



## HOUSING AND HOUSEHOLD QUESTIONNAIRE

At first please provide information about dwelling.

<b>E01</b>	<b>Address of the dwelling</b>
<b>MK</b>	County .....
<b>V</b>	Local government (city / rural municipality) .....
<b>A</b>	C. without municipal status / (small) town / village / c. distr.....
<b>VK</b>	Small place (e.g., gardening association) .....
<b>T</b>	Street .....
<b>TL</b>	Farm / land unit .....
<b>M</b>	House / lot no.....
<b>K</b>	Apartment no.....

QUESTIONS E02–E04 ARE FILLED IN ABOUT THE ENTIRE DWELLING, IRRESPECTIVE OF WHETHER THE HOUSEHOLD USES ENTIRE OR PART OF THAT DWELLING OR THE DWELLING IS EMPTY. FOR EXAMPLE, IF A HOUSEHOLD RENTS ONE ROOM OF AN APARTMENT, THEN ANSWER “APARTMENT...” TO QUESTION E02.

<b>E02</b> ☀ p 1	<p><b>What is the type of the dwelling?</b></p> <p>1 Apartment in an apartment building</p> <p>2 Apartment in non-residential building</p> <p>3 Private house (one-family dwelling)</p> <p>4 Apartment in a private house divided into several dwellings (e.g. in a house that was originally built as one-family dwelling)</p> <p>5 Box of the semi-detached house</p> <p>6 Box of the terraced house</p> <p>7 Room (rooms) in a hostel or in an accommodation establishment → <b>E04</b></p> <p>8 Social welfare institution providing temporary accommodation (e.g. shelter, social housing unit) → <b>E04</b></p> <p>9 Establishment, institution (e.g. children’s home, youth home, care home, custodial institution, monastery, etc.) → INSTITUTIONAL HOUSEHOLD DATA WILL BE COLLECTED</p> <p>10 Other room or a building (e.g. summer cottage not suitable for year-round living; trailer; boat; garage) → <b>E04</b></p> <p>11 Roofless (homeless) → <b>EX2</b></p> <p>12 I am a permanent resident of Estonia, but I do not have a place of residence in Estonia at the moment, as I am residing temporarily abroad (e.g. a diplomat) → <b>EX2</b></p>
<b>E03</b> ☀ p 2	<p><b>Which is the occupancy of the dwelling?</b></p> <p>1 At least one resident of Estonia is permanently living in the dwelling</p> <p>2 Only persons not subject to enumeration are living in the dwelling (e.g., foreign diplomats and their family members; foreign residents staying in Estonia for less than three months) → <b>EX2</b></p> <p>3 There are no permanent residents in the dwelling (may be temporary residents)→ <b>EX2</b></p>





**TEMPORARY RESIDENTS AND PERSONS WHO HAVE LEFT TO LIVE ABROAD (List B)**


Please state the details of temporary residents in the dwelling and/or the details of close relatives who have left Estonia.

	No. of the person	B1	B2	B3	B4
<b>A01</b>	<b>Given name</b>				
<b>A02</b>	<b>Surname</b>				
<b>A03</b>	<b>Personal identification code</b>				
<b>A04</b>	<b>Sex</b> 1 Male            2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A05</b>	<b>Date of birth</b>				
<b>A</b>	Day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>B</b>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>C</b>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>D</b>	Age as of 31 December 2011	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>AX1</b>	<b>Person's status</b> 2 Temporary resident 3 Permanently left Estonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[CONTINUE A01 UNTIL ALL PERSONS HAVE BEEN ENTERED IN THE LIST.]					
<b>EX11</b>	<b>DIRECTION TO NEXT QUESTION:</b> If lists A and B include only one person in total or both lists are empty → <b>EX12</b>				

**Next questions concern relationship between persons.**

THE NAMES OF PERSONS SHALL BE TAKEN FROM LIST A AT FIRST, THEN FROM LIST B. RELATIONSHIPS HAVE TO BE IDENTIFIED BY ROWS. AT FIRST WRITE DOWN THE RELATIONSHIP OF THE SECOND PERSON WITH RESPECT TO THE FIRST PERSON, THEN THE RELATIONSHIP OF THE THIRD PERSON WITH RESPECT TO THE FIRST PERSON AND THE SECOND PERSON, AND SO ON.

If several options are suitable for noting relationship, select the first option.

<b>EL13</b>	<b>Who is /the 2<sup>nd</sup> person/ with respect to /the 1<sup>st</sup> person/?</b>		1	2	3	4	5	6	7	8	9	10	11
 p 6	etc.	1	<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"/>
	1 Spouse	2		<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"/>
	2 Cohabitant	3			<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"/>
	3 Child (incl. adopted)	4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 Child of the spouse or cohabitant	5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5 Mother/father (incl. adoptive parent)	6						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6 Spouse or cohabitant of mother/father	7							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7 Sister/brother (incl. half-sister/half-brother or child of the parent's spouse/cohabitant)	8								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8 Grandparent (incl. spouse/cohabitant of a grandparent)	9									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9 Grandchild (incl. grandchild of the spouse/cohabitant)	10										<input type="checkbox"/>	<input type="checkbox"/>
	10 Other relative (incl. spouse's/cohabitant's relative)	11											<input type="checkbox"/>
	11 Not related	12											



