



# Census Questionnaire

## Persons

Sčítání lidu, domů a bytů  
k 1.3.2001

.....  
first name and surname

Protection of individual data is guaranteed by the Act No. 158/99 Coll. The Czech Statistical Office shall be responsible for protection of individual data.

Model: correct datum  encircle the incorrect datum

Model for writing of numbers: **0 1 2 3 4 5 6 7 8 9** correction **1 6**  
**0 3**

FOREIGNERS WITH A STAY UP TO 90 DAYS FILL IN ONLY QUESTIONS INDICATED WITH ◀

codes - do not fill in

.....  
district census district house No. building No.

.....  
dwelling No. No. of person relationship to the dwelling user

Please, use a black ball-point pen for filling in the questionnaire.

① **Birth number** .....  
*If the number after slash consists of three figures only, leave the last space free*

② **Date of birth** .....  
day month year

③ **Sex**  male  female

④ **Type of residence**  
 permanent - present at usual place of residence  
 permanent - temporarily not present  
 temporarily present - indicate the address of permanent residence

district .....

locality .....

street ..... No. ....

*Foreigners with temporary residence permit*  
 long-term (more than 90 days) - present  
 long-term (more than 90 days) - temporarily not present  
 short-term (up to 90 days)

⑤ **Citizenship** - in case of double citizenship, state both:  
 CR  SR  other, state the country .....

codes do not fill in

⑥ **Nationality** - indicate what nationality you consider yourself to be:  
.....

codes do not fill in

⑦ **Mother tongue** - indicate the language spoken by your mother or guardian when you were a child:  
 Czech  Romany  German  
 Slovak  Polish  other - state which .....

codes do not fill in

⑧ **Marital status**  
 single  divorced  
 married  widowed

*Questions Nos. 9 and 10 not to be answered by single persons.*

⑨ **Order of the current or the last marriage** .....

⑩ **Date of the current or the last wedding** .....  
day month year

⑪ **Number of children**  
*To be answered by all women 15+ year old (childless fill in zero).*  
..... number of all children ..... number of children from present or last marriage

⑫ **Mother's permanent residence at the time of your birth**  
*At the time of your birth your mother lived:*  
 in the same locality as your current stay  
 elsewhere, state where .....

locality .....

district .....

country .....

codes do not fill in

⑬ **Your permanent residence one year prior to the census (on 1st March 2000)**  
 in the same locality as your current stay  
 elsewhere, state where .....

locality .....

district .....

country .....

codes do not fill in

⑭ **Religion, belief or without denomination**  
 without denomination  
 believer - state your church, religious community or belief as accurately as possible: .....

codes do not fill in

OSOBNÍ LIST A



Please, continue on the other side of the form.

**15 Completed education**

To be completed only by persons aged over 15 according to highest level of completed education.

- without education       incomplete elementary education
- elementary education
- secondary vocational
- secondary technical
- secondary vocational with certificate
- secondary general with certificate
- secondary technical with certificate
- post-secondary, graduation two or more secondary school
- first stage of tertiary education (post-secondary)
- university- bachelor's degree (Bc.,BcA.)
- university
- second stage of university education

**16 Field of study including apprenticeship**

To be fulfilled by persons with higher than elementary education. State the subject of study or type of apprenticeship.

codes do not fill in

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**17 Economic activity**

Indicate your group of occupation from the following:

**I. group - employed**

- employees, employers, self-employed
- working pensioners
- working students and apprentices
- women on maternity leave (28 or 37 weeks)

**II. group - unemployed**

- unemployed

**III. group - economically not active**

- not working pensioners       homemakers
- others with own means of support       pre-school children and other dependent persons
- pupils, students, apprentices

Answer the questions according to your group:

I. group - employed: Answer all of the following questions

II. group - unemployed: Answer only questions Nos. 18 to 20 according to the last occupation

III. group - economically not active: pupils, students, apprentices: Answer only questions Nos. 22 to 25,

- other economically not active: End the completion of the questionnaire here

**18 Occupation**

State your current occupation as accurately as possible:

codes do not fill in

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**19 Position in employment**

- employers; state the number of your employees 

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- employees in paid employment
- other employees (having contracts etc.)
- self-employed (including entrepreneurs without employees)
- members of producers' co-operatives
- contributing family workers

**20 Branch of economic activity**

With reference to the list given in the explanatory note, state the branch (industry) of your current job.

codes do not fill in

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**21 Secondary (or another) job**

- yes, as self-employed       yes, other       no

**22 Place of work, school**

Students and apprentices state commuting to school, even if working

- in the place of your residence  
(if yes, do not answer the following questions)

- elsewhere, fill in the address of your place of work

codes do not fill in

street, No. 

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locality, No. 

--	--	--

district 

--	--	--	--

country 

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**23 Frequency of journey to work and school**

(from your permanent residence)

- daily       weekly       once-twice per month       otherwise

**24 Duration of daily journey to work and school**

State how long one journey takes you from your residence or the place of your temporary stay to your place of work or school:

- up to 14 min.       30 - 44 min.       60 - 89 min.
- 15 - 29 min.       45 - 59 min.       90 min. and more

**25 Means of transport**

State the means of transport you usually use for everyday journey to work or school:

- coach (other than city public transport)       motorcycle
- train       bicycle
- city public transport       another means of transport
- car (as a driver)       no means of transport
- car (as a passenger)



OSOBNÍ LIST B

Thank you for having completed the Person-Questionnaire.

.....  
Date, name and surname of the person, who filled the Questionnaire