



**POPULATION  
AND HOUSING CENSUS  
2000 IN LATVIA**

***CENTRAL STATISTICAL BUREAU GUARRANTEES,  
that the individual data presented by yourself will  
remain confidential according to the Official Statistics  
Law. Information will be published in the summary  
statistical tables only.***

+

**HOUSEHOLD'S QUESTIONNAIRE**

0000001

+

ATK code  Street/house name

House No  Corp. No  Flat No  Not to read this sheet!

**List of members of the household**

Col. 1	No of family	No of mother in the column 1	No of spouse in the column 1	PIN/ Surname, given name
	2	3	4	5

1.

2.

3.

4.      +

5.

6.

7.

8.

9.

10.

+

+

+

## Questions about dwelling

+

### 1. Type of living quarters:

- |                                                    |                                                  |                                                    |
|----------------------------------------------------|--------------------------------------------------|----------------------------------------------------|
| 1. <input type="checkbox"/> one family house       | 4. <input type="checkbox"/> shared (common) flat | 6. <input type="checkbox"/> room rented from owner |
| 2. <input type="checkbox"/> part of a family house | 5. <input type="checkbox"/> room in the hostel   | 7. <input type="checkbox"/> other type of quarters |
| 3. <input type="checkbox"/> separate flat          |                                                  |                                                    |

The following questions, please, answer, if in the question No 1 you marked answers 1 - 5

### 2. Type of ownership of your living quarters (housing unit):

- |                                                                 |                                                                    |
|-----------------------------------------------------------------|--------------------------------------------------------------------|
| 1. <input type="checkbox"/> owner-occupied housing unit         | 4. <input type="checkbox"/> co-operative association of the owners |
| 2. <input type="checkbox"/> in private ownership of other owner | 5. <input type="checkbox"/> other type of ownership                |
| 3. <input type="checkbox"/> owned by municipality or company    |                                                                    |

### 3. Number of rooms occupied by household:

### 4. Floor space

1. useful floor space m<sup>2</sup>

2. living floor space, m<sup>2</sup>


### 5. Public utilities:

- |                                         |                                                   |                                                         |                                          |
|-----------------------------------------|---------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| 1. <input type="checkbox"/> kitchen     | 4. <input type="checkbox"/> water supply inside   | 7. <input type="checkbox"/> water supply outside        | 10. <input type="checkbox"/> bath/shower |
| 2. <input type="checkbox"/> electricity | 5. <input type="checkbox"/> sewerage              | 8. <input type="checkbox"/> toilet outside housing unit | 11. <input type="checkbox"/> bath-house  |
| 3. <input type="checkbox"/> gas         | 6. <input type="checkbox"/> toilet inside housing | 9. <input type="checkbox"/> hot water supply            |                                          |

### 6. Type of heating:

- |                                             |                                   |                                   |
|---------------------------------------------|-----------------------------------|-----------------------------------|
| 1. <input type="checkbox"/> central heating | 2. <input type="checkbox"/> stove | 3. <input type="checkbox"/> other |
|---------------------------------------------|-----------------------------------|-----------------------------------|

### 7. Period of construction of building (years):

+

- |                                         |                                         |                                            |
|-----------------------------------------|-----------------------------------------|--------------------------------------------|
| 1. <input type="checkbox"/> before 1919 | 4. <input type="checkbox"/> 1961 - 1970 | 7. <input type="checkbox"/> 1986 - 1990    |
| 2. <input type="checkbox"/> 1919 - 1945 | 5. <input type="checkbox"/> 1971 - 1980 | 8. <input type="checkbox"/> 1991 - 1995    |
| 3. <input type="checkbox"/> 1946 - 1960 | 6. <input type="checkbox"/> 1981 - 1985 | 9. <input type="checkbox"/> 1996 and later |

### 8. Type of building:

- |                                                |                                                    |                                                        |
|------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|
| 1. <input type="checkbox"/> one-dwelling house | 3. <input type="checkbox"/> 3 - 9 dwelling house   | 6. <input type="checkbox"/> 30 - 49 dwelling house     |
| 2. <input type="checkbox"/> two-dwelling house | 4. <input type="checkbox"/> 10 - 19 dwelling house | 7. <input type="checkbox"/> 50 and more dwelling house |
|                                                | 5. <input type="checkbox"/> 20 - 29 dwelling house |                                                        |

### 9. Materials of outer walls:

- |                                          |                                                      |                                            |
|------------------------------------------|------------------------------------------------------|--------------------------------------------|
| 1. <input type="checkbox"/> brick, stone | 2. <input type="checkbox"/> concrete, blocks, panels | 4. <input type="checkbox"/> mixed material |
|                                          | 3. <input type="checkbox"/> wood                     | 5. <input type="checkbox"/> other material |

+

+



**POPULATION  
AND HOUSING CENSUS  
2000 IN LATVIA**

**CENTRAL STATISTICAL BUREAU GUARANTEES,  
that the individual data presented by yourself will  
remain confidential according to the Official Statistics  
Law. Information will be published in the summary  
statistical tables only.**



**PERSON'S QUESTIONNAIRE**

PIN

Not to read this sheet!



(have to be filled-in for every person aged 7  
years or more)



Surname, name

**1. Relationship to reference person (head of household) of private household:**

- |                                                                              |                                                                                       |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> reference person (head of household)             | 6. <input type="checkbox"/> daughter or son-in-law of head of household               |
| 2. <input type="checkbox"/> spouse of head of household                      | 7. <input type="checkbox"/> grandchild of head of household                           |
| 3. <input type="checkbox"/> partner of head of household in consensual union | 8. <input type="checkbox"/> mother or father of head of household or her (his) spouse |
| 4. <input type="checkbox"/> son, daughter                                    | 9. <input type="checkbox"/> other relative                                            |
| 5. <input type="checkbox"/> brother, sister of head of household             | 10. <input type="checkbox"/> not relative                                             |

**2. Place of residence one year before the Census day (as of 31 March 1999)?**

1.  the same dwelling      2.  in the same municipality      3.  other municipality

If marked with X answer No 3 "other", please write in below your previous place of residence (state or municipality) →

**3. Ethnic nationality:**

1.  Latvian      2.  Russian      3.  Belarussian

4. other (write in what) →

**4. Your mother tongue:**

1.  Latvian      2.  Russian      3.  Belarussian

4. other (write in what) →

**5. Command of other languages except mother tongue:**

1.  Latvian      2.  Russian

3.  Belarussian      4.  English      5.  German  
6.  French      7.  other (write in what) →

**6. Main source of livelihood (please, write in one or two figures corresponding your main source of livelihood)**

- |                                            |                                           |                          |                                      |
|--------------------------------------------|-------------------------------------------|--------------------------|--------------------------------------|
| 1. economic activity                       | 5. loans, reduction of savings            | <input type="checkbox"/> | The first main source of livelihood  |
| 2. pension                                 | 6. maintenance of other persons or bodies | <input type="checkbox"/> | The second main source of livelihood |
| 3. benefits and other financial assistance | 7. other source of livelihood             | <input type="checkbox"/> |                                      |
| 4. income from property and investments    |                                           |                          |                                      |

No of Household's questionnaire

Continuation on the opposite ↓



7. Number of children born alive:

8. Educational attainment: (to be answered by every person aged 7 years or more)

- |                                                              |                                                              |                                                 |
|--------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------|
| 1. <input type="checkbox"/> higher                           | 4. <input type="checkbox"/> secondary, 1 <sup>st</sup> stage | 7. <input type="checkbox"/> no formal education |
| 2. <input type="checkbox"/> secondary specialised            | 5. <input type="checkbox"/> primary                          | 8. <input type="checkbox"/> illiterate          |
| 3. <input type="checkbox"/> secondary, 2 <sup>nd</sup> stage | 6. <input type="checkbox"/> less than 4 grades               |                                                 |

9. Name of educational institution, that gave the level of education marked in quest. 8

10. Your status in employment:

- |                                                         |                                           |
|---------------------------------------------------------|-------------------------------------------|
| 1. <input type="checkbox"/> employee                    | <b>Population not economically active</b> |
| 2. <input type="checkbox"/> employer                    |                                           |
| 3. <input type="checkbox"/> own - account worker        |                                           |
| 4. <input type="checkbox"/> contributing family worker  |                                           |
| 5. <input type="checkbox"/> unemployed                  |                                           |
| 6. <input type="checkbox"/> conscript                   |                                           |
| 7. <input type="checkbox"/> pension or income recipient |                                           |
| 8. <input type="checkbox"/> student                     |                                           |
| 9. <input type="checkbox"/> homemaker                   |                                           |
| 10. <input type="checkbox"/> other status               |                                           |

Questions 11-14 have to be asked for persons aged 15 or more about the week from 20 to 26 March 2000, that on q. 10 gave answers 1 - 4

11. Did you work this week?

1.  yes, full time      2.  yes, long part time      3.  yes, short part time

12. Your employer:

1. name and →  
address

2. main kind of activity: →

13. Your occupation in the above enterprise: →

14. Location of your enterprise:

1.  in the fixed place outside my dwelling  
2.  in the dwelling where I live  
3.  without fixed place (address)