

According to the Law of the Republic of Azerbaijan "On official statistics" confidentiality of questionnaire data is guaranteed and they will be used only in generalized form



Form No.2

Approved by the order of the State Statistical Committee of the Republic of Azerbaijan, dated 16 April 2018, No. 03/SQs

QUESTIONNAIRE

□ □	□ □	□	□ □ □ □	□ □ □	□ □ □	□
Census area No.	Instructor area No.	Enumerator area No.	Bag No.	Census form No.	Serial No. on household	Family No. which person is a member of within household
1. <input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	
Last name			First name		Patronymic	
2. Relationship to first listed person (head of household) in census form						
1. <input type="checkbox"/> First listed person		5. <input type="checkbox"/> Brother, sister		9. <input type="checkbox"/> Grandchild, great-grandchild		
2. <input type="checkbox"/> Husband, wife		6. <input type="checkbox"/> Daughter-in-law, son-in-law		10. <input type="checkbox"/> Other relative		
3. <input type="checkbox"/> Son, daughter		7. <input type="checkbox"/> Father-in-law, mother-in-law		11. <input type="checkbox"/> Non-relative		
4. <input type="checkbox"/> Father, mother		8. <input type="checkbox"/> Grandfather, grandmother				
3. Sex 1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female						
4. Date of birth day <input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> completed years of age <input type="text"/> <input type="text"/> <input type="text"/>						
5. Place of birth						
1. <input type="checkbox"/> The Republic of Azerbaijan		<input style="width:100%;" type="text"/>				
		(indicate name of administrative-territorial unit of residential area)				
2. <input type="checkbox"/> Other country		<input style="width:100%;" type="text"/>				
		(indicate name of country)				
6. Citizenship						
1. <input type="checkbox"/> Citizen of the Republic of Azerbaijan		<input style="width:100%;" type="text"/>				
2. <input type="checkbox"/> Citizen of other country		<input style="width:100%;" type="text"/>				
		(indicate name of country)				
3. <input type="checkbox"/> No citizenship		4. <input type="checkbox"/> Unknown citizenship				
7. Are you a refugee or an internally displaced person?						
1. <input type="checkbox"/> No		2. <input type="checkbox"/> Yes →		a) <input type="checkbox"/> refugee		b) <input type="checkbox"/> internally displaced person
				↓		↓
<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>			
(name of country left)			(name of administrative-territorial unit and residential area left)			
8. National (ethnic) identity <input style="width:100%;" type="text"/>						
9. Mother tongue <input style="width:100%;" type="text"/>						
9.1 What languages do you speak fluently? 1. <input type="checkbox"/> Azerbaijani 2. <input type="checkbox"/> Other →						
				1. <input style="width:100%;" type="text"/>		2. <input style="width:100%;" type="text"/>
				3. <input style="width:100%;" type="text"/>		
9.2 What language do you usually speak at home? 1. <input type="checkbox"/> Azerbaijani 2. <input type="checkbox"/> Other →						
				<input style="width:100%;" type="text"/>		
(indicate language you speak)						

10. Marital status

for all persons aged 15 years and over:

1. Married → How many years? → Is your marriage officially registered? → a) yes b) no
2. Never married 3. Divorced 4. Separated 5. Widowed

for women aged 15 years and over:

10.1 How old were you when you first married (official or unofficial)?

10.2 How many children have you given birth to?

11. Is this residential area your permanent place of residence?

1. Yes 2. No 3. No permanent place of residence

12. Since what time do you live in this residential area?

1. Since birth without intervals → Skip to Q14 2. Since year 3. After 1 October 2018

13. In the territory of which country your previous place of residence is located?

1. The Republic of Azerbaijan → → a) city (town) b) settlement c) village
(name of administrative-territorial unit) (status of residential area)
2. Other country →
(name of country)

13.1 Main reason of inland displacement/arrival to the Republic of Azerbaijan

- a) Work c) Treatment, rehabilitation e) Official or business trip g) Transit
- b) Study d) Return to previous place of residence f) Recreation and entertainment h) Other reasons
- c) Family condition e) Change of living conditions g) Visit relatives x) No reason indicated

14. Location of permanent resident, but temporary absent at the moment of census

1. Other residential area of the country
(name of administrative territorial unit of residential area)
2. Other country
(name of the country)

14.1 Reason of absence

- a) Work b) Study c) Treatment, rehabilitation e) Other reasons d) No reason indicated

14.2 Duration of absence

(number of months)

15. Educational attainment (for persons aged 10 years and over)

1. No education } → { 15.1 Can you read and write? → a) Yes b) No
2. Pre-school } → { 15.2 Can you implement simple mathematical operations (addition, subtraction, multiplication, division) → a) Yes b) No
3. General → a) primary b) basic c) secondary
4. Vocational
5. Secondary professional
6. Higher → a) bachelor b) master c) doctor

15.3 Specialty

→

15.4 Scientific degree

- a) doctor of philosophy b) doctor of science c) none

16. Are you currently studying?

1. Yes
↓

2. No

16.1 Type of educational institution and level of your education

1. Pre-school educational institution

2. General educational institution

→ a) primary education (I-IV grades)

b) basic education (V-IX grades)

c) secondary education (X-XI grades)

3. Vocational educational institution

4. Secondary professional educational institution

5. Higher educational institution, scientific institution or organization

→ a) bachelor's degree, basic medical education

b) master's degree, residency

c) doctor's degree, adjunct studies

17. Income sources

1. Paid employment

2. Self-employment

3. Own-use production of goods

4. Property and other capital investments

5. Old-age pension

6. Pension for loss of family head

7. Disability pension

8. Disability and limited health allowance

9. Other allowances

10. Student grant

11. Other grants

12. Unemployment insurance premiums

13. Targeted state social assistance

14. Use of debt funds or saving, sale of assets

15. Funds received from outside the country

16. Custody of other person or persons

17. Other

17.1 If you have several income sources, what is the main income source providing your consumption?

→

(indicate No.)

18. Whether were you engaged in a job paid in cash or in kind, or any income generating activity for at least an hour from September 24 to October 1 of this year? (for persons aged 15 years and over)

1. Yes → Skip to Q19

2. No



18.1 Whether was your non-working temporary during this period not because of absence of workplace, but due to temporary losing workability, vacation, additional education, strike, suspension of production and etc.?

a) yes → Skip to Q19

b) no



18.2 Did you work without payment at family peasant farm or family business?

a) yes → Skip to Q19

b) no



18.3 Were you engaged in own-use production of goods?

a) yes

b) no

} → Skip to Q24

19. Where your main workplace is located?

1. This residential area

2. Other residential area of the country

→

(name of administrative area unit)

→ a) city (town)

b) settlement

c) village

(status of residential area)

3. Other country

→

(name of country)

20. Which sector of economy your main job or income generating activity relates to?

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> Agriculture, forestry and fishing | 8. <input type="checkbox"/> Transportation and storage | 15. <input type="checkbox"/> Public administration and defence; Social security |
| 2. <input type="checkbox"/> Mining industry | 9. <input type="checkbox"/> Accommodation and catering | 16. <input type="checkbox"/> Education |
| 3. <input type="checkbox"/> Manufacturing industry | 10. <input type="checkbox"/> Information and communication | 17. <input type="checkbox"/> Human health and social service activities |
| 4. <input type="checkbox"/> Electricity, gas, steam production and supply | 11. <input type="checkbox"/> Financial and insurance activity | 18. <input type="checkbox"/> Arts, entertainment and recreation |
| 5. <input type="checkbox"/> Water supply, waste management and remediation | 12. <input type="checkbox"/> Real estate activities | 19. <input type="checkbox"/> Other service activities |
| 6. <input type="checkbox"/> Construction | 13. <input type="checkbox"/> Professional, scientific and technical activities | 20. <input type="checkbox"/> Activities of households; Goods and services producing activities for own use |
| 7. <input type="checkbox"/> Trade; Repair of vehicles | 14. <input type="checkbox"/> Administrative and support service activities | 21. <input type="checkbox"/> Activities of extraterritorial organizations |

21. Employment status

1. Employee (based on labour contract or verbal agreement)
- a) establishment, enterprise, organization → 1. public sector 2. non-public sector
- b) for natural person engaged in business activity without creating legal entity
2. Self-employed
- a) entrepreneur (employer) b) own-account worker c) member of production cooperative ç) non-paid worker at family peasant farm or family business
3. Other

22. Do you look for other or additional job?

1. No, I don't 2. No, I have additional job 3. Yes, I look for other job 4. Yes, I look for additional job

23. What is your occupation (position) in your main workplace or income generating activity? → skip to Q27

24. Have you looked for paid or income generating job, or tried to establish your own business during last month? 1. Yes 2. No

25. If suitable work is proposed, are you ready to start working within the next two weeks?

1. Yes → { If "Yes" Q24 → skip to Q27
If "No" Q24 → skip to Q26 } 2. No → skip to Q26

26. What is the main reason of not looking for a job (not being ready to work)?

- | | |
|--|--|
| 1. <input type="checkbox"/> Found a job (set up own business) and going to start working within the next two weeks | 6. <input type="checkbox"/> Health problems |
| 2. <input type="checkbox"/> Found a job, waiting for response | 7. <input type="checkbox"/> Full-time education |
| 3. <input type="checkbox"/> Waiting for beginning of season | 8. <input type="checkbox"/> Performing home works, taking care of children and other members of family |
| 4. <input type="checkbox"/> Don't know where and how to look for a job | 9. <input type="checkbox"/> No need or will to work |
| 5. <input type="checkbox"/> Retired, reserved | 10. <input type="checkbox"/> Other |

27. Have you health problems followed by complete loss or significant limitation of one (several) of the below indicated functions?

1. Walking 2. Seeing 3. Hearing 4. Cognition (remembering, concentrating, understanding, decision making and etc.) 5. No

28. Do you have the following determined by Medical-Social Expert Commission:

- 28.1 Disability (for persons aged 18 years and over)** → 1. No 2. 1-st group 3. 2-nd group 4. 3-rd group
- 28.2 Limited health (for children aged under 18 years)** → 1. No 2. Yes