text"/>
AHV-No.: 7 5 6 . <input type="text"/>	Date of birth: <input type="text"/> . <input type="text"/> . <input type="text"/> (DD.MM.YYYY)

Person ⑥ First name:	<input type="text"/>
Family name:	<input type="text"/>
AHV-No.: 7 5 6 . <input type="text"/>	Date of birth: <input type="text"/> . <input type="text"/> . <input type="text"/> (DD.MM.YYYY)

For households with more than 6 members, there is a second household questionnaire. If you require a second questionnaire, please order one at this telephone number: 0800 284 284.

Example for question 26 on the next page:

This example illustrates the relationships in a household between parents and a child.

(Brigitte and Thomas with their daughter Laura).
Brigitte is "person ①".

The illustration shows how to answer:

In column 1, "Thomas (= person ②), is the husband of person ① (Brigitte)"; In column 2 "Laura (= person ③) is the daughter of person ① (Brigitte) as well as the daughter of person ② (Thomas)".

	Person ②	Person ③	Pers
25. In the following columns enter all persons except for person ① from question 24, keeping the same numbers for each person. <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Person ① = person who completed the personal questionnaire </div>	First name: <input type="text" value="THOMAS"/> Year of birth: (YYYY) <input type="text" value="1970"/> Month of birth: (MM) <input type="text" value="08"/>	First name: <input type="text" value="LAURA"/> Year of birth: (YYYY) <input type="text" value="2005"/> Month of birth: (MM) <input type="text" value="02"/>	<input type="text"/> <input type="text"/> <input type="text"/>
26. Relationship between the persons who live in the household (see example after question 24). Answer for each person mentioned.	How is person ② related to person ①? (one answer)	How is person ③ related to persons ①; ②? (one answer per column)	How is person ③ related to person ①; ②; ③? (one answer)
husband/wife partner (cohabiting) partner in a registered partnership son or daughter (biological or adopted) stepson or stepdaughter father or mother	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



25. In the following columns enter all persons except for person ① from question 24, keeping the same numbers for each person.

Person ① = person who completed the personal questionnaire

1 First name: _____

2 Year of birth: (YYYY) _____

3 Month of birth: (MM) _____

26. Relationship between the persons who live in the household (see example after question 24). Answer for each person mentioned.

- 1 husband/wife.....
- 2 partner (cohabiting).....
- 3 partner in a registered partnership.....
- 4 son or daughter (biological or adopted).....
- 5 stepson or stepdaughter.....
- 6 father or mother.....
- 7 stepfather or stepmother.....
- 8 brother or sister.....
- 9 half-brother or half-sister.....
- 10 grandfather or grandmother.....
- 11 grandchild.....
- 12 other related person.....
- 13 other non-related person.....

27. What is the main language, i.e. the language which the person thinks in and knows best?

More than one answer is possible for someone who thinks in more than one language and knows these languages very well.
For infants who cannot speak yet, indicate the mother's main language(s).

- 1 German (or Swiss German dialect).....
- 2 French (or Swiss French patois).....
- 3 Italian (or Ticino or Grisons Italian dialect).....
- 4 Rhaeto-Romansch.....
- 5 Serbian/Croatian.....
- 6 Albanian.....
- 7 Portuguese.....
- 8 Spanish.....

Person ⑥

How is person ⑥ related to persons ... ① ; ② ; ③ ; ④ ; ⑤ ?

(one answer per column)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13

Person ⑤

How is person ⑤ related to persons ... ① ; ② ; ③ ; ④ ?

(one answer per column)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13

Person ④

How is person ④ related to persons ... ① ; ② ; ③ ?

(one answer per column)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13

Person ③

How is person ③ related to persons ... ① ; ② ?

(one answer per column)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13

Person ②

How is person ② related to person ... ① ? (one answer)

(one answer per column)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13

1

2

3

4

5

6

7

8

1

2

3

4

5

6

7

8

1

2

3

4

5

6

7

8

1

2

3

4

5

6

7

8

1

2

3

4

5

6

7

8

9 English 9

10 other language(s) 10

28. What is the highest educational level completed by the person? (only one answer)

- 1 none or up to 7 years of compulsory education 1
- 2 compulsory education (lower secondary school, middle education, special needs school), preliminary course or other bridging courses 2
- 3 basic vocational education and training (2-4 year apprenticeship or full-time vocational school, commercial diploma, technical college, national vocational qualifications NVQ 1-3 or similar) 3
- 4 higher secondary general education (high school-leaving certificate giving access to universities, general or vocational baccalaureate, higher secondary general education not giving access to universities or similar) 4
- 5 advanced technical and professional training (vocational associate's degree, national vocational qualifications (NVQ 4 or higher), higher technical, commercial college or similar) 5
- 6 university, ETH/EPF, university of teacher education, university of applied sciences, doctorate (Ph.D., Research) 6

9

10

Only to be completed for persons aged 15 and older.

1

2

3

4

5

6

29. What is the person's current labour market situation? (More than one answer is possible)

In employment applies to persons who work at least one hour per week.

- 1 in full-time employment 1
- 2 in part-time employment 2
- number of hours per week (part-time) → hours
- 3 seeking a job (whether or not registered for unemployment insurance) 3
- 4 undergoing training (school, studies, apprenticeship) 4
- 5 looking after home or family 5
- 6 retired, pensioner or in receipt of Federal Disability Insurance 6
- 7 other non-employed situation 7

1

2

→ hours

3

4

5

6

7

Only to be completed for persons aged 15 and older.

1

2

→ hours

3

4

5

6

7

30. What is the person's occupational status? (only one answer)

Refer to the person's main occupation.

- 1 self-employed or employee in own stock corporation or plc 1
- 2 relative employed in family business 2
- 3 employed as director or board member 3
- 4 employee **with** managerial responsibility 4
- 5 employee **without** managerial responsibility (incl. apprentice) 5

1

2

3

4

5

Only to be completed by persons in employment (incl. apprentices).

1

2

3

4

5

QUESTIONS ABOUT THE DWELLING

Important: Refer to the dwelling at the address printed (or corrected by you) on **page 1** of the **personal questionnaire**.

31. How many rooms are there in the dwelling in which you live?

Count the number of living rooms, bedrooms, etc.

. (e.g. 3.0 or 4.5)

Do not count kitchens, kitchenettes, bathrooms, cloakrooms, storerooms, corridors, verandas, etc., and any additional, separate rooms outside the dwelling (e.g. attic rooms).

32. In what capacity do you (or the household to which you belong) reside in this dwelling? (only one answer)

1 as a tenant or subtenant

2 as a member of a cooperative

(your household belongs to a housing cooperative and occupies a dwelling in this cooperative)

3 as the owner of the dwelling (floor or apartment)

4 as the owner of the building

(please note this means the building in which the dwelling is located)

5 in some other capacity: dwelling is provided free of charge by a relative or employer, company accommodation (e.g. caretaker's apartment), leaseholder

33. If your answer to the previous question was "tenant" or "member of a cooperative": what is the monthly rent payable for the dwelling?

You will find this information in your rental agreement.
If you pay an all-inclusive rent, please enter the amount under GROSS monthly rent.

Please enter the amounts in **Swiss francs** rounded to the nearest franc.

NET monthly rent

.-

Monthly **ADDITIONAL COSTS**
(heating, hot water, etc.)

.-

Monthly rent for garage(s) and parking space(s)
covered by the rental agreement

.-

→ Number
of garages/parking
spaces

GROSS monthly rent

.-

Thank you for taking part.