



**POPULATION
AND HOUSING CENSUS
2000 IN LATVIA**

CENTRAL STATISTICAL BUREAU GUARANTEES,
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 | | |
| 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. <input type="checkbox"/> yes, full time | 2. <input type="checkbox"/> yes, long part time | 3. <input type="checkbox"/> 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. <input type="checkbox"/> in the fixed place outside my dwelling |
| 2. <input type="checkbox"/> in the dwelling where I live |
| 3. <input type="checkbox"/> without fixed place (address) |



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HOUSEHOLD'S QUESTIONNAIRE

0000001

+

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 |