

**POPULATION AND HOUSING CENSUS OF THE REPUBLIC OF LITHUANIA 2011
QUESTIONS**

**PART I. DATA ON THE DWELLING
I. ADDRESS / PLACE OF RESIDENCE**

<input type="text"/>	locality	
<input type="text"/>	ward (seniūnija)	
<input type="text"/>	street	
<input type="text"/> house No	<input type="text"/> block No	<input type="text"/> flat No
Name of the owner (one of the owners) <i>If there are no street names and (or) house numbers in the locality, or if the person (s) permanently resides (reside) in the territory of a horticultural society and the address of the land plot is not registered</i>		
<input type="text"/>	name	
<input type="text"/>	surname	
Name of the horticultural society <i>If the person (s) permanently resides (reside) in the territory of a horticultural society and the address of the land plot is not registered</i>		
<input type="text"/>	name	
<input type="text"/> land plot No		

Institution:	
<input type="checkbox"/> health care (<i>long-term care hospital etc.</i>)	
<input type="checkbox"/> care (<i>child care home etc.</i>)	
<input type="checkbox"/> temporary residence (<i>shelter etc.</i>)	
<input type="checkbox"/> educational (<i>special school etc.</i>)	
<input type="checkbox"/> correctional (<i>prison etc.</i>)	} ⇒ Section IV
<input type="checkbox"/> religious (<i>monastery etc.</i>)	
<input type="checkbox"/> other	
↓	
<input type="text"/>	

<input type="checkbox"/> homeless (no dwelling) ⇒ Section IV

II. BUILDING

Year of construction: *If the exact year is unknown, indicate the period of construction*

before 1919 1946–1960 1971–1980 1991–2000 2006 and later
 1919–1945 1961–1970 1981–1990 2001–2005

III. DWELLING

<p>1. Type of the dwelling:</p> <p><input type="checkbox"/> one-dwelling building</p> <p><input type="checkbox"/> dwelling in a two-dwelling building</p> <p><input type="checkbox"/> dwelling in an apartment building</p> <p><input type="checkbox"/> dwelling in a non-residential building</p> <p><input type="checkbox"/> hostel } ⇒ Section IV <input type="checkbox"/> hotel etc. }</p> <p><input type="checkbox"/> other quarters } ⇒ Section IV <i>(a garden house which is not adjusted for living all year round, a carriage, etc.)</i> }</p> <p>2. Occupancy status of the dwelling:</p> <p><input type="checkbox"/> permanently occupied</p> <p><input type="checkbox"/> reserved for secondary or seasonal use</p> <p><input type="checkbox"/> vacant</p> <p>3. Ownership of the dwelling:</p> <p><input type="checkbox"/> private, of natural persons</p> <p><input type="checkbox"/> private, of legal persons</p> <p><input type="checkbox"/> state</p> <p><input type="checkbox"/> municipal</p> <p><input type="checkbox"/> other (common of natural and legal persons etc.)</p> <p>4. Useful floor space of the dwelling: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> m² <i>The floor space of all rooms, warm auxiliary and business quarters in the dwelling</i></p> <p>5. Number of living rooms: <input type="text"/><input type="text"/> <i>Without a kitchen</i></p> <p>6. Kitchen:</p> <p><input type="checkbox"/> room <input type="checkbox"/> in another place</p> <p><input type="checkbox"/> part of a room <input type="checkbox"/> none</p>	<p>7. Conveniences:</p> <p>hot water <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>bath, shower <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>flush toilet <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>electricity <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>8. Water supply:</p> <p><input type="checkbox"/> centralized <input type="checkbox"/> shaft (dug) well</p> <p><input type="checkbox"/> private artesian well <input type="checkbox"/> none</p> <p>9. Sewage disposal (sewerage):</p> <p><input type="checkbox"/> centralized <input type="checkbox"/> cesspit</p> <p><input type="checkbox"/> private with treatment facilities <input type="checkbox"/> none</p> <p>10. Main type of heating of the dwelling:</p> <p><input type="checkbox"/> central heating from a central heating system</p> <p><input type="checkbox"/> central heating from a local heating source</p> <p style="text-align: center;">↓</p> <p><i>Indicate the energy source used. If several sources are used, number them starting with the mostly used one <input type="text"/>1<input type="text"/>2<input type="text"/>3</i></p> <p><input type="checkbox"/> electricity</p> <p><input type="checkbox"/> solid fuel</p> <p><input type="checkbox"/> gas</p> <p><input type="checkbox"/> liquid fuel</p> <p><input type="checkbox"/> other (geothermal, solar, wind energy, etc.)</p> <p style="text-align: center;">↓</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p><input type="checkbox"/> stove, fireplace</p> <p><input type="checkbox"/> other ⇒ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p><input type="checkbox"/> none</p>
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IV. HOUSEHOLD (-S)

1. List of residents of the dwelling by household (-s).

Name, surname	Person's order No	Household No	Relationship to the reference person in the household ¹	Person's order No				Temporarily absent	Temporarily present	Duration of departure or arrival (months)	Reason for departure or arrival ²	Country, if the person went abroad	No of Part II of the questionnaire
				spouse	cohabitant	mother	father						
	<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"/>	<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"/> <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"/> <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"/>	<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"/>	<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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>
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	<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"/>	<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"/> <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"/> <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"/>	<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"/>	<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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

¹ Relationship to the reference person in the household

1 – reference person

2 – spouse

3 – cohabitant

4 – son (daughter) (including an adopted child) of the reference person or his (her) spouse or cohabitant

5 – mother (father)

6 – mother (father) of the spouse or cohabitant

7 – brother (sister)

8 – son-in-law (daughter-in-law), cohabitant of the son (daughter)

9 – grandparent

10 – grandchild

11 – another relative

12 – non-relative (foster child etc.)

² Reason for departure or arrival

D – work

M – studies

S – family reasons

K – other

If the number of persons enumerated exceeds the number of rows in the table, the list of residents of the dwelling is to be continued in the **continuation of Part I of the questionnaire**. If the duration of temporary departure or arrival is less than one month, write in "0".

2. Tenure status of the dwelling by household (-s).

Household No <input type="checkbox"/>	Household No <input type="checkbox"/>	Household No <input type="checkbox"/>
Does (do) the member (-s) of the household own the dwelling? <input type="checkbox"/> yes <input type="checkbox"/> no ⇨ } <input type="checkbox"/> rents (rent) the entire dwelling <input type="checkbox"/> no ⇨ } <input type="checkbox"/> rents (rent) part of the dwelling <input type="checkbox"/> no ⇨ } <input type="checkbox"/> other	Does (do) the member (-s) of the household own the dwelling? <input type="checkbox"/> yes <input type="checkbox"/> no ⇨ } <input type="checkbox"/> rents (rent) the entire dwelling <input type="checkbox"/> no ⇨ } <input type="checkbox"/> rents (rent) part of the dwelling <input type="checkbox"/> no ⇨ } <input type="checkbox"/> other	Does (do) the member (-s) of the household own the dwelling? <input type="checkbox"/> yes <input type="checkbox"/> no ⇨ } <input type="checkbox"/> rents (rent) the entire dwelling <input type="checkbox"/> no ⇨ } <input type="checkbox"/> rents (rent) part of the dwelling <input type="checkbox"/> no ⇨ } <input type="checkbox"/> other

If more than 3 households reside in the dwelling, data on the fourth and subsequent households are to be entered into the **continuation of Part I of the questionnaire**.

3. Address of the place of usual residence of a temporarily present person.

If the person came from another place of residence in Lithuania

<input type="text"/>	<input type="text"/>	person's order No _____	name, surname
<input type="text"/>	<input type="text"/>		municipality
<input type="text"/>	<input type="text"/>		ward (seniūnija)
<input type="text"/>	<input type="text"/>		locality
<input type="text"/>	<input type="text"/>		street
<input type="text"/>	house No	<input type="text"/>	block No
<input type="text"/>		<input type="text"/>	flat No
Name of the owner (one of the owners)			
<i>If there are no street names and (or) house numbers in the locality, or if the person (s) permanently resides (reside) in the territory of a horticultural society and the address of the land plot is not registered</i>			
<input type="text"/>	<input type="text"/>		name
<input type="text"/>	<input type="text"/>		surname
Name of the horticultural society			
<i>If the person (s) permanently resides (reside) in the territory of a horticultural society and the address of the land plot is not registered</i>			
<input type="text"/>	<input type="text"/>		name
<input type="text"/>	land plot No	<input type="checkbox"/>	homeless (no dwelling)

<input type="text"/>	<input type="text"/>	person's order No _____	name, surname
<input type="text"/>	<input type="text"/>		municipality
<input type="text"/>	<input type="text"/>		ward (seniūnija)
<input type="text"/>	<input type="text"/>		locality
<input type="text"/>	<input type="text"/>		street
<input type="text"/>	house No	<input type="text"/>	block No
<input type="text"/>		<input type="text"/>	flat No
Name of the owner (one of the owners)			
<i>If there are no street names and (or) house numbers in the locality, or if the person (s) permanently resides (reside) in the territory of a horticultural society and the address of the land plot is not registered</i>			
<input type="text"/>	<input type="text"/>		name
<input type="text"/>	<input type="text"/>		surname
Name of the horticultural society			
<i>If the person (s) permanently resides (reside) in the territory of a horticultural society and the address of the land plot is not registered</i>			
<input type="text"/>	<input type="text"/>		name
<input type="text"/>	land plot No	<input type="checkbox"/>	homeless (no dwelling)

If more than 2 temporarily present persons are present in the dwelling, data on the third and subsequent persons are to be entered into the continuation of Part I of the questionnaire.

PART II. DATA ON THE PERSON

<p>Name</p> <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 2px;"></div> <p>Surname</p> <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 2px;"></div> <p>Personal number </p> <p>1. Your sex:</p> <p><input type="checkbox"/> male <input type="checkbox"/> female</p> <p>2. Your date of birth:</p> <div style="display: flex; justify-content: space-around; align-items: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: flex; align-items: center; justify-content: center;"> </div> - <div style="border: 1px solid black; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;"> </div> - <div style="border: 1px solid black; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 15px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px; margin-top: 2px;"> year month day age, in years </div> <p>3. Your place of birth:</p> <div style="display: flex; align-items: center; margin-top: 5px;"> Lithuania ⇨ <div style="font-size: 20px; margin-right: 5px;">}</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> urban area <input type="checkbox"/> rural area </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> abroad <div style="margin-left: 10px; font-size: 10px;">↓</div> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 2px;"></div> <div style="text-align: center; font-size: 8px; margin-top: 2px;">country</div> </div> <p>4. What is your marital status?</p> <p style="font-size: 8px; margin-top: 2px;"><i>To be answered by a person aged 15 and older</i></p> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="display: flex; flex-direction: column; gap: 5px; margin-right: 10px;"> <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed </div> <div style="font-size: 20px; margin-right: 5px;">}</div> <div style="border: 1px solid black; width: 30px; height: 15px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="font-size: 8px; margin-top: 2px;">year of registration of the first marriage</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> never married <div style="margin-left: 10px; font-size: 10px;">↓</div> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 2px;"></div> <div style="text-align: center; font-size: 8px; margin-top: 2px;">year</div> </div> <p>5. How many children have you given birth to?</p> <p style="font-size: 8px; margin-top: 2px;"><i>To be answered by a WOMAN aged 15 and older</i></p> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> number of children <input type="checkbox"/> none </div> <div style="margin-top: 5px;"> <div style="font-size: 10px; margin-left: 10px;">↓</div> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 2px;"></div> <div style="text-align: center; font-size: 8px; margin-top: 2px;">year</div> </div>	<p>6. What is your citizenship?</p> <p><input type="checkbox"/> Lithuanian</p> <p><input type="checkbox"/> other</p> <div style="text-align: center; font-size: 10px; margin-top: 2px;">↓</div> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 2px;"></div> <p><input type="checkbox"/> stateless</p> <hr/> <p style="text-align: center; font-weight: bold; font-size: 10px;">MIGRATION</p> <p>7. Where did you live one year prior to the census (on 1 March 2010)?</p> <p><input type="checkbox"/> in the same locality</p> <p><input type="checkbox"/> in another locality within Lithuania</p> <div style="text-align: center; font-size: 10px; margin-top: 2px;">↓</div> <p><input type="checkbox"/> in an urban area</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 2px;"></div> <div style="text-align: center; font-size: 8px; margin-top: 2px;">city/town</div> <p><input type="checkbox"/> in a rural area</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div> <div style="text-align: center; font-size: 8px; margin-top: 2px;">municipality</div> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div> <div style="text-align: center; font-size: 8px; margin-top: 2px;">ward (seniūnija)</div> <p><input type="checkbox"/> abroad <div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div> <div style="text-align: center; font-size: 8px; margin-top: 2px;">country</div> </p> <p>8. Have you ever lived abroad for a year or longer?</p> <p><input type="checkbox"/> yes ⇨ question 9</p> <p><input type="checkbox"/> no ⇨ question 13</p> <p>9. Have you ever lived abroad for a year or longer?</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 2px;"></div> <div style="text-align: center; font-size: 8px; margin-top: 2px;">country</div> <p>10. When did you arrive in or return to Lithuania for the last time?</p> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> year <div style="margin-left: 20px;"> <input type="checkbox"/> arrived ⇨ question 12 <input type="checkbox"/> returned ⇨ question 11 </div> </div> <p>11. What was the main reason for departure?</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> work <input type="checkbox"/> studies </div> <div style="width: 45%;"> <input type="checkbox"/> family reasons <input type="checkbox"/> other </div> </div> <p>12. What was the main reason for arrival in or return to Lithuania?</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> work <input type="checkbox"/> studies <input type="checkbox"/> family reasons </div> <div style="width: 45%;"> <input type="checkbox"/> wish to live in the native land <input type="checkbox"/> other </div> </div>
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ETHNO-CULTURAL DATA	EDUCATION
<p>13. What is your ethnicity?</p> <p><input type="checkbox"/> Lithuanian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> another ↓</p> <p><input type="checkbox"/> not indicated</p> <p>14. What is your mother tongue?</p> <p><input type="checkbox"/> Lithuanian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> another ↓</p> <p><input type="checkbox"/> not indicated</p> <p>15. What other languages do you know, i. e. are able to speak and (or) write?</p> <p><input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> other <input type="checkbox"/> Lithuanian <input type="checkbox"/> French ↓</p> <p><input type="checkbox"/> no command of other languages</p>	<p>17. Do you attend a school of higher education, vocational or general school?</p> <p><i>To be answered by a person aged 6–64</i></p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>18. What institution have you graduated from?</p> <p><i>To be answered by a person aged 10 and older</i></p> <p><input type="checkbox"/> doctoral studies <input type="checkbox"/> university (academy, institute, seminary, etc.) <input type="checkbox"/> college <input type="checkbox"/> professional college <input type="checkbox"/> special secondary school (technicum) <input type="checkbox"/> vocational school (after graduating from a general upper secondary school) <input type="checkbox"/> general upper secondary school, gymnasium <input type="checkbox"/> vocational school after graduating from a general lower secondary school where, together with a profession, received general upper secondary education <input type="checkbox"/> vocational school after graduating from a general lower secondary school where only obtained a profession <input type="checkbox"/> vocational (trade) school without completion of a general lower secondary school where, together with a profession, received general lower secondary education <input type="checkbox"/> vocational (trade) school without completion of a general lower secondary school where only obtained a profession <input type="checkbox"/> general lower secondary school <input type="checkbox"/> primary school <input type="checkbox"/> unfinished primary school <input type="checkbox"/> literate (no schooling) <input type="checkbox"/> illiterate</p>
<p style="text-align: center;">RELIGION</p> <p>16. Which religious community would you attach yourself to?</p> <p><input type="checkbox"/> Roman Catholic <input type="checkbox"/> Old Believer <input type="checkbox"/> Greek Catholic (Uniate) <input type="checkbox"/> Judaist <input type="checkbox"/> Evangelical Lutheran <input type="checkbox"/> Sunni Muslim <input type="checkbox"/> Evangelical Reformed <input type="checkbox"/> Karaite <input type="checkbox"/> Orthodox Believer <input type="checkbox"/> other ↓</p> <p><input type="checkbox"/> not any <input type="checkbox"/> not indicated</p>	

SOURCES OF LIVELIHOOD	22. Have you ever worked before?																																																																																
<p>19. What were your sources of livelihood (income) over the last 12 months prior to the census (March 2010–February 2011)?</p> <p>Number starting with the highest income <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/></p> <p><input type="checkbox"/> wage or salary</p> <p><input type="checkbox"/> income from own or family business</p> <p><input type="checkbox"/> income from agricultural activity</p> <p><input type="checkbox"/> income from property or investments</p> <p><input type="checkbox"/> pension</p> <p><input type="checkbox"/> benefit</p> <p><input type="checkbox"/> scholarship</p> <p><input type="checkbox"/> supported by the State</p> <p><input type="checkbox"/> supported by the family and (or) other persons</p> <p><input type="checkbox"/> other</p> <p style="text-align: center;">END OF THE INTERVIEW for a child aged 0–14</p>	<p><input type="checkbox"/> yes ⇒ question 23</p> <p><input type="checkbox"/> no ⇒ END OF THE INTERVIEW</p> <p style="text-align: center;">Questions 23–29 on work in the MAIN WORKPLACE</p> <p>23. Which of the following employed persons were you?</p> <p><input type="checkbox"/> employee</p> <p><input type="checkbox"/> self-employed with employees</p> <p><input type="checkbox"/> self-employed without employees</p> <p><input type="checkbox"/> contributing family member working in a family business or on a family farm</p> <p><input type="checkbox"/> other ↓</p> <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																
EMPLOYMENT	<p>24. Location of your workplace:</p> <p><input type="checkbox"/> the same locality as the place of residence</p> <p><input type="checkbox"/> another locality within Lithuania</p> <p><input type="checkbox"/> abroad ↓</p> <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p style="text-align: center; margin-left: 100px;">country</p> <p style="text-align: right;">⇒ question 27</p>																																																																																
<p>20. Did you have a job one week before the census (22–28 February 2011)?</p> <p><input type="checkbox"/> yes ⇒ question 23</p> <p><input type="checkbox"/> no ⇒ question 21</p> <p>21. Which of the following unemployed persons were you?</p> <p><input type="checkbox"/> unemployed ⇒ question 22</p> <p><input type="checkbox"/> pupil, student</p> <p><input type="checkbox"/> pensioner</p> <p><input type="checkbox"/> unemployed due to disability</p> <p><input type="checkbox"/> homemaker</p> <p><input type="checkbox"/> other ↓</p> <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p style="text-align: center;">END OF THE INTERVIEW for a pupil, student, pensioner, person unemployed due to disability, homemaker, another person</p>																																									<p>25. Your workplace was:</p> <p><input type="checkbox"/> enterprise, institution, organization and the like ⇒ question 26</p> <p><input type="checkbox"/> farmer's or family farm</p> <p><input type="checkbox"/> business license</p> <p><input type="checkbox"/> other ↓</p> <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p style="text-align: right; margin-right: 50px;">} ⇒ question 27</p>																																								

26. Name and address of your workplace:

Name subsidiary

Address municipality

 locality

 street

house No block No flat No

27. Describe the main economic activity (the goods produced or the services provided) of your workplace:

28. What was your position, occupation, or work performed?

29. Give a short description of your work:
