

Enumeration form 2Ж (Living conditions)

Census division number	Instructor district number	Enumeration district number	List number	Form number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1-4 to be completed for each dwelling

<b>1. Type of dwelling</b>		<b>3. Material of outer walls</b>	
Detached house.....	<input type="checkbox"/>	Bricks, stone.....	<input type="checkbox"/>
Part of detached house.....	<input type="checkbox"/>	Pre-cast large panels.....	<input type="checkbox"/>
Separate flat.....	<input type="checkbox"/>	Frame-panels.....	<input type="checkbox"/>
Shared communal flat.....	<input type="checkbox"/>	Prefabricated forms.....	<input type="checkbox"/>
Room in a flat, hostel.....	<input type="checkbox"/>	Prefabricated large blocks.....	<input type="checkbox"/>
Country house.....	<input type="checkbox"/>	Wood, pales.....	<input type="checkbox"/>
Part of dwelling in a house (boarding school, children's home, etc.).....	<input type="checkbox"/>	Monolithic concrete (iron concrete).....	<input type="checkbox"/>
Hotel.....	<input type="checkbox"/>	Foam concrete.....	<input type="checkbox"/>
Other institutions.....	<input type="checkbox"/>	Air bricks.....	<input type="checkbox"/>
No permanent dwelling (homeless).....	<input type="checkbox"/>	Frame- reed pressboards.....	<input type="checkbox"/>
Other dwelling.....	<input type="checkbox"/>	Other wall materials.....	<input type="checkbox"/>
<b>2. Year of construction.....</b> <input type="text"/>			
<b>4. Amenities</b>			
Electricity.....	<input type="checkbox"/>	Piped water inside house (flat).....	<input type="checkbox"/>
Floor electric cooker.....	<input type="checkbox"/>	Piped water outside house (flat).....	<input type="checkbox"/>
Piped gas.....	<input type="checkbox"/>	Well, water pump, other water supply source.....	<input type="checkbox"/>
Bottled condensed gas.....	<input type="checkbox"/>	Drinking water delivery.....	<input type="checkbox"/>
Central heating.....	<input type="checkbox"/>	Fixed bath or shower.....	<input type="checkbox"/>
Heating from individual boiler.....	<input type="checkbox"/>	Fixed phone.....	<input type="checkbox"/>
Stove heating.....	<input type="checkbox"/>	Sanitary facilities (flush toilet).....	<input type="checkbox"/>
Central hot water supply.....	<input type="checkbox"/>	Sewerage.....	<input type="checkbox"/>
Hot water supply from individual boiler.....	<input type="checkbox"/>	Collection and disposal of garbage.....	<input type="checkbox"/>
		No listed amenities.....	<input type="checkbox"/>

5-8 to be completed for 3 households

5. Serial number of household	6. Who owns the dwelling?	7. Number of rooms occupied	8. Floor space (sq. m.)	
<input type="text"/>	Household members.....	<input type="text"/>	a) useful	b) living
	Other persons (without rental).....		<input type="text"/>	<input type="text"/>
	State or private companies.....	Part of room (if part is occupied).....	<input type="text"/>	<input type="text"/>
	Other persons (with rental).....		<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	Household members.....	<input type="text"/>	a) useful	b) living
	Other persons (without rental).....		<input type="text"/>	<input type="text"/>
	State or private companies.....	Part of room (if part is occupied).....	<input type="text"/>	<input type="text"/>
	Other persons (with rental).....		<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	Household members.....	<input type="text"/>	a) useful	b) living
	Other persons (without rental).....		<input type="text"/>	<input type="text"/>
	State or private companies.....	Part of room (if part is occupied).....	<input type="text"/>	<input type="text"/>
	Other persons (with rental).....		<input type="checkbox"/>	<input type="checkbox"/>

**Enumeration form 3 C (one copy for each dweller)**

Census division number Instructor district number Enumeration district number List number Form number	<input type="checkbox"/>
Household serial number Serial number within household	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

1.	Family name, first name, patronymic		In words
2.	Relationship to the person recorded No 1 (reference person)	Reference person Wife/ husband Daughter/son Mother/farther Sister/brother Parents-in-law Daughter/sister/son/brother-in-law Grandmother/grandfather Granddaughter/grandson Other relation degree Non-relative	<input type="checkbox"/> <input type="checkbox"/>
3.	No of one of the parents on form 2II within household		<input type="checkbox"/> <input type="checkbox"/>
4.	Temporary residence	Temporarily present Temporarily absent	<input type="checkbox"/> <input type="checkbox"/>
5.	Sex	Male Female	<input type="checkbox"/> <input type="checkbox"/>
6.	Date of birth	Day Month Year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.	Place of birth	District/city, region, country	In words
8.	Citizenship	Kazakhstan Stateless Other country (specify)	<input type="checkbox"/> <input type="checkbox"/> In words
9.	Nationality	Kazakh Russian Other (specify)	<input type="checkbox"/> <input type="checkbox"/> In words
10.	Religion	Islam Christianity Judaism Buddhism Refuse to answer Antitheist Other (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In words
11.	Marital status (15 years of age and over)	Never married Married Widowed Divorced	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12.	No of spouse on form 2II within household		<input type="checkbox"/> <input type="checkbox"/>
13.	Date of first marriage	Month Year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14.	Can you read and write?	Yes No	<input type="checkbox"/> <input type="checkbox"/>
15.	Education	Preschool Primary	<input type="checkbox"/> <input type="checkbox"/>

		Basic secondary General secondary Primary vocational Special secondary Incomplete higher Higher Two and more higher educations Postgraduate study (master's degree level, candidate's degree level, doctor's degree level)	<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"/>
16.	Academic degree	Candidate of Science Doctor of Science PhD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
17.	Do you currently attend any educational establishment?	Preschool Secondary school Technical and vocational Higher education establishment Post-graduate Refresher courses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18.	Mother tongue	Kazakh Russian Other (specify)	<input type="checkbox"/> <input type="checkbox"/> In words
19.	Kazakh comprehension level	Understanding of spoken language Fluent reading Fluent writing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20.	Russian comprehension level	Understanding of spoken language Fluent reading Fluent writing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
21.	English comprehension level	Understanding of spoken language Fluent reading Fluent writing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
22.	What computer skills do you have?	Typing and editing texts E-mail and Internet Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
23.	Do you have work (employment)?	Yes No	<input type="checkbox"/> <input type="checkbox"/>
24.	What is your status in employment?	Employee Employer Own-account worker Engaged in developing personal subsidiary plot Member of producer's cooperative Contributing family worker Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
25.	Are you seeking work? (in case you have no work/business)	Yes No	<input type="checkbox"/> <input type="checkbox"/>
26.	Are you available for work during the next two weeks? (if offered)	Yes No	<input type="checkbox"/> <input type="checkbox"/>
27.	If you are not available for work, specify the reason	Have found a job and am waiting for response Waiting for the beginning of season Engaged in housekeeping Other reason	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In words
28.	Source of livelihood	1) Income from employment 2) Income from self-employment (excluding engagement in developing personal subsidiary plot) 3) Engagement in developing personal subsidiary plot	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		4) Scholarship 5) Pension 6) Benefit 7) Material aid from relatives 8) Property income, dividends, bonuses 9) Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
29.	In case several sources are listed, specify No of the main source		<input type="checkbox"/>
30.	Frequency of acquisition of income	Every day Every month Other intervals Not regularly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
31.	Approximate monthly income (tenge)	Below 5000 5000 - 15000 15000 - 25000 25000 - 35000 35000 - 50000 50000 – 100000 100000 – 1 mln 1 mln and over	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
32.	Location of main place of work	District/city, region, country	In words
33.	How do you get to your place of work/study?	On foot Public transport Railway transport Private car Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
34.	How long does it take to get to the place of work/study (minutes)?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
35.	What industry do you work in?	Agriculture Financial activities Manufacturing Public administration Construction Trade Education, healthcare Public utility services Transport and communications Other services Other specify	<input type="checkbox"/> <input type="checkbox"/> In words
36.	Do you have secondary work?	Yes No	<input type="checkbox"/> <input type="checkbox"/>
37.	Have you lived in this settlement since birth?	Yes No	<input type="checkbox"/> <input type="checkbox"/>
38.	Place of previous residence	District/city, region, country	In words
	Are you oralman?	Yes No	<input type="checkbox"/> <input type="checkbox"/>
39.	Date of your arrival at the current place of residence (when did you arrive here?)	Month Year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
40.	Have you ever lived for one year or longer in other countries?	Yes No Country (specify)	<input type="checkbox"/> <input type="checkbox"/> In words
41.	How many children have you given birth to? (women aged 15 and over)		<input type="checkbox"/> <input type="checkbox"/>
42.	How many of them are alive?		<input type="checkbox"/> <input type="checkbox"/>
43.	Date of birth of the first child	Month Year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
44.	Planned parity (including children already born)		<input type="checkbox"/> <input type="checkbox"/>

	<i>(women aged 15-55)</i>		
45.	Do you experience any difficulties with walk, hearing, vision or speech?	Yes, sometimes Yes, often No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

*Confidentiality is secured by the Law of RK on State Statistics*



