



STATISTIKAAMET

HOUSEHOLD SURVEY

HOUSEHOLD QUESTIONNAIRE

INTERVIEWER ANSWER TO THE QUESTIONS A1-A6

A1. Household's Code TO BE ASSIGNED BY THE INTERVIEWER

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|--|--|--|--|--|--|

A2. Interviewer's Certificate Number

| | | |
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| | | |
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A3. Date of the Interview

| | | | | | | | | | | |
|--|--|-----|--|--|-------|--|--|--|--|------|
| | | day | | | Month | | | | | year |
|--|--|-----|--|--|-------|--|--|--|--|------|

K2. Time of starting the interview

| | | | | | |
|--|--|-------|--|--|---------|
| | | hours | | | minutes |
|--|--|-------|--|--|---------|

A4. County (Code)

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| | |
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A5. Rural Municipality, Town (WRITE WITH WORDS)

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A6.

Type of the area

- | | |
|--|--------------------|
| 1. a large town (more than 50,000 inhabitants) | 4. a large village |
| 2. a county town (other than (1)) | 5. a village |
| 3. a town or township other than (1) or (2) | |

What is a household survey and why is it conducted?

Household survey is carried out as part of governmental statistics, with the purpose of examining the welfare, income and expenditure of households residing in Estonia and identifying any changes and developments. Household surveys have been run in Estonia since the 1930s and this survey is a continuation to the Household Income and Consumption Survey, launched by the Statistical Office of Estonia in 1995.

The results of household surveys help to determine several socially relevant indicators, including the living standard, the consumer price index and the poverty line.

Your household has been randomly selected for the survey. This means that you have been chosen to represent nearly eight hundred similar Estonian households. Your participation will guarantee the success of the survey, and will contribute to the extent to which the problems of your kind of households are acknowledged in Estonia today.

The Statistical Office of Estonia will treat any information you disclose in strict confidence.

The results of the survey will be used only in a generalised form, in accordance with the laws protecting personal information in Estonia.

FOR THE INTERVIEWER

THE QUESTIONNAIRE CONSISTS OF FOUR PARTS.

- PART **A** - THE STRUCTURE OF THE HOUSEHOLD AND GENERAL INFORMATION
- PART **B** - GENERAL INFORMATION ON THE MEMBERS OF THE HOUSEHOLD
- PART **C** - THE HOUSEHOLD'S DWELLING
- PART **D** - THE IMMOVABLE AND MOVABLE PROPERTY OF THE HOUSEHOLD

PART **B** CONSISTS OF A TABLE OVER FOUR PAGES WITH ONE ROW FOR EVERY HOUSEHOLD MEMBER (INCLUDING CHILDREN, AGED PEOPLE AND ABSENT HOUSEHOLD MEMBERS). IF THE HOUSEHOLD CONSISTS OF MORE THAN SIX MEMBERS, USE THE SUPPLEMENTARY SHEETS.

THE MAJORITY OF THE QUESTIONS HAVE READY ANSWER VERSIONS. IF A QUESTION HAS MORE THAN TWO ANSWER VERSIONS GIVEN, A CARD IS MADE FOR FACILITATING THE ANSWERING. AN ICONIC SYMBOL OF A SUN (☀) IN THE FIRST COLUMN OF THE TABLE REMINDS YOU OF THE CARD. DRAW THE ATTENTION OF THE RESPONDENT TO THE CARD!

NOW WE INTRODUCE YOU THE RULES TO BE FOLLOWED IN ANSWERING THE DIFFERENT TYPE OF QUESTIONS IN THE QUESTIONNAIRE.

1. THE LARGEST NUMBER OF QUESTIONS HAVE POSSIBLE ANSWERS GIVEN AS A NUMBERED LIST IN THE QUESTIONNAIRE (E.G. **A11, B2, C1**). FOR EACH OF SUCH QUESTION YOU MUST ASK THE RESPONDENT TO CHOOSE ONLY ONE VERSION. EXCEPTIONS HERE ARE QUESTIONS **B16** AND **C13-C18**, WHERE SPECIAL INSTRUCTIONS ARE GIVEN.
 - IN FILLING IN THE PART **A, C** AND **D**, YOU MUST ENCIRCLE THE NUMBER OF THE VERSION THE RESPONDENT CHOSE.
 - IN PART **B**, WRITE THE NUMBER OF THE CORRECT VERSION IN THIS CELL OF THE TABLE, WHICH CARRIES THE NUMBER OR NAME OF THE CORRESPONDING HOUSEHOLD MEMBER.
2. SOME OF THE QUESTIONS (E.G. **B3, C9**) CONSIST OF SEVERAL SUB-QUESTIONS. THESE SUB-QUESTIONS ARE DENORED BY LETTERS (**a, b, c, ...**). THE SUB/QUESTION USE THE SAME SET OF ANSWERS WRITTEN IN THE HEADING OF THE SMALL TABLE. THE COLUMNS OF THE TABLE CONTAIN THE NUMBERS OF THE LISTED ANSWERS. ENCIRCLE THE CORRECT NUMBER IN EVERY ROW. ONLY ONE NUMBER MUST BE ENCIRCLED IN EVERY ROW!
3. FOR SOME QUESTIONS YOU RECORD A DATE (E.G. **B5**) OR SINGLE OR MULTIPLE DIGITS NUMBER (E.G. **C3**) FOR THE ANSWER. RECORD THE ANSWER IN THE BLANKS [], WRITING EVERY DIGIT IN SEPARATE BLANK. IF THERE ARE MORE BLANKS THAN YOU NEED, FILL IN THE FIRST BLANKS WITH ZERO(S).
4. SOMETIMES THE RESPONDENT GIVES YOU AN ANSWER NOT LISTED FOR THE QUESTION. THEN YOU HAVE TWO POSSIBILITIES:
 - THE ANSWER GIVEN IS THE NAME OF STATE, A PROFESSION OR OTHER SIMILAR WORD (E.G. **B6, B26**);
 - THE RESPONDENT CHOOSES THE VERSION 'OTHER' AND SPECIFIES IT IN FREE WORDING (E.G. **A11**, VERSION **6; C9** VERSION **e**).

RECORD THE ANSWER ON THE BLANK LINE GIVEN FOR SPECIFICATIONS. IF THERE IS NOT ENOUGH SPACE, USE THE WHITE MARGINS OF THE QUESTIONNAIRE.

A. THE STRUCTURE OF THE HOUSEHOLD AND GENERAL INFORMATION

The household consists of persons who share a dwelling, i.e. live at the same address, and use common monetary and/or food resources. Persons belonging to a household are referred to as the members of the household (the members). A household may also consist of one person living alone. Institutional households (persons who live in prisons, monasteries, old-age house etc.) isn't counted to the set of households.

The reference member is an adult member of the household who contributes the largest income to the household.

A person's main dwelling is the dwelling where he/she has, for a considerable period of time, spent most of his/her spare time, including sleeping time. For a married or cohabiting person, the main dwelling is the dwelling where he/she stays for most of the time he/she spends with his/her partner and/or children.

An absent member is a person belonging to the household who temporarily does not share the household's main dwelling, but is still financially related to the other members. A member who lives separately usually does not have a separate non-institutional dwelling of his/her own.

| | | |
|------------|---|---|
| A7. | State the number of households living at this address? | _ |
| A8. | Indicate the identifying number of this particular household among these households. TO BE ASSIGNED BY THE INTERVIEWER. | _ |

All the following questions apply only to your household.

| | | | |
|-------------|--|---|-----|
| A9. | The number of members in your household. | | _ _ |
| A10. | The number of members aged less than 15 (CONSIDERED MINORS FOR THE PURPOSES OF THE SURVEY) on January 1 of the survey year. | | _ _ |
| A11. | The main language spoken in your household. | | |
| ☼ | 1. Estonian 2. Russian 3. Ukrainian | 4. Byelorussian 5. Finnish 6. Other | |
| A12. | If more than one language is spoken in your household, indicate the second language. | | |
| ☼ | 1. Estonian 2. Russian 3. Ukrainian 4. Byelorussian | 5. Finnish 6. Other 7. No other languages | |

THE TABLE OF BASIC PERSONAL INFORMATION BEGINS ON THE NEXT PAGE. WHENEVER POSSIBLE, TRY TO QUESTION ALL THE ADULT MEMBERS OF THE HOUSEHOLD. THIS QUESTIONNAIRE, HOWEVER, PERMITS THE REFERENCE MEMBER OR HIS/HER REPRESENTATIVE TO ANSWER FOR OTHER MEMBERS, IF NECESSARY.

THE REFERENCE MEMBER OR HIS/HER REPRESENTATIVE WILL ALSO PROVIDE THE REQUIRED INFORMATION FOR ABSENT MEMBERS AND MINORS.

TO FACILITATE THE LATER PROCESSING OF THE QUESTIONNAIRE, PLEASE ENCIRCLE

- THE LAST ANSWER OF EACH MEMBER AND
- THE NUMBER OF THE LAST MEMBER.

B. GENERAL INFORMATION ON MEMBERS OF THE HOUSEHOLD

IN THE TABLE THAT FOLLOWS, THE INTERVIEWER RECORDS THE REQUIRED INFORMATION FOR ALL THE MEMBERS OF THE HOUSEHOLD PARTICIPATING IN THE SURVEY. WRITE THE PARTICULARS OF THE REFERENCE MEMBER OF THE HOUSEHOLD (R) IN THE FIRST COLUMN AND PROCEED WITH OTHER MEMBERS IN ORDER OF AGE, STARTING WITH THE OLDEST MEMBER AND FINISHING WITH THE YOUNGEST MEMBER. WRITE THE PARTICULARS OF SPOUSES/PARTNERS IN ADJACENT COLUMNS SO THAT THEY ARE RECORDED UNDER CONSECUTIVE NUMBERS.). IF THE HOUSEHOLD CONSISTS OF MORE THAN SIX MEMBERS, USE THE SUPPLEMENTARY SHEETS. ENCIRCLE THE NUMBER OF THE LAST COMPLETED COLUMN!

| | | | | | | | | |
|----------------|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--|
| B1 | The member's number | 1 (R) | 2 | 3 | 4 | 5 | 6 | ==> |
| | The member's first name. <i>The name will not be used in the survey.</i> | | | | | | | If member no 1 ==> B4 |
| B2 ☀ | Specify the member's relation to R. 1. Reference member R 2. R's spouse or partner 3. R's and/or his/her partner's child (or adopted child) 4. R's or his/her spouse's/partner's parent/parent's partner 5. R's or his/her spouse's/partner's grandparent/grandparent's partner 6. R's and/or his/her partner's grandchild or child's partner's child (or adopted child) 7. R's other relation 8. Not related to R | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If there is more members then ==> B1 If there isn't more members then ==> B3 |
| B3 | Does the following close relatives belong to the same household? If yes, indicate his/her number. (IF NO, RECORD 00.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | a. ... spouse through officially registered marriage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | b. ... partner's number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | c. ... mother's number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | d. ... father's number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B4 | Indicate the gender of the member. 1 – male 2 – female | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B5 | Date of birth. DAY, MONTH AND YEAR | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| B6 | Country of birth. IF NOT ESTONIA ⇒ B8. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | If not estonia ==> B8 |
| B7 | If country of birth is Estonia, indicate the county of birth. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

| | The member's number and first name. | 1 (R) | 2 | 3 | 4 | 5 | 6 | ==> |
|----------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| B8 | State if the member is currently staying with the household or is away (absent). 1 – staying with the household, 2 – absent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B9 ☀ | Indicate the member's nationality. 1. Estonian 2. Russian 3. Ukrainian 4. Byelorussian 5. Finn 6. Jew 7. Tatar 8. German 9. Latvian 10. Pole 11. Lithuanian 12. Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B10 ☀ | Indicate the member's citizenship. 1. Estonian 2. Russian 3. Ukrainian 4. Byelorussian 5. Finnish 6. Other (specify) 9. Undefined | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B11 ☀ | Describe the member's state of health, relative to his/her age group. 1. Very good 2. Good 3. Neither good nor poor 4. Poor 5. Very poor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B12 | Does the member suffer from a disability or a chronic disease? 1 – yes 2 – no | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If B12=2 ==> B14 |
| B13 ☀ | Does the member need to be attended? 1. Does not to be attended 2. Need to be attended sometimes 3. Needs permanent attending | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B14 | Has the member the Health Insurance (Sickness Benefit Card)? 1. – yes; 2. – no | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Under the 3-year END 3-14 years ==> B16 |





| | The member's number and first name. | 1 (R) | 2 | 3 | 4 | 5 | 6 | ==> |
|-----------------|---|--|--|--|--|--|--|--------------------------------------|
| B15 ☀ | The member's official marital status. 1. Has never been married. 2. Married 3. Divorced 4. Widow(er) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B16 ☀ | Indicate if the member is currently in education and the level of his/her studies? , RECORD SEVERAL ANSWERS, IF NEEDED. 1. Not in education 2. Pre-school institution 3. Form 1–6 4. Form 7–9 5. Form 10–12 6. Vocational course 7. Course leading to a vocational qualification and basic education 8. Course leading to a vocational qualification and secondary education 9. Institution of vocational secondary education after completing basic education 10. Institution of post-secondary vocational education 11. Institution of specialised (vocational) secondary education after completing basic education 12. Institution of specialised (vocational) post-secondary education 13. Institution of vocational higher education 14. Diploma studies 15. Undergraduate studies 16. Postgraduate (Master's) studies (or internship) 17. Postgraduate (Doctoral) studies (or residency) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <div>3-10 years</div> <div>END</div> |
| B17 ☀ | The member's general educational background 1. No elementary education 2. Elementary education 3. Basic (or uncompleted secondary) education 4. Secondary education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |






| | The member's number and first name. | 1 (R) | 2 | 3 | 4 | 5 | 6 | ==> | |
|-----------------|---|---|---|---|---|---|--|---|--------------------------------|
| B18 ☀ | The highest finished vocational or university education. 1. None 2. Vocational 3. A vocational qualification with basic education 4. A vocational qualification with secondary education 5. A vocational secondary education after graduating basic education 6. Post-secondary vocational education 7. Specialised (vocational)/technical education after basic school 8. Specialised(vocational)/technical education after secondary school 9. Applied higher education 10. University education 11. Master's degree 12. Doctoral degree | <div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div></div> <div></div> </div> | <div>Students 14 and younger END</div> | |
| B19 | How many hours did the member work last week as an employer, self-employed an employee or a freelance? (Did not work = 00) | <div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div></div> <div></div> </div> | | | |
| B20 | Is the member in employment? 1. Yes, he/she is in full time employment 2. Yes, he/she is in part time employment 3. He/she is currently out of employment | <div> <div></div> <div></div> </div> | <div> <div></div> <div></div> </div> | <div> <div></div> <div></div> </div> | <div> <div></div> <div></div> </div> | <div> <div></div> <div></div> </div> | <div> <div></div> <div></div> </div> | | 1==> B25 2==> B22 |
| B21 | If the member has been in employment before, when was his last employment terminated? Please indicate the year. If the termination occurred less than three years ago, please indicate the year and the month. IF THE MEMBER HAS NEVER BEEN IN EMPLOYMENT, INSERT 99 9999 | <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> | | | |

| | The member's first name and number | 1 (R) | 2 | 3 | 4 | 5 | 6 | ==> |
|----------|--|---|---|---|---|---|---|----------------------------|
| B22 | Has the member been seeking employment during last month, through employment agencies, newspapers, friends and relatives or in any other way? 1 – yes 2 – no | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If B20=2 ==> B25 |
| B23 | Is the member prepared to start working within two weeks, if he/she found employment? 1 – yes 2 – no | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B24 ☀ | State the reason for the member's inactivity <i>He/she is</i> 1. A student 2. In military service 3. Retired 4. Disabled and receives a pension from the government 5. On maternity leave 6. A homemaker 7. In poor health 8. Other reasons 9. A minor who does not work or study | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If B20=3 then END |
| B25 ☀ | Describe the member's status in employment. 1. Employee 2. Employer, farmer with hired workers 3. Self-employed, farmer without hired workers, freelance 4. Unpaid family worker at a family enterprise (or farm) 5. Member of a profitmaking association | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B26 | Describe the nature of the member's occupation. WRITE IN WORDS! | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B27 | State the main line of activity of the member's employer (organisation/ institution /branch). WRITE IN WORDS! | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Person's END |

IS THERE MORE MEMBERS IN THE HOUSEHOLD? IF YES, THEN ==> B1

C. THE HOUSEHOLD'S DWELLING




| | | |
|--|---|--|
| C1  | Describe the type of dwelling. | |
| | 1. A farmhouse 2. A detached house 3. A semi-detached house 4. A terraced house | 5. A block of flats 6. A hall of residence 7. Other |
| C2  | When was the dwelling built? | |
| | 1. Before 1946 2. 1946–1960 3. 1961–1970 4. 1971–1980 | 5. 1981–1990 6. 1991–1999 7. 2000 or later 8. NOT KNOWN |
| C3 | State the number of floors in the house where your dwelling is located. _ _ | |
| C4 | On which floor is your dwelling located? _ _ <i>If the dwelling is located on more than one floor, indicate the lowest.</i> | |
| C5  | Please rate the condition of your dwelling. | |
| | 1. Very good (new, recently renovated) 2. Good 3. Satisfactory (somewhat depreciated, but suitable for living) 4. Bad (major shortcomings) 5. Almost unsuitable for living | |
| C6  | Describe the household's relation to the dwelling. | |
| | 1. The dwelling belongs to the household (to a member) 2. The household is renting the dwelling from the state or local government 3. The household is renting the dwelling from a private person 4. The household is using the dwelling free of charge or at favourable payment condition 5. NOT KNOWN | |
| C7 | How many rooms does the household use? _ _ , _ | |
| | <i>If some of the rooms are in the common usage of several households (if the dwelling is occupied by more than one households), divide the shared room in imaginary parts and state the number of rooms belonging to your household in a fraction. For example, if the household has a bedroom and ½ of a living-room, the number of rooms would be 1,5.</i> | |

| | | | | | | | |
|---|---|---|---|---|---|--|--|
| C15  | Is the dwelling equipped with a lavatory? IF TWO OR MORE ANSWERS APPLY, CHOOSE THE ONE WHICH OCCURS FIRST IN THE LIST. 1. The dwelling is equipped with a WC. 2. There is a WC in the house but it is shared with other households. 3. The dwelling or the house is equipped with a 'dry' lavatory 4. There is a lavatory outdoors. 5. No lavatory. | | | | | | |
| C16  | Is the dwelling provided with hot running water? IF TWO OR MORE ANSWERS APPLY, CHOOSE THE ONE WHICH OCCURS FIRST IN THE LIST. 1. The dwelling is connected to a central water heating system. 2. The dwelling is equipped with a local water heating system 3. No hot water available | | | | | | |
| C17  | Is the dwelling equipped with washing facilities? IF TWO OR MORE ANSWERS APPLY, CHOOSE THE ONE WHICH OCCURS FIRST IN THE LIST. 1. The household has a separate bathroom. 2. A bath or a shower is available, but washing facilities are shared with other households. 3. No bath or shower available in the dwelling. | | | | | | |
| C18  | Is the dwelling equipped with a sauna or is there a sauna in the house that the household can use? IF TWO OR MORE ANSWERS APPLY, CHOOSE THE ONE WHICH OCCURS FIRST IN THE LIST. 1. The household has its own sauna. 2. There is a sauna in the house, shared by several households. 3. No sauna available. | | | | | | |
| C19 | Is the dwelling equipped with a telephone? 1. The dwelling has a permanent telephone connection (the member's mobile telephones should not be taken into account here.) 2. The dwelling has no permanent telephone connection. | | | | | | |
| C20 | How far are the following places and institutions from the dwelling? a. The nearest bus/train stop b. The nearest stationary store c. The nearest elementary school d. The town government or the administration of the rural municipality e. The nearest telephone (choose 1, if the household has a telephone) f. The nearest post office g. The nearest doctor | Less than 0.5 km 1 1 1 1 1 1 1 | 0.5-1 km 2 2 2 2 2 2 2 | 1-2 km 3 3 3 3 3 3 3 | 2-5 km 4 4 4 4 4 4 4 | 5-10 km 5 5 5 5 5 5 5 | More than 10 km 6 6 6 6 6 6 6 |
| C21  | How suitable is your dwelling for the household? 1. Very suitable 2. More or less suitable 3. Suitable in some respects, not suitable in others 4. Not particularly suitable 5. Quite unsuitable | | | | | | |

| C22 ☀ | Identify the main dwelling-related problems for the household. | | | | |
|---|---|-----------------|---------------------------|-------------------------|----------------------------|
| | Problem | This problem is | | | The problem does not exist |
| | | very relevant | not particularly relevant | irrelevant | |
| | a. The dwelling is too small | 1 | 2 | 3 | 4 |
| | b. The dwelling is too big | 1 | 2 | 3 | 4 |
| | c. The dwelling is shared with other households | 1 | 2 | 3 | 4 |
| | d. The dwelling is not equipped with amenities | 1 | 2 | 3 | 4 |
| | e. The dwelling is in a poor condition | 1 | 2 | 3 | 4 |
| | f. The dwelling is too expensive | 1 | 2 | 3 | 4 |
| | g. The dwelling is too far from the town or village centre | 1 | 2 | 3 | 4 |
| | h. The area is too polluted | 1 | 2 | 3 | 4 |
| | i. The area is too noisy | 1 | 2 | 3 | 4 |
| | j. The area is not safe | 1 | 2 | 3 | 4 |
| | k. The number of rooms in the dwelling is too small | 1 | 2 | 3 | 4 |
| | l. The block of flats where the dwelling is located is too big | 1 | 2 | 3 | 4 |
| m. Other. Specify..... | 1 | 2 | 3 | 4 | |
| TO THE NEXT QUESTION DON'T ANSWER HOUSEHOLDS WHO RENTS DWELLING FROM PRIVATE PERSON | | | | If C6=3 ==>D1 | |
| C23 | If you would rent your dwelling from a private person, how much would you pay rent in a month, excluding the payments for electricity, gas, water, telephone and other separately measured services? <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="margin-left: 10px;">kroons</div> </div> | | | | |

D. THE IMMOVABLE AND MOVABLE PROPERTY OF THE HOUSEHOLD

| D1 | Does any member of the household or the household jointly own any of the following immovables? | | |
|----|--|-------|--------------|
| | Name of the property | Owens | Does not own |
| | a. Farmhouses | 1 | 2 |
| | b. A dwelling (house, flat, but not a farm) that the household uses or that is empty, other than this dwelling | 1 | 2 |
| | c. A dwelling (house, flat) that the household rents or that is used by other people | 1 | 2 |
| | d. A summer house, a garden house, a seasonal dwelling | 1 | 2 |
| | e. A garage (except a mountable garage) | 1 | 2 |
| | f. A non-agricultural estate, including a building site, an uncompleted building | 1 | 2 |
| | g. A share of a summer house association or housing association | 1 | 2 |
| | h. Other non-agricultural immovable property. Specify..... | 1 | 2 |

| | | | | | |
|---|--|-------------------------|---------------------------------------|--|-------------------------------|
| D2  | Does the household or any member of the household own gardening plots, fields and/or forest? Is the household currently using any of this, or renting additional land or forest? Is the household currently renting any of this property to others? | | | | |
| | Type of the property | Owns and uses | Owns, but does not use | Rented or used free of charge by the household | Does not own and does not use |
| | a. A gardening plot | 1 | 2 | 3 | 4 |
| | b. Field | 1 | 2 | 3 | 4 |
| | c. Forest | 1 | 2 | 3 | 4 |
| | d. Other agricultural land. Specify | 1 | 2 | 3 | 4 |
| D3  | Does the household own any business-related means of production? Is the household using any means of production? | | | | |
| | Type of the property | Owns and uses | Owns, but does not use | Does not own | |
| | a. Tractor | 1 | 2 | 3 | |
| | b. Other agricultural machinery | 1 | 2 | 3 | |
| | c. Animals kept for agricultural purposes | 1 | 2 | 3 | |
| | d. Means of transport (cars, trailers, etc.) | 1 | 2 | 3 | |
| | e. A boat, a motor boat, fishing equipment | 1 | 2 | 3 | |
| | f. Other. Specify | 1 | 2 | 3 | |
| D4  | Does the household own any of the following durable goods? Is the household currently using any of these items? | | | | |
| | Type of the property | Owned by the household. | Used by the household free of charge. | The household does not own and does not use. | |
| | a. A new car (less than 5 years old) | 1 | 2 | 3 | |
| | b. An older car | 1 | 2 | 3 | |
| | c. A bike, a motor-bike | 1 | 2 | 3 | |
| | d. A colour TV | 1 | 2 | 3 | |
| | e. A video | 1 | 2 | 3 | |
| | f. A radio | 1 | 2 | 3 | |
| | g. A music centre | 1 | 2 | 3 | |
| | h. A mobile telephone | 1 | 2 | 3 | |
| | i. A computer (at home) | 1 | 2 | 3 | |
| | j. Access to the Internet (at home) | 1 | 2 | 3 | |
| | k. A washing-machine | 1 | 2 | 3 | |
| | l. A refrigerator | 1 | 2 | 3 | |
| | m. A dish-washer | 1 | 2 | 3 | |
| | n. A microwave oven | 1 | 2 | 3 | |

Thank you for your co-operation!

K. FOR THE INTERVIEWER

K1. PLEASE RECORD THE DATE OF FINISHING THE FILLING IN OF THE HOUSEHOLD QUESTIONNAIRE:

DAY MONTH YEAR

K3. ... AND TIME

HOURS MINUTES

K4. WHAT IS THE NUMBER OF TIMES YOU HAVE VISITED THIS HOUSEHOLD?

K5. WHERE DID THE INTERVIEW TAKE PLACE?

1. IN THE DWELLING OF THE HOUSEHOLD
2. AT THE JOB OF A HOUSEHOLD MEMBER
3. OTHER. SPECIFY

K6. HOW MANY HOUSEHOLD MEMBERS GAVE YOU PERSONALLY THE ANSWERS TO THE QUESTIONS CONCERNING THEIR PERSON?

K7. INDICATE THE NUMBER OF THE HOUSEHOLD MEMBER, WHO GAVE YOU THE MAJORITY OF THE ANSWERS.

K8. WHICH WAS THE MOST PROBLEMATIC QUESTION?

PLEASE DESCRIBE THE PROBLEMS IN FREE WORDING

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THANK YOU!