



**POPULATION
AND HOUSING CENSUS
2000 IN LATVIA**

CENTRAL STATISTICAL BUREAU GUARRANTEES,
*that the individual data presented by yourself will
remain confidential according to the Official Statistics
Law. Information will be published in the summary
statistical tables only.*

PERSON'S QUESTIONNAIRE

PIN

Not to read this sheet!

(have to be filled-in for every person aged 7
years or more)

Surname, name

1. Relationship to reference person (head of household) of private household:

- | | |
|--|---|
| 1. <input type="checkbox"/> reference person (head of household) | 6. <input type="checkbox"/> daughter or son-in-law of head of household |
| 2. <input type="checkbox"/> spouse of head of household | 7. <input type="checkbox"/> grandchild of head of household |
| 3. <input type="checkbox"/> partner of head of household in consensual union | 8. <input type="checkbox"/> mother or father of head of household or her (his) spouse |
| 4. <input type="checkbox"/> son, daughter | 9. <input type="checkbox"/> other relative |
| 5. <input type="checkbox"/> brother, sister of head of household | 10. <input type="checkbox"/> not relative |

2. Place of residence one year before the Census day (as of 31 March 1999)?

1. the same dwelling 2. in the same municipality 3. other municipality

If marked with X answer No 3 "other", please write in below your previous place of residence (state or municipality) →

3. Ethnic nationality:

1. Latvian 2. Russian 3. Belarussian

4. other (write in what) →

4. Your mother tongue:

1. Latvian 2. Russian 3. Belarussian

4. other (write in what) →

5. Command of other languages except mother tongue:

1. Latvian 2. Russian
3. Belarussian 4. English 5. German
6. French 7. other (write in what) →

6. Main source of livelihood (please, write in one or two figures corresponding your main source of livelihood)

- | | | | |
|--|---|--------------------------|--------------------------------------|
| 1. economic activity | 5. loans, reduction of savings | <input type="checkbox"/> | The first main source of livelihood |
| 2. pension | 6. maintenance of other persons or bodies | <input type="checkbox"/> | The second main source of livelihood |
| 3. benefits and other financial assistance | 7. other source of livelihood | <input type="checkbox"/> | |
| 4. income from property and investments | | | |

No of Household's questionnaire

Continuation on the opposite ↓

7. Number of children born alive:

8. Educational attainment: (to be answered by every person aged 7 years or more)

- | | | |
|--|--|---|
| 1. <input type="checkbox"/> higher | 4. <input type="checkbox"/> secondary, 1 st stage | 7. <input type="checkbox"/> no formal education |
| 2. <input type="checkbox"/> secondary specialised | 5. <input type="checkbox"/> primary | 8. <input type="checkbox"/> illiterate |
| 3. <input type="checkbox"/> secondary, 2 nd stage | 6. <input type="checkbox"/> less than 4 grades | |

9. Name of educational institution, that gave the level of education marked in quest. 8

10. Your status in employment:

- | | |
|---|---|
| 1. <input type="checkbox"/> employee | Population not economically active |
| 2. <input type="checkbox"/> employer | |
| 3. <input type="checkbox"/> own - account worker | |
| 4. <input type="checkbox"/> contributing family worker | |
| 5. <input type="checkbox"/> unemployed | |
| 6. <input type="checkbox"/> conscript | |
| 7. <input type="checkbox"/> pension or income recipient | |
| 8. <input type="checkbox"/> student | |
| 9. <input type="checkbox"/> homemaker | |
| 10. <input type="checkbox"/> other status | |

Questions 11-14 have to be asked for persons aged 15 or more about the week from 20 to 26 March 2000, that on q. 10 gave answers 1 - 4

11. Did you work this week?

1. yes, full time 2. yes, long part time 3. yes, short part time

12. Your employer:

1. name and →
address

2. main kind of activity: →

13. Your occupation in the above enterprise: →

14. Location of your enterprise:

1. in the fixed place outside my dwelling
2. in the dwelling where I live
3. without fixed place (address)



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HOUSEHOLD'S QUESTIONNAIRE

0000001

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ATK code Street/house name

House No Corp. No Flat No Not to read this sheet!

List of members of the household

Col. 1	No of family	No of mother in the column 1	No of spouse in the column 1	PIN/ Surname, given name
	2	3	4	5

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

+

+

Questions about dwelling

1. Type of living quarters:

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> one family house | 4. <input type="checkbox"/> shared (common) flat | 6. <input type="checkbox"/> room rented from owner |
| 2. <input type="checkbox"/> part of a family house | 5. <input type="checkbox"/> room in the hostel | 7. <input type="checkbox"/> other type of quarters |
| 3. <input type="checkbox"/> separate flat | | |

The following questions, please, answer, if in the question No 1 you marked answers 1 - 5

2. Type of ownership of your living quarters (housing unit):

- | | |
|---|--|
| 1. <input type="checkbox"/> owner-occupied housing unit | 4. <input type="checkbox"/> co-operative association of the owners |
| 2. <input type="checkbox"/> in private ownership of other owner | 5. <input type="checkbox"/> other type of ownership |
| 3. <input type="checkbox"/> owned by municipality or company | |

3. Number of rooms occupied by household:

4. Floor space

1. useful floor space m²

2. living floor space, m²

5. Public utilities:

- | | | | |
|---|---|---|--|
| 1. <input type="checkbox"/> kitchen | 4. <input type="checkbox"/> water supply inside | 7. <input type="checkbox"/> water supply outside | 10. <input type="checkbox"/> bath/shower |
| 2. <input type="checkbox"/> electricity | 5. <input type="checkbox"/> sewerage | 8. <input type="checkbox"/> toilet outside housing unit | 11. <input type="checkbox"/> bath-house |
| 3. <input type="checkbox"/> gas | 6. <input type="checkbox"/> toilet inside housing | 9. <input type="checkbox"/> hot water supply | |

6. Type of heating:

- | | | |
|---|-----------------------------------|-----------------------------------|
| 1. <input type="checkbox"/> central heating | 2. <input type="checkbox"/> stove | 3. <input type="checkbox"/> other |
|---|-----------------------------------|-----------------------------------|

7. Period of construction of building (years):

- | | | |
|---|---|--|
| 1. <input type="checkbox"/> before 1919 | 4. <input type="checkbox"/> 1961 - 1970 | 7. <input type="checkbox"/> 1986 - 1990 |
| 2. <input type="checkbox"/> 1919 - 1945 | 5. <input type="checkbox"/> 1971 - 1980 | 8. <input type="checkbox"/> 1991 - 1995 |
| 3. <input type="checkbox"/> 1946 - 1960 | 6. <input type="checkbox"/> 1981 - 1985 | 9. <input type="checkbox"/> 1996 and later |

8. Type of building:

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> one-dwelling house | 3. <input type="checkbox"/> 3 - 9 dwelling house | 6. <input type="checkbox"/> 30 - 49 dwelling house |
| 2. <input type="checkbox"/> two-dwelling house | 4. <input type="checkbox"/> 10 - 19 dwelling house | 7. <input type="checkbox"/> 50 and more dwelling house |
| | 5. <input type="checkbox"/> 20 - 29 dwelling house | |

9. Materials of outer walls:

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> brick, stone | 2. <input type="checkbox"/> concrete, blocks, panels | 4. <input type="checkbox"/> mixed material |
| | 3. <input type="checkbox"/> wood | 5. <input type="checkbox"/> other material |