

HOUSING QUESTIONNAIRE


 Questionnaire approved by Regulation No. 82 of the Government of the Republic of 5 March 1999
 DATA ARE USED FOR STATISTICAL PURPOSES ONLY

Census district	Enumeration area	Enumeration area	House No. on the map	<input type="checkbox"/> Answered by permanent resident	<input type="checkbox"/> Verification form
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Post-enumeration

Location of dwelling

 dwelling missing

street (farm)

building No.

flat No.

settlement

rural municipality

county

List of inhabitants of the dwelling by households

Household No.	First name and surname	Row No.	Relationship to the reference person	Row No. of the legal spouse	Row No. of the partner in consensual union	Row No. of mother	Row No. of father	Temporarily absent	Temporarily present	Duration in months
<input type="text"/>		<input type="text"/> , 1	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>		<input type="text"/> , 2	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>		<input type="text"/> , 3	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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<input type="text"/>		<input type="text"/> , 9	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>		<input type="text"/> , 1,0	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>		<input type="text"/> , 1,1	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>		<input type="text"/> , 1,2	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>		<input type="text"/> , 1,3	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

* Choose an appropriate letter for indicating the relationship:

V reference person

E partner (legal spouse or partner in consensual union)

L son or daughter of the reference person or his/her partner

P parent (or parent's partner) of the reference person or his/her partner

W grandparent of the reference person or his/her partner

T grandchild of the reference person or his/her partner

S other relative of the reference person or his/her partner

X person who is neither a relative of the reference person nor his/her partner

<p>Question 1 is filled in only for persons staying in institutions</p> <p>1. Type of institution</p> <p><input type="checkbox"/> educational institution <input type="checkbox"/> military institution</p> <p><input type="checkbox"/> health care institution <input type="checkbox"/> religious institution</p> <p><input type="checkbox"/> welfare institution <input type="checkbox"/> other</p> <p>End of questionnaire for persons staying in institution</p>	<p>9. Dwelling is equipped with...</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%; text-align: center;">yes</td> <td style="width: 15%; text-align: center;">no</td> </tr> <tr> <td>water supply system</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>sewage disposal system</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>hot water</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>bath (shower)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>sauna</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>flush toilet</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>electricity</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>gas</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>central heating</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>electric heating</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		yes	no	water supply system	<input type="checkbox"/>	<input type="checkbox"/>	sewage disposal system	<input type="checkbox"/>	<input type="checkbox"/>	hot water	<input type="checkbox"/>	<input type="checkbox"/>	bath (shower)	<input type="checkbox"/>	<input type="checkbox"/>	sauna	<input type="checkbox"/>	<input type="checkbox"/>	flush toilet	<input type="checkbox"/>	<input type="checkbox"/>	electricity	<input type="checkbox"/>	<input type="checkbox"/>	gas	<input type="checkbox"/>	<input type="checkbox"/>	central heating	<input type="checkbox"/>	<input type="checkbox"/>	electric heating	<input type="checkbox"/>	<input type="checkbox"/>
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<p>2. Type of dwelling</p> <p><input type="checkbox"/> one-family dwelling <input type="checkbox"/> separate living room(s)</p> <p><input type="checkbox"/> part of the family dwelling <input type="checkbox"/> accommodation room</p> <p><input type="checkbox"/> apartment <input type="checkbox"/> non-dwelling used for habitation</p> <p>In the case of "accommodation room" or "non-dwelling used for habitation" continue with question 12</p>	<p>Questions 10 and 11 are filled in once about the building</p>																																	
<p>3. Occupancy of the dwelling</p> <p><input type="checkbox"/> occupied <input type="checkbox"/> vacant</p> <p><input type="checkbox"/> reserved for temporary or seasonal use <input type="checkbox"/> unknown</p>	<p>10. Type of building</p> <p><input type="checkbox"/> apartment building <input type="checkbox"/> non-residential building with dwell.</p> <p><input type="checkbox"/> one-family dwelling <input type="checkbox"/> accommodation building</p> <p><input type="checkbox"/> other small residential building <input type="checkbox"/> other building</p>																																	
<p>4. Owner of the dwelling</p> <p><input type="checkbox"/> state <input type="checkbox"/> dwelling association</p> <p><input type="checkbox"/> local government <input type="checkbox"/> other</p> <p><input type="checkbox"/> person residing in Estonia <input type="checkbox"/> unknown</p> <p><input type="checkbox"/> person residing in a foreign country</p>	<p>11. Construction time of building</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> before 1919</td> <td style="width: 50%;"><input type="checkbox"/> 1981 – 1990</td> </tr> <tr> <td><input type="checkbox"/> 1919 – 1945</td> <td><input type="checkbox"/> 1991 – 1995</td> </tr> <tr> <td><input type="checkbox"/> 1946 – 1960</td> <td><input type="checkbox"/> 1996 and later</td> </tr> <tr> <td><input type="checkbox"/> 1961 – 1970</td> <td><input type="checkbox"/> uncompleted building</td> </tr> <tr> <td><input type="checkbox"/> 1971 – 1980</td> <td><input type="checkbox"/> unknown</td> </tr> </table>	<input type="checkbox"/> before 1919	<input type="checkbox"/> 1981 – 1990	<input type="checkbox"/> 1919 – 1945	<input type="checkbox"/> 1991 – 1995	<input type="checkbox"/> 1946 – 1960	<input type="checkbox"/> 1996 and later	<input type="checkbox"/> 1961 – 1970	<input type="checkbox"/> uncompleted building	<input type="checkbox"/> 1971 – 1980	<input type="checkbox"/> unknown																							
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<p>5. Is the member of your household dwelling's...</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">I household</td> <td style="text-align: center;">II household</td> <td style="text-align: center;">III household</td> </tr> <tr> <td>owner</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>member of dwelling associat.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>tenant</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		I household	II household	III household	owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	member of dwelling associat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tenant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Question 12 is filled in only in the census questionnaire of the household's permanent place of residence</p>													
	I household	II household	III household																															
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other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																															
<p>6. Total area of the dwelling _____ m²</p>	<p>12. Does your household use directly any land for growing field crops or horticultural products, or own any natural grassland, woodland or farm animals?</p>																																	
<p>7. Number of rooms in the dwelling _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">I household</td> <td style="text-align: center;">II household</td> <td style="text-align: center;">III household</td> </tr> <tr> <td>yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>no</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		I household	II household	III household	yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
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yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																															
no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																															
<p>8. Is there a kitchen in the dwelling?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> kitchenette <input type="checkbox"/> missing</p>																																		

Question 9 is answered by a person who was born on or before 11.01.1989

9. Where was your permanent place of residence on 12 January 1989?

a) In the same settlement where the present permanent place of residence is located
settlement

b) _____
rural municipality

country

c) For a person who lived abroad indicate the country:

Russia Ukraine Belarus

other country (write)

10. Place of birth (in other's place of residence at the time the person was born)

a) In the same settlement where the present permanent place of residence is located
settlement

b) _____
rural municipality

country

c) For those born abroad indicate the country:

Russia Ukraine Belarus

other country (write)

_____ Year of settling in Estonia

11. Place of birth of parents

Mother:

Estonia Ukraine Finland
 Russia Belarus unknown

other country (write)

Father:

Estonia Ukraine Finland
 Russia Belarus unknown

other country (write)

12. What is your ethnic nationality?

Estonian Ukrainian Finnish
 Russian Belorussian Latvian

other ethnic nationality (write)

13. What is your mother tongue?

Estonian Ukrainian Finnish
 Russian Belorussian Latvian

other language (write)

Answering the question 14 is voluntary

14. What other languages do you speak?

Estonian French native language
 Russian Finnish other language(s)
 English Swedish no command of other languages
 German Latvian

Question 15 is answered by a 15-year-old or older person (born on or before 30.03.1985)

15. What is your legal marital status?

never married divorced
 legally married widowed

Questions 16 and 17 are answered by a 15-year-old or older woman (born on or before 30.03.1985)

16. How many children have you given birth to?

17. When was your first child born?

18. Have you any long-term illness or disability which has been determined by the medical commission of experts and has lasted and probably will last for one year or longer?

no yes

If "yes" then: Is this the reason why...

you need assistance in taking care of yourself?
 you need assistance in moving around outside your home?

19. What were your main sources of subsistence in the last 12 months?

Indicate the most relevant source of subsistence in the first column and, if necessary, indicate the second relevant source in the second column

- | I | II | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | wages and salaries |
| <input type="checkbox"/> | <input type="checkbox"/> | entrepreneurial income, income from farming |
| <input type="checkbox"/> | <input type="checkbox"/> | property income, income from capital (rental income, dividends, interests) |
| <input type="checkbox"/> | <input type="checkbox"/> | pension |
| <input type="checkbox"/> | <input type="checkbox"/> | benefits, scholarships, supports |
| <input type="checkbox"/> | <input type="checkbox"/> | maintained by an institution |
| <input type="checkbox"/> | <input type="checkbox"/> | maintained by other persons |
| <input type="checkbox"/> | <input type="checkbox"/> | loans, deposits, receipts from the sale of possessions |
| <input type="checkbox"/> | <input type="checkbox"/> | personal auxiliary household |
| <input type="checkbox"/> | <input type="checkbox"/> | other source |

Question 20 is answered by a 3-year-old or older person (born on or before 30.03.1997)

20. Do you attend at present any institution of general, vocational or higher education? / Do you go to a pre-primary children's institution?

- no
- pre-primary children's institution
- 1 – 6th grade
- 7 – 9th grade
- 10 – 12th grade
- institution of vocational education
- institution of vocational basic education
- institution of vocational secondary education
- vocational secondary education after basic educ.
- vocational secondary education after second. educ.
- professional secondary education after basic education
- professional secondary education after secondary education
- vocational higher education
- diploma course
- bachelor course
- master's course
- doctor's course

Questions 21 and 22 are answered by a 10-year-old or older person (born on or before 30.03.1990)

21. What is your highest level of vocational or professional education completed?

- no vocational or professional education
- vocational education
- vocational basic education
- vocational secondary education
- vocational secondary education after second. educ.
- professional secondary / technical education after basic education
- professional secondary / technical education after secondary education
- higher education
- master's degree
- candidate of sciences / doctor's degree

22. Education attained in a school of general education? (or in any other educational establishment providing general education)

- secondary education
- basic education (uncompleted secondary education)
- primary education
- no primary education, literate
- no primary education, illiterate

All the following questions are answered by a 15-year-old or older person (born on or before 30.03.1985)

Answering the question 23 is voluntary

23. What is your religious affiliation?

- follower of a particular faith
- has no religious affiliation
- atheist
- cannot define the affiliation
- refused to answer

Indicate the faith for the followers of a particular faith:

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Lutheranism | <input type="checkbox"/> Pentecostal |
| <input type="checkbox"/> Orthodoxy | <input type="checkbox"/> Methodism |
| <input type="checkbox"/> Catholicism | <input type="checkbox"/> Adventism |
| <input type="checkbox"/> Baptism | <input type="checkbox"/> Islam |

other faith (write)

Questions 24–30 are about the week preceding the Census, i.e. about 20–26 March 2000
 24. Did you work in the above-mentioned week for one hour or more (answer "yes" also in case you were absent from work because of illness, vacation, etc.)?

yes ⇒ continue with question 26

no ⇒ continue with question 25

25. Which of the following groups do you belong to? (indicate one variant)

in military service

student (pupil)

homemaker

unemployed job seeker,
ready to start work

pensioner

unemployed for other reasons

End of questionnaire for non-working persons

26. What is the name of your main place of work or the name of main employer? (answer is voluntary)

27. What is the main economic activity of your main place of work / main employer?

28. What is the address of your main place of work?

a) in your own home / farm

b) definite address of the place of work missing

street (farm)

building No.

c) _____

settlement

rural municipality

county

d) For a person working abroad indicate the country:

Russia

Finland

Latvia

other country (write)

29. What is your employment status at your main place of work or with your main employer?

employee with a stable contract

self-employed person, freelancer, farmer
without salaried employees

other employee

contributing family worker in a family enterprise,
farm

entrepreneur-employer, farmer with salaried
employees

member of a commercial association

30. What is your occupation at your main place of work? / What are your work tasks?

Please give a short description of your work tasks: (filled out in case the official title does not describe the work tasks sufficiently)

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

Total _____ hours

Of which how many hours at
your main place of work? _____ hours