

CENSUS QUESTIONNAIRE

1. Full name _____	2. Sex male <input type="checkbox"/> female <input type="checkbox"/>	3. Relationship to the person enumerated first in a household Person enumerated first <input type="checkbox"/> Wife husband <input type="checkbox"/> Daughter, son <input type="checkbox"/> Mother, father <input type="checkbox"/> Sister, brother <input type="checkbox"/> Mother-in-law, father-in-law <input type="checkbox"/> Bride (daughter-in-law), brother-in-law <input type="checkbox"/> Grandmother, grandfather <input type="checkbox"/> Granddaughter, grandson, great-granddaughter, great-grandson <input type="checkbox"/> Other type of relationship <input type="checkbox"/> Not a relative <input type="checkbox"/> Number of mother (or father) <input type="text"/>	4. Date of birth day <input type="text"/> month <input type="text"/> year <input type="text"/> age <input type="text"/>	5. Nationality _____	6. Language Specify your mother tongue Other language spoken in household 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/>	7. Place of birth (name of a town, rayon, country) <input type="text"/>	8. Citizenship Kyrgyz Republic <input type="checkbox"/> Without citizenship <input type="checkbox"/> Citizen of another country <input type="checkbox"/> (specify the country) <input type="text"/>	9. Residing temporarily from birth in that populated area yes <input type="checkbox"/> no <input type="checkbox"/> If "no", specify: a) the year you have been temporarily residing here <input type="text"/> b) place of previous residence <input type="text"/> c) from what populated area have you moved from? (name of a town, rayon, country) <input type="text"/> d) are you a refugee? <input type="checkbox"/>	10. Marital status Never married <input type="checkbox"/> Registered married <input type="checkbox"/> Not registered married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Number of a wife (husband) <input type="text"/>	11. Education Higher <input type="checkbox"/> Higher incomplete <input type="checkbox"/> Secondary specialized <input type="checkbox"/> Secondary general <input type="checkbox"/> Basic (compulsory general) <input type="checkbox"/> Elementary general <input type="checkbox"/> Without elementary general education <input type="checkbox"/> Illiterate <input type="checkbox"/> Have you graduated from vocational school? <input type="checkbox"/> Person with scientific degree specify: Ph.D (Candidate of sciences) <input type="checkbox"/> D.S. (Doctor of sciences) <input type="checkbox"/> Educational qualification specified in diploma (codes 1, 2, 3) <input type="text"/>	12. Type of educational establishment you are attending Higher educational establishment <input type="checkbox"/> Secondary specialized educational establishment <input type="checkbox"/> Vocational school <input type="checkbox"/> General educational establishment of all types <input type="checkbox"/> Other school (courses) <input type="checkbox"/> Not attending <input type="checkbox"/>	13. Are you attending preschool establishment? Yes <input type="checkbox"/> No <input type="checkbox"/>	14. Sources of income (persons with more than one source, specify each source) Salaried employment: (by labour agreement, contract, verbal agreement) at an enterprise, organization, institution <input type="checkbox"/> In a farm <input type="checkbox"/> for individuals (including rendering household services) <input type="checkbox"/> Non-salaried employment owners of enterprises, farms (employer) <input type="checkbox"/> on individual basis at family enterprises, unpaid at farms <input type="checkbox"/> personal subsidiary plots <input type="checkbox"/> Scholarship (student) <input type="checkbox"/> Pension <input type="checkbox"/> Benefits and allowances (excluding unemployment benefits) <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> Other type of state maintenance <input type="checkbox"/> Income from property <input type="checkbox"/> On dependence <input type="checkbox"/> Other sources <input type="checkbox"/> From above listed, specify the MAIN SOURCE of income <input type="checkbox"/>	15. Employment a) name and activity type of an enterprise you are working in, or specify the type of work you do <input type="text"/> b) location of work (name of a town, rayon, country) <input type="text"/>	16. Main activity (detailed title of position, profession or performed work) <input type="text"/>	17. Are you looking for a job? Yes, I am <input type="checkbox"/> see question 18 No, I am not <input type="checkbox"/> 2 If "no", specify the reason: <input type="text"/>	18. How many children have you borne? <input type="text"/> 19. How many children are alive? <input type="text"/> 20. How many of them live separately? <input type="text"/> 21. No answer <input type="checkbox"/>	Office use only Questionnaire number <input type="text"/>
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