

14th CENSUS  
OF POPULATION  
ANNEX CENSUS OF HOUSING

NETHERLANDS CENTRAL  
BUREAU OF STATISTICS

**cbs**

QUESTIONNAIRE A

FOR A  
HEAD OF A  
HOUSEHOLD

THE DATA TO BE FILLED IN ON THIS COVER PAGE WILL BE USED FOR CONTROL  
AND CORRECTION OF THE MUNICIPAL POPULATION REGISTER

THE DATA TO BE FILLED IN ON PAGE 1 AND SUBSEQUENT PAGES WILL BE USED BY  
THE CENTRAL BUREAU OF STATISTICS FOR STATISTICAL PURPOSES ONLY

FAMILY NAME : \_\_\_\_\_

*B. For married and formerly married women please fill in maiden name as well*

INITIALS : \_\_\_\_\_

SEX (M OR F) : \_\_\_\_\_

DATE AND YEAR  
OF BIRTH : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

MUNICIPALITY : \_\_\_\_\_

0	1	2	3	4	5	6	7	8	9
000	111	222	333	444	555	666	777	888	999



SUB-DIVISION	<input type="text"/>
MUNICIP.	<input type="text"/>
E.D.	<input type="text"/>
E ACC.	<input type="text"/>
SERIAL NUMBER	<input type="text"/>
2 <sup>nd</sup> HH	<input type="text"/>

**QUESTIONS TO BE ANSWERED FOR EVERYBODY**

1 SEX  MALE  FEMALE

2 IS HE/SHE SINGLE  MAR-RIED  LEGIT-IMATELY SEPARA-TED  DIVOR-CEDED  WIDOW-ED

3a MONTH OF BIRTH  
 JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT   
 NOV  DEC

b YEAR OF BIRTH(FIRST THREE DIGITS) .  186  187  188  189   
 190  191  192  193  194  195  196  197

c YEAR OF BIRTH (LAST DIGIT)  
 0  1  2  3  4  5  6  7  8  9

4a WAS HE/SHE BORN IN THE PRESENT MUNICIPALITY OF RESIDENCE?  
 YES  NO

b WHEN DID HE/SHE TAKE RESIDENCE IN THE PRESENT MUNICIPALITY OF RESIDENCE FOR THE LAST TIME?  
 AT BIRTH  BE-FORE 1930  1930  1939  1940  1944  1945  1949  1950  1954  1955  1959  1960  1964  1965  1969  AF-TER 1969

5 IF NOT BORN IN THE PRESENT MUNICIPALITY OF RESIDENCE, IN WHAT PROVINCE WAS HE/SHE BORN?  
 GR  FR  DR  OV  GLD  UTR  N-H  Z-H  ZLD  N-B  L   
 IF BORN ABROAD PLEASE TURN TO QUESTION 5 AT THE BACK OF THIS PAGE

COUNTRY OF BIRTH  0  1  2  3  4  5  6  7  8  9

1

Y X 0 1 2 3 4 5 6 7 8 9

**N.B. THE FOLLOWING QUESTION IS TO BE ANSWERED ONLY IF NONE OF THE ANSWERS  
PREPRINTED IN QUESTION 5 AT THE FRONT OF THIS PAGE IS APPLICABLE**

5. WHAT COUNTRY AND WHAT MUNICIPALITY WAS HE/SHE BORN IN?

*As country of birth should be regarded the country in which the municipality of birth is situated  
presently*

MUNICIPALITY OF BIRTH :



COUNTRY OF BIRTH :

6a IS HE/SHE ENGAGED IN ECONOMIC ACTIVITY? YES  NO

b IF NOT, IS HE/SHE

HOMEMAKER IN OWN HOUSEHOLD OR IN THAT OF OWN PARENTS	PENSION- NED, LIVING FROM INTEREST	PUPIL OR STU- DENT	UNEM- PLOYED, LOOKING FOR JOB	NO JOB FOR OTHER REA- SONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7a IS HE/SHE E.G. BY ILLNESS, ACCIDENT, AGE, CONGENIAL DEFECT OR THE LIKE, DEPENDENT ON

HUMAN AID  SPECIAL EXPEDIENCIES

b IF SO, CONCERNS THIS AID OR EXPEDIENCY

PERSONAL CARE	HOME- DUTIES	DUTIES OR TRANSFER OUTSIDE THE HOME
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c DOES THIS IMPLY CONTINUOUS CONFINEMENT TO BED? YES  NO

8 IS HE/SHE HEAD OF A MULTIPERSON HOUSEHOLD  SPOUSE OF THE HEAD  NEVER MARRIED CHILD OF THE HEAD  HAVING A ONE-PERSON HOUSEHOLD (LIVING ALONE)

IF HE/SHE HAS AN OTHER RELATION TO THE HEAD OF THE HOUSEHOLD, PLEASE TURN TO QUESTION 8 AT THE BACK OF THIS PAGE →

9 WHAT IS THE RELIGIOUS DENOMINATION HE/SHE BELONGS TO?

DUTCH REF.	ROMAN CATH.	REF. CHURCHES	REF. CHURCHES (FREE)	NONE
<input type="checkbox"/>				

IF BELONGING TO ANOTHER DENOMINATION (OR HUMANIST) PLEASE TURN TO QUESTION 9 AT THE BACK OF THIS PAGE →

10 WHAT IS HIS/HER NATIONALITY?

DUTCH	BEL- GIAN	GER- MAN	ITA- LIAN	NONE (STATELESS)
<input type="checkbox"/>				

IF HE/SHE HAS AN OTHER NATIONALITY PLEASE TURN TO QUESTION 10 AT THE BACK OF THIS PAGE →

REL

HEAD  0  1  2  3  4  5  6  7  8  9

REL

DATA  0  1  2  3  4  5  6  7  8  9

NATIO

NATIO  0  1  2  3  4  5  6  7  8  9

2

Y X 0 1 2 3 4 5 6 7 8 9

**N.B. EACH OF THE FOLLOWING QUESTIONS IS TO BE ANSWERED ONLY IF NONE OF THE PREPRINTED ANSWERS TO THE CORRESPONDING QUESTION AT THE FRONT OF THIS PAGE IS APPLICABLE**

8a	<b>DESCRIBE THE RELATION TO THE HEAD OF THE HOUSEHOLD, TO WHICH HE/SHE BELONGS</b>
	<i>Fill in e.g. father, son in law, grand-daughter, servant living with the household, aunt, friend, boarder or the like</i>
<hr/>	
b	<b>IS HE/SHE LIVING TOGETHER WITH NEVER-MARRIED OWN AND/OR STEPCHILDREN?</b>
	YES                      NO <input type="checkbox"/> <input type="checkbox"/>
<hr/>	
c	<b>IF MARRIED: DOES HE/SHE LIVE TOGETHER WITH SPOUSE/HUSBAND?</b>
	YES                      NO <input type="checkbox"/> <input type="checkbox"/>
<hr/>	
d	<b>IF SINGLE: DOES HE/SHE LIVE TOGETHER WITH OWN FATHER AND/OR MOTHER (STEPFATHER AND/OR MOTHER)?</b>
	YES                      NO <input type="checkbox"/> <input type="checkbox"/>
<hr/>	
9	<b>DESCRIBE THE RELIGIOUS DENOMINATION TO WHICH HE/SHE BELONGS ACCURATELY?</b>
	<i>See detached explanatory notes</i>
<hr/>	
10	<b>DESCRIBE HIS/HER NATIONALITY ACCURATELY</b>
	<i>If more than one nationality, please fill in all nationalities concerned</i>
<hr/>	

11 WHAT HAS BEEN HIS/HER MAIN SOURCE OF LEVEL INCOME IN 1970?

INCOME ECONOMIC ACTIVITY	FROM PROPERTY OR OTHER INVESTM.	PENSION (OF ANY KIND)	BENEFIT OR ASSISTANCE	SUPPORT BY HUSBAND, PARENTS OR THE LIKE ALIMONY
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12 IF DRAWING A STATE PENSION HAS HE/SHE ON TOP OF THAT ADDITIONAL STATE AID

INCOME FROM OTHER SOURCE(S)	NO OTHER INCOME
<input type="radio"/>	<input type="radio"/>

13 IN WHAT CLASS IS HIS/HER PRESENT OWN TOTAL GROSS INCOME TO BE CLASSIFIED?

CLASS *See explanatory notes*

A	B	C	D	E	HAS NO INCOME OF HIS/HER OWN, NO PENSION, NO BENEFIT OR THE LIKE
<input type="radio"/>					

**QUESTIONS TO BE ANSWERED FOR MARRIED AND FORMERLY MARRIED WOMEN ONLY**

HOW MANY BABIES HAS SHE EVER HAD, NOT COUNTING STILLBIRTHS? (include deceased/ live-born children)

0	1	2	3	4	5	6	7	8	9
<input type="radio"/>									
10	11	12	13	14	15	16	17	18+	
<input type="radio"/>									

IF PRESENTLY MARRIED

2a HOW MANY OF THESE BABIES WERE BORN FROM HER PRESENT MARRIAGE?

0	1	2	3	4	5	6	7	8	9
<input type="radio"/>									
10	11	12	13	14	15	16	17	18+	
<input type="radio"/>									

b DO ALL OF LAST-MEANT CHILDREN STILL LIVE WITH HER IN THE SAME HOUSEHOLD?

YES	NO
<input type="radio"/>	<input type="radio"/>

c WHEN DID SHE GET MARRIED (FOR THE LAST TIME)?

- MONTH OF MARRIAGE
 

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
<input type="radio"/>									
NOV	DEC								
<input type="radio"/>	<input type="radio"/>								
- YEAR OF MARRIAGE (FIRST THREE DIGITS)
 

188	189	190	191	192	193	194	195	196	197
<input type="radio"/>									
- YEAR OF MARRIAGE (LAST DIGIT)
 

0	1	2	3	4	5	6	7	8	9
<input type="radio"/>									

d FORMERLY MARRIED?

	HERSELF		HER HUSBAND	
	YES	NO	YES	NO
<input type="radio"/>				

3

Y X 0 1 2 3 4 5 6 7 8 9

**QUESTIONS TO BE ANSWERED FOR PERSONS OF 12 YEARS AND OLDER ONLY**

1a DOES HE/SHE STILL ATTEND SCHOOL FULL-TIME?  
*Also for students please fill in "yes"*

YES  NO

b IF YES, WHAT TYPE OF SCHOOL DOES HE/SHE ATTEND?

- TYPE OF EDUCATION
- DEPARTMENT OR SUBJECT
- CLASS OR GRADE

c IF HE/SHE DOES NOT ATTEND SCHOOL FULL-TIME (ANYMORE) HAS HE/SHE AFTER PRIMARY SCHOOL ATTENDED ANY OTHER SCHOOL FOR LONGER THAN ONE YEAR?

YES  NO

IF QUESTION 1c IS ANSWERED WITH "YES," PLEASE ANSWER IN ANY CASE FULLY THE FOLLOWING QUESTIONS 2 AND 3

2a HAS HE/SHE ATTENDED JUNIOR SECONDARY SCHOOL, SECONDARY GRAMMAR SCHOOL OR JUNIOR SEMINARY

YES  NO

b IF SO, DID HE/SHE SUCCESSFULLY PASS THE THIRD YEAR OF STUDY?

YES  NO

c WHICH OF THE FOLLOWING CERTIFICATES IS HE/SHE HOLDING?

JUNIOR SECOND. SCHOOL	MODERN GRAMMAR SCHOOL	COMMER. CIAL SCHOOL	SENIOR SECOND. SCHOOL	MODERN GRAMMAR SCHOOL	GRAMMAR SCHOOL
A	B	3 YEARS'		5/6 YEARS'	A B
<input type="radio"/>					

3a DID HE/SHE UNDERTAKE ANY OTHER STUDIES HAVING A DURATION OF AT LEAST ONE YEAR?

YES  NO

b IF YES PLEASE PROCEED WITH QUESTION 4 AT THE BACK OF THIS PAGE

SA	<input type="radio"/>										
AD	0	1	2	3	4	5	0	1	2	3	4
D	EN	<input type="radio"/>									
	0	0	1	2	3	4	0	1	2	3	4
	1	0	1	2	3	4	0	1	2	3	4
	2	<input type="radio"/>									
	3	0	1	2	3	4	0	1	2	3	4
4	0	1	2	3	4	0	1	2	3	4	

**4A**

Y X 0 1 2 3 4 5 6 7 8 9

4 WHICH OF THE FOLLOWING STUDIES DID HE/SHE FOLLOW?  
*N.B. PLEASE ADD STUDIES FOLLOWED, WHICH ARE NOT MENTIONED*

STUDIES FOLLOWED	FILL IN THESE COLUMNS ONLY WHEN STUDY IS FOLLOWED	
	DEPARTMENT OR SUBJECT	CERTIFICATE OBTAINED
JUNIOR TECHNICAL SCHOOL		YES <input type="checkbox"/> NO <input type="checkbox"/>
APPRENTICE SHIP-SCHEME		YES <input type="checkbox"/> NO <input type="checkbox"/>
TECHNICAL EVENING CLASSES		YES <input type="checkbox"/> NO <input type="checkbox"/>
DOMESTIC SCIENCE SCHOOL		YES <input type="checkbox"/> NO <input type="checkbox"/>
COMMERCIAL EVENING SCHOOL		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>

5a HAS HE/SHE ATTENDED A TRAINING COLLEGE FOR TEACHERS? YES  NO

b IF YES, WHICH TYPE? CERTIFICATE OBTAINED

NURSERY SCHOOL TEACHER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PRIMARY SCHOOL TEACHER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PRIM.SCH.HEAD-TEACHER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PRIM.SCH.SPECIAL SUBJECT TEACHER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
VOCATIONAL SCHOOL TEACHER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SECONDARY SCHOOL TEACHER	YES <input type="checkbox"/>	NO <input type="checkbox"/>

c PLEASE DESCRIBE BELOW SECONDARY SCHOOL TEACHERS' CERTIFICATES HELD

6a HAS HE/SHE STUDIED AT A UNIVERSITY? YES  NO

b IF YES, AT WHAT UNIVERSITY

c DEPARTMENT AND PRINCIPAL SUBJECT

d EXAMINATIONS PASSED

INTERMEDIATE	FINAL	THESIS SUBMITTED
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

4B

	<del>/</del>									
	<del>/</del>									
CCC	<del>/</del>									
	<del>/</del>									
	<del>/</del>									
IND	<del>/</del>									
	<del>/</del>									
	<del>/</del>									
P.U.	<del>/</del>									
WA	<del>/</del>									
	<del>/</del>									
WM	<del>/</del>									
	<del>/</del>									
	<del>/</del>									

**QUESTIONS TO BE ANSWERED FOR ECONOMICALLY ACTIVE PERSONS ONLY (IF LOOKING FOR A JOB OR ON LAY OFF FROM A JOB, TURN TO PAGE 7)**

1a IN WHAT KIND OF OCCUPATION/FUNCTION IS HE/SHE ACTIVE?  
(See explanatory notes)

b PLEASE DESCRIBE THE ACTIVITIES, PERFORMED IN THIS OCCUPATION/FUNCTION

2 IS HE/SHE ACTIVE IN THIS OCCUPATION/FUNCTION AS

EMPLOYEE  
FOR  
SALARY,  
WAGES OR  
COMMISSIONS

SELF-  
EMPLOYED  
PERSON  
IN  
OWN  
BUSINESS

WORKING IN  
FAMILY BUSINESS\*  
OR  
FARM  
(e.g. as spouse,  
child, brother)

IF HE/SHE IS SELF-EMPLOYED IN HIS/HER OWN BUSINESS OR IS EMPLOYED AS MANAGING OR SUPERVISING EMPLOYEE:

3a HOW MANY PAID WORKERS DOES HE/SHE EMPLOY?

OR

HOW MANY WORKERS DOES HE/SHE (DIRECTLY AND/OR INDIRECTLY) MANAGE OR SUPERVISE?

0

1-4

5-9

10-19

20-49

50+

N.B. PROCEED WITH QUESTION 3b AT THE BACK OF THIS PAGE

5A

Y X 0 1 2 3 4 5 6 7 8 9

3b WHAT KIND OF MANAGING OR SUPERVISING FUNCTION IS HE/SHE ACTIVE IN?

*Fill in e.g. general manager, production-, financial-, research manager, head of personnel department, foreman, supervisor or the like*

4 IF HE/SHE IS SELF-EMPLOYED IN HIS/HER OWN BUSINESS AND APART FROM MANAGING OR SUPERVISING IT, IS ASSISTING IN ITS BASIC ACTIVITY, IN WHAT KIND OF ACTIVITY IS HE/SHE ACTIVE?

5a FOR WHOM DOES HE/SHE WORK?

*(Please fill in name of company, business, organisation or other employer)*

b WHAT KIND OF INDUSTRY, BUSINESS, PROFESSIONAL PRACTICE, SCHOOL OR OTHER INSTITUTION IS THIS?

*(Fill in e.g. factory of steel windows, accountant's office, grocery, doctor's practice, primary school, secretariat of municipality, home for elderly people or the like)*

c WHAT DEPARTMENT (BRANCHE) DOES HE/SHE WORK IN?

d IS THE INDUSTRY OR INSTITUTION HE/SHE WORKS FOR OWNED BY THE GOVERNMENT, A PROVINCE OR MUNICIPALITY, AN ECCLESIASTICAL ORGANISATION, A CORPORATION, A PRIVATE PERSON OR THE LIKE?

*(Please fill in what is applicable)*

6 WHAT IS THE ADDRESS WHERE HE/SHE IS EMPLOYED OR WHERE HE/SHE REPORTS DAILY BEFORE OR AFTER THE WORK?

*If having no fixed working- or reporting address please give address of employer*

STREET : \_\_\_\_\_ NR \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_  
*If working abroad please state name of country below*

COUNTRY : \_\_\_\_\_

5B

7 IS THE ADDRESS GIVEN IN QUESTION 6 HIS/HER

FIXED WORKING ADDRESS	FIXED REPORTING ADDRESS <i>(i.e. the address where he/she reports daily before or after the work)</i>	HE/SHE HAS NO FIXED WORKING - OR REPORTING ADDRESS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF HE/SHE HAS A FIXED WORKING-ADDRESS OR A FIXED REPORTING ADDRESS:

8a WHAT TIME DOES HE/SHE USUALLY NEED TO COVER THE WAY THERE?

HE/SHE WORKS AT HOME	LESS THAN 15 MIN	15 MIN.	30 MIN.	45 MIN.	60 MIN.	90 MIN.	2 HOURS OR MORE
<input type="checkbox"/>							

b WHAT MEANS OF CONVEYANCE DOES HE/SHE GENERALLY USE TO COVER THE GREATER PART OF THE DISTANCE?

BI-CYCLE	MOTORISED BIKE	MOTOR-CYCLE SCOOTER	TRAIN	TRAMWAY SUBWAY
<input type="checkbox"/>				

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MOTORBUS		PRIVATE CAR OR CAR PROVIDED FOR BY EMPLOYER	
PUBLIC-LINE	PROVIDED FOR BY EMPLOYER	AS DRIVER	AS PASSENGER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

OTHER MEANS OF CONVEYANCE	NO MEANS OF CONVEYANCE
<input type="checkbox"/>	<input type="checkbox"/>

c DOES HE/SHE GO USUALLY TO AND FROM HIS/HER WORKING- OR REPORTING- ADDRESS AT LEAST FOUR DAYS A WEEK?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

9 WHERE DOES HE/SHE EXERCISE HIS/HER OCCUPATION MAINLY?

IN THE MUNICIPALITY OF RESIDENCE	IN ONE OTHER FIXED MUNICIPALITY	IN VARIOUS MUNICIPALITIES, AT SEA OR THE LIKE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 IF HE/SHE DISPOSES OF A CAR WHERE DOES HE/SHE PARK THIS CAR OVER-NIGHT?

IN THE OPEN AIR		COVERED		
ON THE PUBLIC ROAD	OTHERWISE IN THE OPEN AIR	IN A HIRED GARAGE	IN A GARAGE BELONGING TO THE DWELLING	OTHERWISE COVERED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6

Y X 0 1 2 3 4 5 6 7 8 9

11 HOW MANY HOURS A WEEK DOES HE/SHE WORK ON AN AVERAGE IN THE MAIN OCCUPATION GIVEN IN QUESTION 1a ON PAGE 5A?

LESS THAN 10 HOURS A WEEK	<u>10</u>	<u>15</u>	<u>20</u>	<u>25</u>	<u>30</u>	<u>35</u>	<u>40</u>	45 HOURS OR MORE A WEEK
	HOURS							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12a DOES HE/SHE EXERCISE REGULARLY ONE OR MORE PAYING SECONDARY OCCUPATIONS?

YES  NO

b IF YES, HOW MANY HOURS A WEEK DOES HE/SHE WORK THEREIN ON AN AVERAGE?

LESS THAN 5 HOURS A WEEK	<u>5</u>	<u>10</u>	<u>15</u>	<u>20</u>	<u>25</u>	30 HOURS OR MORE A WEEK
	HOURS	HOURS	HOURS	HOURS	HOURS	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c DOES HE/SHE EXERCISE THE (PRINCIPAL) SECONDARY OCCUPATION AS:

SALARIED WORKER <input type="radio"/>	WORKER ON OWN ACCOUNT <input type="radio"/>	FAMILY WORKER <input type="radio"/>
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**QUESTIONS TO BE ANSWERED BY TEMPORARILY UNEMPLOYED PERSONS ONLY**

1a IS HE/SHE LOOKING FOR A JOB?

YES  NO

b IF YES, IS HE/SHE LOOKING FOR HIS/HER FIRST JOB?

*Don't regard as job activities performed during school time, holidays or the like*

YES  NO

2 IS HE/SHE REGISTERED AT A LABOUR EXCHANGE OFFICE?

YES  NO

3 WHAT KIND OF A JOB IS HE/SHE LOOKING FOR? OR IF NOT LOOKING FOR A JOB: IN WHAT JOB WAS HE/SHE OCCUPIED LASTLY?

GIVE THE ANSWER TO THIS QUESTION IN QUESTION 1a, ON PAGE 5A

4 IS HE/SHE EMPLOYED TEMPORARILY

AT A SOCIAL WORKSHOP <input type="radio"/>	AT WORKS FOR ADDITIONAL EMPLOYMENT <input type="radio"/>	HE/SHE IS NOT EMPLOYED TEMPORARILY <input type="radio"/>
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# QUESTIONS TO BE ANSWERED FOR HEADS OF HOUSEHOLDS ONLY

1	IS HE/SHE <b>MAIN OCCUPIER</b>	<b>SUB-TENANT</b>									
	WITHOUT SUB-TE NANTS	WITH SUB-TE NANT(S)	LOOKING FOR SEPARATE DWELLING	NOT LOOKING FOR SEPARATE DWELLING							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
2	HAS HE/SHE A TELEPHONE CONNECTION IN THE HOUSE?										
	YES, ONE CONNECTION	YES, TWO CONNECTIONS	NO CONNEC- TION								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
3	HOW MANY ROOMS ARE USED BY THE HOUSEHOLD FOR BUSINESS PURPOSES ONLY?										
	0	1	2	3	4	5	6	7	8	9*	
	<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"/>	
	FOR SUB-TENANTS ONLY										
4a	HOW MANY ROOMS HAS HE/SHE RENTED FROM THE MAIN-TENANT?										
	<i>(Please include kitchen and shared rooms, if any)</i>										
	0	1	2	3	4	5	6	7	8	9*	
	<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"/>	
b	HAS HE/SHE A FREE KITCHEN			THE SHARE OF A KITCHEN				NO USE OF A KITCHEN			
	<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>			
c	HOW MANY ROOMS DOES HE/SHE SHARE APART FROM THE KITCHEN WITH THE MAIN-TENANT OR WITH ONE OR MORE OF THE OTHER SUB-TENANTS IF ANY?										
	0	1	2	3	4	5	6	7	8	9*	
	<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"/>	

**END OF FILLING IN BY THE POPULATION  
TO BE FILLED IN FURTHER BY THE ENUMERATOR**

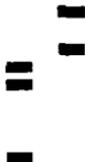
1	IS THE HOUSING-UNIT									
	OCCU- PIED BY ONE HOUSE- HOLD	OCCU- PIED BY TWO OR MORE HOUSE- HOLDS	A DWEL- LING WITHOUT MAIN- TENANT	A SECON- DARY DWEL- LING	A VA- CANT DWEL- LING					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2	IS THE HOUSING-UNIT									
	A CONVENTIONAL DWELLING	A DWELLING WITH BUSINESS PREMISES	A FARM OR MARKET GARDE- NERS' HOUSE							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	IF ANOTHER KIND OF HOUSING-UNIT PLEASE TURN TO QUESTION 2 AT THE BACK OF THIS PAGE									
O.H.U.	0	1	2	3	4	5	6	7	8	9

8

Y X 0 1 2 3 4 5 6 7 8 9

B. THE FOLLOWING QUESTION IS TO BE ANSWERED ONLY IF NONE OF THE ANSWERS  
PREPRINTED IN QUESTION 2 AT THE FRONT OF THIS PAGE IS APPLICABLE

2	<p>PLEASE DESCRIBE KIND OF THE HOUSING UNIT? <i>Fill in e.g. condemned dwelling, hotel, boardinghouse, seasonal dwelling, barn or the like</i></p>
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3a IS THE HOUSING UNIT OCCUPIED BY THE OWNER? YES  NO

b IF NOT, IS IT OWNED BY

THE MUNI- CIPA- LI- TY	A BUILD- ING CORPO- RATION	THE STA- TE, A PROVINCE OR A POLDER	A PRI- VATE PER- SON	A PRI- VATE INSTI- TUTION
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c IS THE HOUSING UNIT BUILT ACCORDING TO THE HOUSING ACT  AN OFFICIAL RESIDENCE  A CHARITY DWELLING

4a WHAT IS THE RENT (RENTAL VALUE) OF THE HOUSING UNIT?

f      PER  WEEK  MONTH  QUARTER  YEAR

A B C D

b ENCODE THE AMOUNT JUST GIVEN (OMIT DIMES AND CENTS)

A	<input type="radio"/>								
B	<input type="radio"/>								
C	<input type="radio"/>								
D	<input type="radio"/>								

c DOES THIS AMOUNT INCLUDE COSTS FOR CONSUMPTION OF WATER  YES  NO FUEL  YES  NO OTHER COSTS  YES  NO

5 DOES THE DWELLING FORM PART OF A COMPLEX OF AT LEAST 4 UNITS FOR THE HOUSING OF:

ELDERLY PEOPLE	STUDENTS, SINGLE WOMEN OR THE LIKE
YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>

6a IS THE DWELLING A ONE FAMILY HOUSE

DETACH- ED	ATTACHED ON ONE SIDE	TWO SIDES	PART OF A MULTI- FAMILY HOUSE	PART OF A NON-RESI- DENTIAL BUILDING
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b WHERE IS THE (MAIN) LIVING ROOM SITUATED?

IN THE BASEMENT	ON THE GROUND FLOOR	ON FLOOR NUMBER	1	2	3	4	5*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9

Y X 0 1 2 3 4 5 6 7 8 9

7	HAS THE DWELLING AN ENTRANCE DOOR OF ITS OWN?		YES	NO						
			<input type="checkbox"/>	<input type="checkbox"/>						
8	IN WHAT PERIOD WAS THE DWELLING BUILT?									
	BEFORE	1906	1919	1931	1945	1950	1955	1960	1965	AFTER
	1906	1918	1930	1944	1949	1954	1959	1964	1969	1968
	<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"/>
9	IS THE DWELLING CONNECTED TO A PUBLIC SCHEME FOR									
	WATER		ELECTRICITY		GAS					
	YES	NO	YES	NO	YES	NO				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10a.	THE DWELLING HAS A (LIVING) KITCHEN									
	OF LESS THAN 4m <sup>2</sup>	OF 4- <12m <sup>2</sup>	OF 12m <sup>2</sup> OR MORE	(LIVING) KITCHEN IS LACKING						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
b	AND BESIDES THE FOLLOWING NUMBER OF ROOMS									
	0	1	2	3	4	5	6	7	8	9
	<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"/>
11a	WHERE IS THE TOILET SITUATED?									
	INSIDE THE DWELLING	OUTSIDE THE DWELLING INSIDE THE BUILDING	OUT. SIDE THE BUILDING	TOILET IS LACKING						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
b	IF A TOILET IS AVAILABLE IS IT CONNECTED TO A PUBLIC SEWAGE DISPOSAL SYSTEM									
	YES	NO	A FLUSH TOILET							
	<input type="checkbox"/>	<input type="checkbox"/>	YES	NO						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
12a	DOES THE DWELLING HAVE A WASH BASIN (EVENTUALLY WITH SHOWER)		BATH-TUB (WITH SHOWER)	SHOWER (WITHOUT BATHTUB)	BATHING FACILITIES ARE LACKING					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
b	IF BATHING-FACILITIES ARE AVAILABLE, ARE THESE LOCATED IN A SEPARATE ROOM WHICH IS ESPECIALLY BUILT FOR THE PURPOSE?									
			YES	NO						
			<input type="checkbox"/>	<input type="checkbox"/>						
13a	DOES THE DWELLING HAVE OWN CENTRAL HEATING		CENTRAL BLOCK HEATING	CENTRAL QUARTER/TOWN HEATING	CENTRAL HEATING IS LACKING					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
b	WHICH IS THE PRINCIPAL HEATING FUEL USED?									
	COAL	OIL	GAS	OTHER FUEL						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

# 10

X 0 1 2 3 4 5 6 7 8 9