



QUESTIONNAIRE

“Census data regarding a resident and his dwelling shall be confidential and may only be used to obtain aggregated data.”

Republic of Lithuania, Law on the Population
and Housing Census 2001, Article 7

Example of marking

A A B C D E F G H I J Y V K L M N R Š Ū 1 2 3 4 5 6 7 8 9 0 ✕

Municipality
code

Census
district's No.

Supervisor's
area No.

Enumeration's
area No.

Address

municipa-
lity

town/city

seniūnija
(local admini-
stration unit)

rural
settlement

street

house No.

flat No.

for those usually residing at their cottage

land plot No.

the name
of the land
plot partner-
ship

Indicate the name of the owner • *in villages, if street names and numbers of houses are not indicated*
• *of cottage or dwelling in the territory of a land plot partnership, if used as the place of usual residence*

name

surname



homeless person

number of persons
in the dwelling

male

female

number temporarily
present persons

answered by usual resident

Type of institution

- welfare institution
care homes, lodging houses, etc.
- health care institution
- religious institution
monastery, seminary, etc.
- military institution
barracks, etc.
- educational institution
boarding school, etc.
- other
prison, etc.

For persons staying in the institution do not fill data on building, dwelling and household

Data on building

1. Period of construction

- before 1919 1971 - 1980
- 1919 - 1945 1981 - 1990
- 1946 - 1960 1991 - 2001
- 1961 - 1970

2. Type of building

- dwelling in residential building
- dwelling in non-residential building

3. Construction materials of the outer walls

- brick, stone, block
- large-block
- monolith
- wood
- various materials
- other

Data on dwelling

4. Type of housing

- individual house
- part of the house
- separate apartment (flat)
- hostel
- hotel etc.
- other living quarters

5. Type of ownership

- private
natural person
- private
legal person
- state, municipality
- other

6. Useful floor space

 m²

7. Number of rooms

8. Kitchen yes no

9. Conveniences

- piped water yes no
- sewerage yes no
- hot water yes no
- bath/shower yes no
- flush toilet yes no
- electricity yes no
- gas or electric cooker yes no
- kitchen-range (oven) yes no
- telephone yes no

10. Type of heating

- central heating
available from a central heating centre
- central heating
available from a local source
- electric heating
- gas heating
- solid fuel
- liquid fuel
- stove, fire-place
- other
- no heating at all

11. Use of dwelling

- occupied
- reserved for seasonal or secondary use
- vacant

continued main questionnaire No.

List of residents of the dwelling by households

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

| Name, surname | Person's No. of order | Household No. | Relationship to the reference person in household* | Person's No. of order | | | Temporarily absent | Temporarily present | No. of questionnaire "Data on person" |
|---------------|-----------------------|----------------------|--|--------------------------|----------------------|----------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| | | | | husband/wife, cohabitant | mother | father | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text"/> |

*** codes**

1 - reference person
2 - husband/wife
3 - cohabitant

4 - son/daughter of reference person, or of his/her spouse/partner

5 - father/mother
6 - father-in-law/mother-in-law
7 - brother/sister
8 - son-in-law/daughter-in-law

9 - grandparent
10 - grandchild
11 - other relative
12 - non relative

Data on person

26. Marital status

to be asked of person 15 years of age and over

single (never married)

married

re-married

divorced

widowed

years of the 1st marriage

27. Have you delivered a child?

to be asked of woman 15 years of age and over

yes

Year of your first child delivery

Number of live born children

no

28. Is a group of disablement established?

yes → which one

no → 29 question

Cause of disability

congenital

illness or trauma

work-related

Kind of disability

mobility internal organs

hearing mental

sight/vision (eyes) other

29. Educational attainment

to be asked of person 10 years of age and over; to mark the highest level of education

higher

college - type school

technicum

professional secondary

secondary

professional basic

basic

primary

not finished primary

literate (no schooling)

illiterate

30. Do you attend school at present?

to be asked of person 5 years of age and over

yes → 31 question

no → 32 question

31. Type of current educational institution

higher

college - type school

vocational

general education

32. Do you belong to any religious community?

yes

no

not indicated, cannot answer

33. Which religion confession would you attach yourself to?

Roman Catholic

Ortodox Believer

Old Believer

Evangelic Lutheran

Evangelic Reformer

Moslem

Judaist

Greek Catcholic

Karaite

other



not any

Data on person

34. Sources of your income

in the last 12 months

indicate no more than 3 sources according to size of sources; mark only in numbers 1 2 3

- salary or wage
- income from business
- income from farming
- income from property or investments
- pension
- benefit
- grant
- state supported
- supported by family and/or other persons
- other

35 - 45 questions to be asked of person 15 years of age and over about work in the last week before census (March 26 - April 1)

35. Are you employed?

yes → 38 question

no → 36 question

36. Are you unemployed?

yes → *Have you registered at labour exchange office?*

yes

no

Finish interview for unemployed

no → 37 question

37. Which of the following unemployed are you?

- pupil, student
- pensioner, retired
- housewife (homemaker)
- other

*38 - 45 questions to be asked of employed,
38 - 44 questions - in the main workplace*

38. Which of the following employed are you?

- employee
- employer
- own - account worker
- family worker
- member of producer's cooperative

conscript

other

39. Location of your workplace
town, village, individual farm

- in the same place as usual residence
- not in the same place where person lives

abroad



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

indicate the country

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



40. Place of work

a fixed place of work outside the home

at home, at household farm

no fixed place of work

41. Workplace

subsidiary

Name

Address

municipality

town/city

rural settlement

street

house No.

flat No. if workplace is registered in the flat

42. Describe the main economic activity of the workplace (business)

43. What is your occupation, work performed or position?

44. Give a short description of your job

45. Do you work at another workplace?

yes

no





The address of usual residence of temporarily present person

main questionnaire
No.

Name _____

Person's order No.

Surname _____

municipality

town/city

seniūnija
(local adminis-
tration unit)

rural settlement

street

house No.

flat No.

*for those usually residing
at their cottage*

land plot No.

the name of
the land plot
partnership

Indicate the name of the owner

- *in villages, if street names and numbers of houses are not indicated*
- *of cottage or dwelling in the territory of a land plot partnership, if used as the place of usual residence*

name

surname

Additional
questionnaire No.

