

Census 2001  
10/01/2001

District   Comm/Munic

Town/Village     EA     Building

Dwelling    Household Number  (0 if no households in this dwelling)

|  |   |   |
|--|---|---|
| <p><b>BUILDING</b><br/><i>Complete the building questions only for the first or only dwelling in the building</i></p> <p><b>1. Type of building</b></p> <p>Single dwelling <input type="checkbox"/> 1</p> <p>Multiple dwellings <input type="checkbox"/> 2</p> <p>Partially other purposes <input type="checkbox"/> 3</p> <p>For collective household <input type="checkbox"/> 4</p> <p>Other (specify) <input type="text"/> 5</p> <p style="text-align: center;">Stop questionnaire</p> <p><b>2. Building character</b></p> <p>Plastered with roof <input type="checkbox"/> 1</p> <p>Plastered with terrace <input type="checkbox"/> 2</p> <p>Not plastered with roof <input type="checkbox"/> 3</p> <p>Not plastered with terrace <input type="checkbox"/> 4</p> | <p><b>3. Main material used for construction</b></p> <p>Pre-fabricated <input type="checkbox"/> 1</p> <p>Bricks, stones <input type="checkbox"/> 2</p> <p>Wood <input type="checkbox"/> 3</p> <p>Other <input type="checkbox"/> 4</p> <p><b>4. Has building an elevator?</b></p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p><b>5. Time of construction</b></p> <p>Before 1945 <input type="checkbox"/> 1</p> <p>1945-1960 <input type="checkbox"/> 2</p> <p>1961-1980 <input type="checkbox"/> 3</p> <p>1981-1990 <input type="checkbox"/> 4</p> <p>After 1990 <input type="checkbox"/> 5</p> <p>After 1990, year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>  | <p><b>6. Number of floors, including ground floor</b></p> <p>1 floor <input type="checkbox"/> 1</p> <p>2 floors <input type="checkbox"/> 2</p> <p>3-5 floors <input type="checkbox"/> 3</p> <p>6-10 floors <input type="checkbox"/> 4</p> <p>More than 10 floors <input type="checkbox"/> 5</p> <p><b>7. Number of dwellings in the building</b></p> <p>1 dwelling <input type="checkbox"/> 1</p> <p>2 dwellings <input type="checkbox"/> 2</p> <p>3-4 dwellings <input type="checkbox"/> 3</p> <p>5-8 dwellings <input type="checkbox"/> 4</p> <p>9-15 dwellings <input type="checkbox"/> 5</p> <p>More than 16 dwellings <input type="checkbox"/> 6</p>   |
| <p><b>DWELLING</b></p> <p><b>Address:</b></p> <p>Quarter -----</p> <p>Street -----</p> <p>Building No. -----</p> <p>Entrance No. -----</p> <p>Apt No. -----</p> <p><b>1. Households in the dwelling</b></p> <p><i>Is the dwelling inhabited?</i></p> <p>No <input type="checkbox"/> 2 → End of dwelling questions</p> <p>Yes <input type="checkbox"/> 1 ↓</p> <p><i>Complete the other dwelling questions only for the first or only household in the dwelling.</i></p>  | <p>How many households live in this dwelling? <input type="checkbox"/></p> <p><b>2. Rooms (excluding kitchen, hallway, etc.)</b></p> <p>Total number of rooms <input type="text"/> <input type="text"/></p> <p>Work rooms only <input type="text"/> <input type="text"/></p> <p><b>3. Kitchen</b></p> <p><i>Does the dwelling have a room only for cooking?</i></p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p><b>4. Inhabited surface</b></p> <p><i>What is the inhabited surface?</i></p> <p>Less than 40 m<sup>2</sup> <input type="checkbox"/> 1</p> <p>40-69 m<sup>2</sup> <input type="checkbox"/> 2</p> <p>70-99 m<sup>2</sup> <input type="checkbox"/> 3</p> <p>100-130 m<sup>2</sup> <input type="checkbox"/> 4</p> <p>More than 130 m<sup>2</sup> <input type="checkbox"/> 5</p> | <p><b>5. Water supply</b></p> <p><i>Water supply to the dwelling</i></p> <p>Inside the dwelling <input type="checkbox"/> 1</p> <p>Outside the dwelling <input type="checkbox"/> 2</p> <p>Well or water tank <input type="checkbox"/> 3</p> <p>Not supplied with water <input type="checkbox"/> 4</p> <p><b>6. Toilet facility</b></p> <p><i>Does the dwelling have:</i></p> <p>One W.C. inside <input type="checkbox"/> 1</p> <p>Two or more W.C.'s inside <input type="checkbox"/> 2</p> <p>W.C. outside, with piping <input type="checkbox"/> 3</p> <p>W C outside, no piping <input type="checkbox"/> 4</p> <p>No W.C. <input type="checkbox"/> 5</p> <p><b>7. Principal heating</b></p> <p><i>Does the dwelling have:</i></p> <p>Central heating <input type="checkbox"/> 1</p> <p>Individual heating <input type="checkbox"/> 2</p> <p>No form of heating <input type="checkbox"/> 3</p> |

1 Members of the household that are present, or absent for less than 1 year

Household number

| Nr | Name | Surname | Fathers name |
|----|------|---------|--------------|
|    | 02   | 03      | 04           |
| 01 |      |         |              |
| 02 |      |         |              |
| 03 |      |         |              |
| 04 |      |         |              |
| 05 |      |         |              |
| 06 |      |         |              |
| 07 |      |         |              |
| 08 |      |         |              |
| 09 |      |         |              |
| 10 |      |         |              |

| Date of birth<br>dd-mm-yyyy | Sex<br>Male Female | Relationship with the<br>head of household | Family<br>nucleus | Town/Village<br>registration office | Citizenship<br>X = foreign |
|-----------------------------|--------------------|--|-------------------|-------------------------------------|----------------------------|
| 05                          | 06                 | 07   | 08                | 09                                  | 10                         |
| _ _ _ _ _ _ _               | _  1   2           | _ _  | _                 |                                     | _                          |
| _ _ _ _ _ _ _               | _  1   2           | _ _  | _                 |                                     | _                          |
| _ _ _ _ _ _ _               | _  1   2           | _ _  | _                 |                                     | _                          |
| _ _ _ _ _ _ _               | _  1   2           | _ _  | _                 |                                     | _                          |
| _ _ _ _ _ _ _               | _  1   2           | _ _  | _                 |                                     | _                          |
| _ _ _ _ _ _ _               | _  1   2           | _ _  | _                 |                                     | _                          |
| _ _ _ _ _ _ _               | _  1   2           | _ _  | _                 |                                     | _                          |
| _ _ _ _ _ _ _               | _  1   2           | _ _  | _                 |                                     | _                          |
| _ _ _ _ _ _ _               | _  1   2           | _ _  | _                 |                                     | _                          |
| _ _ _ _ _ _ _               | _  1   2           | _ _  | _                 |                                     | _                          |

2 Members of the household that are absent for more than 1 year (abroad)

| Nr | Name | Surname | Fathers name |
|----|------|---------|--------------|
|    | 02   | 03      | 04           |
| 01 |      |         |              |
| 02 |      |         |              |
| 03 |      |         |              |
| 04 |      |         |              |
| 05 |      |         |              |

| Date of birth<br>dd-mm-yyyy | Sex<br>Male Female | Relationship with the<br>head of household | Town/Village<br>registration office | Country |
|-----------------------------|--------------------|--|-------------------------------------|---------|
| 05                          | 06                 | 07   | 09                                  | 10      |
| _ _ _ _ _ _ _               | _  1   2           | _ _  |                                     |         |
| _ _ _ _ _ _ _               | _  1   2           | _ _  |                                     |         |
| _ _ _ _ _ _ _               | _  1   2           | _ _  |                                     |         |
| _ _ _ _ _ _ _               | _  1   2           | _ _  |                                     |         |
| _ _ _ _ _ _ _               | _  1   2           | _ _  |                                     |         |

3 Temporarily present persons at the time of the enumeration

| Nr | Name | Surname | Fathers name |
|----|------|---------|--------------|
|    | 02   | 03      | 04           |
| 01 |      |         |              |
| 02 |      |         |              |
| 03 |      |         |              |
| 04 |      |         |              |
| 05 |      |         |              |

| Date of birth<br>dd-mm-yyyy | Sex<br>Male Female | Town/Village<br>registration office | Citizenship<br>X = foreign |
|-----------------------------|--------------------|-------------------------------------|----------------------------|
| 05                          | 06                 | 09                                  | 10                         |
| _ _ _ _ _ _ _               | _  1   2           |                                     | _                          |
| _ _ _ _ _ _ _               | _  1   2           |                                     | _                          |
| _ _ _ _ _ _ _               | _  1   2           |                                     | _                          |
| _ _ _ _ _ _ _               | _  1   2           |                                     | _                          |
| _ _ _ _ _ _ _               | _  1   2           |                                     | _                          |

Codes 07 - Relationship with head of household

- 01 - Head of household
- 02 - Husband or wife
- 03 - Factual partner of head (not actually married)
- 04 - Natural-born son or daughter
- 05 - Adopted/Steep son or daughter
- 06 - Father or mother
- 07 - Father-in-law or mother-in-law
- 08 - Brother or sister
- 09 - Brother-in-law or sister-in-law
- 10 - Son-in-law or daughter-in-law
- 11 - Nephew or niece
- 12 - Uncle or aunt
- 13 - Other form of relative
- 14 - No family relation

Household number

*This part has to be filled in for each household living in the dwelling*

**1. Ownership of the dwelling**

Are you:

- Owner of the dwelling  1 \_\_\_\_\_
- Renting the dwelling  2 \_\_\_\_\_
- Other  3 \_\_\_\_\_

*If the answer is 2 or 3, who is the owner of your dwelling?*

- Another person or family  1
- Private building enterprise  2
- Old-regime owners  3
- Public housing entity  4
- Other  5

**2. Which material do you use for heating**

*If your household uses one of these, mark them (several options are possible)*

- Wood  1
- Electricity  2
- Gas  3
- Oil, petrol, etc.  4
- Coal  5
- None  6

**3. Agricultural land**

Do you own agricultural land?

- No  2 \_\_\_\_\_
- Yes  1 \_\_\_\_\_

Where is that land situated?

District  Com/Munic

Cultivated by:

- Yourself (with household members)  1
- By others  2
- Not cultivated  3

**4. Household equipment**

Do you have:

- |                           | Yes                        | No                         |
|---------------------------|----------------------------|----------------------------|
| a. TV                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Parabolic antenna      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Refrigerator           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Washing machine        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Electric cooking stove | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Gas cooking stove      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. Microwave oven         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| h. Airconditioner         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| i. Computer               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| j. Car                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |



# Individual questionnaire

**IQ**

District   Comm/Munic   Town/Village     EA

Building    Dwelling     Household  Person

First name -----

Surname -----

**1. Sex**

Male  1

Female  2

**2. Date of birth**     
Day Month Year

**3. Place of birth**

In Albania  1

Town/Village -----   Di

Abroad  2

Country -----

**4. Where were you residing on 1 April 1989**  
*(Only for persons born before 1 April 1989)*

In Albania  1

Town/Village -----   Di

Abroad  2

Country -----

**5. Where were you residing one year ago**  
*(only for persons 1 year and above)*

In Albania  1

Town/Village -----   Di

Abroad  2

Country -----

**6. Place of presence at census moment**

At the same place where you reside  1

Elsewhere in Albania  2

Town/Village -----   Di

Abroad  3

Country -----

*If in another place or abroad, the reason for your absence.*

Studies  1

Work  2

In an institutional household  3

Other/Not known  4

**7. What is your marital status?**

Single  1

Married  2

Widowed  3

Divorced  4

*Month and year of last marriage*      
Month Year

**Questions 8-10 only for persons 6 years and above**

**8. Do you know how to write and read?**

Yes  1

No  2

**9. How many year of school have you successfully completed?**

**10. What is the highest diploma obtained?**

No diploma  1

4 years school (elementary)  2

8 years school (lower secondary)  3

Upper secondary - Vocational (2 years)  4

Upper secondary General (4 years)  5

Upper secondary Technical (4 years)  6

University  7

Post-University  8

*If you have a university degree, specify it*

-----

**Only for women 15 years and over**

**11. Number of children**

How many children have you born?

*(including those no longer living)*

How many of them are still alive?

**Only for persons 15 years old and above**

**12. What is your present economic status?**

- Employed  1
- Unemployed
  - Unemployed, looking for a new job  2
  - Unemployed, looking for the first job  3
- Housekeeper  4
- Student  5
- Retired  6
- In compulsory military service  7
- Not employed, not looking for a job  8
- Other inactive (handicapped, etc.)  9

**13. Whatever the answer given above in question 12: how many hours (in paid employment) did you work last week?**

**14. Means of transportation you use most to travel to work or school**

- Bus  1
- Minibus  2
- Car  3
- Motorcycle  4
- Bicycle  5
- By foot  6
- Other  7

**Questions 15-22 to be answered only by employed persons (Q12=1)**

**15. What is your status in employment:**

- Employee  1
- Employer  2
- Own account worker  3
- Contributing family worker  4

**16. Branch of industry of place of work**

Name and place of work

-----  
-----

District

Commune/Municipality

***Describe in detail the economic activity at your place of work***

-----  
-----

NACE

**17. Type of your place of work**

- Fixed premises outside home  1
- Home (not a farm)  2
- Farm  3
- Not a fixed place of work  4

**18. Occupation: give the title and description of your job**

Title -----

Description -----

ISCO-88

**19. Do you have a:**

- Permanent job  1
- Temporary job  2
- Occasional job  3
- Seasonal job  4

**20. How many hours do you usually work in a week?**

**21. How often do you return to your permanent residence?**

- Each day  1
- Not each day, but at least weekly  2
- Less than once a week  3

**22. Do you have another job, apart from the one you described above?**

- Yes  1
- No  2

***If yes, write title and job description:***

Title -----

Description -----

ISCO-88