

Census 2001
10/01/2001

District Comm/Munic

Town/Village EA Building

Dwelling Household Number (0 if no households in this dwelling)

<p>BUILDING <i>Complete the building questions only for the first or only dwelling in the building</i></p> <p>1. Type of building</p> <p>Single dwelling <input type="checkbox"/> 1</p> <p>Multiple dwellings <input type="checkbox"/> 2</p> <p>Partially other purposes <input type="checkbox"/> 3</p> <p>For collective household <input type="checkbox"/> 4</p> <p>Other (specify) <input type="text"/> 5</p> <p style="text-align: center;">Stop questionnaire</p> <p>2. Building character</p> <p>Plastered with roof <input type="checkbox"/> 1</p> <p>Plastered with terrace <input type="checkbox"/> 2</p> <p>Not plastered with roof <input type="checkbox"/> 3</p> <p>Not plastered with terrace <input type="checkbox"/> 4</p>	<p>3. Main material used for construction</p> <p>Pre-fabricated <input type="checkbox"/> 1</p> <p>Bricks, stones <input type="checkbox"/> 2</p> <p>Wood <input type="checkbox"/> 3</p> <p>Other <input type="checkbox"/> 4</p> <p>4. Has building an elevator?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>5. Time of construction</p> <p>Before 1945 <input type="checkbox"/> 1</p> <p>1945-1960 <input type="checkbox"/> 2</p> <p>1961-1980 <input type="checkbox"/> 3</p> <p>1981-1990 <input type="checkbox"/> 4</p> <p>After 1990 <input type="checkbox"/> 5</p> <p>After 1990, year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>6. Number of floors, including ground floor</p> <p>1 floor <input type="checkbox"/> 1</p> <p>2 floors <input type="checkbox"/> 2</p> <p>3-5 floors <input type="checkbox"/> 3</p> <p>6-10 floors <input type="checkbox"/> 4</p> <p>More than 10 floors <input type="checkbox"/> 5</p> <p>7. Number of dwellings in the building</p> <p>1 dwelling <input type="checkbox"/> 1</p> <p>2 dwellings <input type="checkbox"/> 2</p> <p>3-4 dwellings <input type="checkbox"/> 3</p> <p>5-8 dwellings <input type="checkbox"/> 4</p> <p>9-15 dwellings <input type="checkbox"/> 5</p> <p>More than 16 dwellings <input type="checkbox"/> 6</p>
<p>DWELLING</p> <p>Address:</p> <p>Quarter -----</p> <p>Street -----</p> <p>Building No. -----</p> <p>Entrance No. -----</p> <p>Apt No. -----</p> <p>1. Households in the dwelling</p> <p><i>Is the dwelling inhabited?</i></p> <p>No <input type="checkbox"/> 2 → End of dwelling questions</p> <p>Yes <input type="checkbox"/> 1 ↓</p> <p><i>Complete the other dwelling questions only for the first or only household in the dwelling.</i></p>	<p>How many households live in this dwelling? <input type="checkbox"/></p> <p>2. Rooms (excluding kitchen, hallway, etc.)</p> <p>Total number of rooms <input type="text"/> <input type="text"/></p> <p>Work rooms only <input type="text"/> <input type="text"/></p> <p>3. Kitchen</p> <p><i>Does the dwelling have a room only for cooking?</i></p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>4. Inhabited surface</p> <p><i>What is the inhabited surface?</i></p> <p>Less than 40 m² <input type="checkbox"/> 1</p> <p>40-69 m² <input type="checkbox"/> 2</p> <p>70-99 m² <input type="checkbox"/> 3</p> <p>100-130 m² <input type="checkbox"/> 4</p> <p>More than 130 m² <input type="checkbox"/> 5</p>	<p>5. Water supply</p> <p><i>Water supply to the dwelling</i></p> <p>Inside the dwelling <input type="checkbox"/> 1</p> <p>Outside the dwelling <input type="checkbox"/> 2</p> <p>Well or water tank <input type="checkbox"/> 3</p> <p>Not supplied with water <input type="checkbox"/> 4</p> <p>6. Toilet facility</p> <p><i>Does the dwelling have:</i></p> <p>One W.C. inside <input type="checkbox"/> 1</p> <p>Two or more W.C.'s inside <input type="checkbox"/> 2</p> <p>W.C. outside, with piping <input type="checkbox"/> 3</p> <p>W C outside, no piping <input type="checkbox"/> 4</p> <p>No W.C. <input type="checkbox"/> 5</p> <p>7. Principal heating</p> <p><i>Does the dwelling have:</i></p> <p>Central heating <input type="checkbox"/> 1</p> <p>Individual heating <input type="checkbox"/> 2</p> <p>No form of heating <input type="checkbox"/> 3</p>

1 Members of the household that are present, or absent for less than 1 year

Household number

Nr	Name	Surname	Fathers name
	02	03	04
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			

Date of birth dd-mm-yyyy	Sex Male Female	Relationship with the head of household	Family nucleus	Town/Village registration office	Citizenship X = foreign
05	06	07	08	09	10
_ _ _ _ _ _ _	_ 1 2	_ _	_		_
_ _ _ _ _ _ _	_ 1 2	_ _	_		_
_ _ _ _ _ _ _	_ 1 2	_ _	_		_
_ _ _ _ _ _ _	_ 1 2	_ _	_		_
_ _ _ _ _ _ _	_ 1 2	_ _	_		_
_ _ _ _ _ _ _	_ 1 2	_ _	_		_
_ _ _ _ _ _ _	_ 1 2	_ _	_		_
_ _ _ _ _ _ _	_ 1 2	_ _	_		_
_ _ _ _ _ _ _	_ 1 2	_ _	_		_
_ _ _ _ _ _ _	_ 1 2	_ _	_		_

2 Members of the household that are absent for more than 1 year (abroad)

Nr	Name	Surname	Fathers name
	02	03	04
01			
02			
03			
04			
05			

Date of birth dd-mm-yyyy	Sex Male Female	Relationship with the head of household	Town/Village registration office	Country
05	06	07	09	10
_ _ _ _ _ _ _	_ 1 2	_ _		
_ _ _ _ _ _ _	_ 1 2	_ _		
_ _ _ _ _ _ _	_ 1 2	_ _		
_ _ _ _ _ _ _	_ 1 2	_ _		
_ _ _ _ _ _ _	_ 1 2	_ _		

3 Temporarily present persons at the time of the enumeration

Nr	Name	Surname	Fathers name
	02	03	04
01			
02			
03			
04			
05			

Date of birth dd-mm-yyyy	Sex Male Female	Relationship with the head of household	Town/Village registration office	Citizenship X = foreign
05	06	07	09	10
_ _ _ _ _ _ _	_ 1 2	_ _		_
_ _ _ _ _ _ _	_ 1 2	_ _		_
_ _ _ _ _ _ _	_ 1 2	_ _		_
_ _ _ _ _ _ _	_ 1 2	_ _		_
_ _ _ _ _ _ _	_ 1 2	_ _		_

Codes 07 - Relationship with head of household

- 01 - Head of household
- 02 - Husband or wife
- 03 - Factual partner of head (not actually married)
- 04 - Natural-born son or daughter
- 05 - Adopted/Steep son or daughter
- 06 - Father or mother
- 07 - Father-in-law or mother-in-law
- 08 - Brother or sister
- 09 - Brother-in-law or sister-in-law
- 10 - Son-in-law or daughter-in-law
- 11 - Nephew or niece
- 12 - Uncle or aunt
- 13 - Other form of relative
- 14 - No family relation

Household number

This part has to be filled in for each household living in the dwelling

1. Ownership of the dwelling

Are you:

- Owner of the dwelling 1 _____
- Renting the dwelling 2 _____
- Other 3 _____

If the answer is 2 or 3, who is the owner of your dwelling?

- Another person or family 1
- Private building enterprise 2
- Old-regime owners 3
- Public housing entity 4
- Other 5

2. Which material do you use for heating

If your household uses one of these, mark them (several options are possible)

- Wood 1
- Electricity 2
- Gas 3
- Oil, petrol, etc. 4
- Coal 5
- None 6

3. Agricultural land

Do you own agricultural land?

- No 2 _____
- Yes 1 _____

Where is that land situated?

District _____ Com/Munic _____

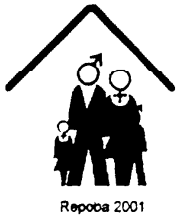
Cultivated by:

- Yourself (with household members) 1
- By others 2
- Not cultivated 3

4. Household equipment

Do you have:

- | | Yes | No |
|---------------------------|----------------------------|----------------------------|
| a. TV | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Parabolic antenna | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Refrigerator | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Washing machine | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Electric cooking stove | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Gas cooking stove | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. Microwave oven | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| h. Airconditioner | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| i. Computer | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| j. Car | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |



Individual questionnaire

IQ

District Comm/Munic Town/Village EA

Building Dwelling Household Person

First name -----

Surname -----

1. Sex

Male 1

Female 2

2. Date of birth
 Day Month Year

3. Place of birth

In Albania 1

Town/Village ----- Di

Abroad 2

Country -----

4. Where were you residing on 1 April 1989
(Only for persons born before 1 April 1989)

In Albania 1

Town/Village ----- Di

Abroad 2

Country -----

5. Where were you residing one year ago
(only for persons 1 year and above)

In Albania 1

Town/Village ----- Di

Abroad 2

Country -----

6. Place of presence at census moment

At the same place where you reside 1

Elsewhere in Albania 2

Town/Village ----- Di

Abroad 3

Country -----

If in another place or abroad, the reason for your absence.

Studies 1

Work 2

In an institutional household 3

Other/Not known 4

7. What is your marital status?

Single 1

Married 2

Widowed 3

Divorced 4

Month and year of last marriage
 Month Year

Questions 8-10 only for persons 6 years and above

8. Do you know how to write and read?

Yes 1

No 2

9. How many year of school have you successfully completed?

10. What is the highest diploma obtained?

No diploma 1

4 years school (elementary) 2

8 years school (lower secondary) 3

Upper secondary - Vocational (2 years) 4

Upper secondary General (4 years) 5

Upper secondary Technical (4 years) 6

University 7

Post-University 8

If you have a university degree, specify it

Only for women 15 years and over

11. Number of children

How many children have you born?

(including those no longer living)

How many of them are still alive?

Only for persons 15 years old and above

12. What is your present economic status?

- Employed 1
- Unemployed
 - Unemployed, looking for a new job 2
 - Unemployed, looking for the first job 3
- Housekeeper 4
- Student 5
- Retired 6
- In compulsory military service 7
- Not employed, not looking for a job 8
- Other inactive (handicapped, etc.) 9

13. Whatever the answer given above in question 12: how many hours (in paid employment) did you work last week?

14. Means of transportation you use most to travel to work or school

- Bus 1
- Minibus 2
- Car 3
- Motorcycle 4
- Bicycle 5
- By foot 6
- Other 7

Questions 15-22 to be answered only by employed persons (Q12=1)

15. What is your status in employment:

- Employee 1
- Employer 2
- Own account worker 3
- Contributing family worker 4

16. Branch of industry of place of work

Name and place of work

District

Commune/Municipality

Describe in detail the economic activity at your place of work

NACE

17. Type of your place of work

- Fixed premises outside home 1
- Home (not a farm) 2
- Farm 3
- Not a fixed place of work 4

18. Occupation: give the title and description of your job

Title -----

Description -----

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19. Do you have a:

- Permanent job 1
- Temporary job 2
- Occasional job 3
- Seasonal job 4

20. How many hours do you usually work in a week?

21. How often do you return to your permanent residence?

- Each day 1
- Not each day, but at least weekly 2
- Less than once a week 3

22. Do you have another job, apart from the one you described above?

- Yes 1
- No 2

If yes, write title and job description:

Title -----

Description -----

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