

SECTION II

LIST OF HOUSEHOLDS AND THEIR MEMBERS

1. How many households live in this particular place

Start filling in Section II with first person, whom the household members would define themselves and in relation to whom all household members have to identify their kinship.

LIST OF MEMBERS OF HOUSEHOLD № 1

No	Name, middle and last name	Relative or other kinship to the person listed first in the household	Was temporary absent in the course of census	Indicate		Failure to read a line
				the reason	Length of being absent, months (in case less than a month – "0")	
1	2	3	4	5	6	7
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1		X	<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"/>

In case the number of household members exceeds 7 please, continue filling the list on page 3
Upon completion the list please, specify if you were temporarily staying in this household:

during the night 13-14 October
interviewers permanently residing outside
the Republic of Belarus yes → fill in the Form 3BB no

within the period 14-24 October interviewers
permanently residing the Republic of Belarus
that nobody is able to provide the information
about their permanent address yes → fill in the control questionnaire no

SECTION III

HOUSING CONDITIONS OF THE HOUSEHOLD № 1

(Filled for households, residing in one-apartment dwelling houses, apartments at multistoried dwellings)

1. Who owns the building or the habitation?			
1 <input type="checkbox"/> state-owned	2 <input type="checkbox"/> private property of citizens	3 <input type="checkbox"/> private property of non-state legal persons	4 <input type="checkbox"/> space is rented from other citizens
2. How many rooms does your household occupy?		1 <input type="checkbox"/> <input type="checkbox"/>	2 <input type="checkbox"/> part of the room
3. Does your household or one of its members owns other habitation (other than mentioned in Section 1 question 1)?			
1 <input type="checkbox"/> 1 apartment residential house	3 <input type="checkbox"/> apartment	5 <input type="checkbox"/> garden apartment, dacha	
2 <input type="checkbox"/> a part of 1 apartment residential house	4 <input type="checkbox"/> separate room in the apartment	6 <input type="checkbox"/> no	
4. Is there a computer in the household?			
1 <input type="checkbox"/> yes	→	Is there access to Internet?	1 <input type="checkbox"/> yes
2 <input type="checkbox"/> no			2 <input type="checkbox"/> no

- continuation of the list of members of the previous household → start numbering with "8"
- filling the list of following household members → start numbering with "1"

LIST OF MEMBERS OF HOUSEHOLD №

No	Name, middle and last name	Relative or other kinship to the person listed first in the household (for the household with No.2 for the first member please mark X)	Was temporary absent in the course of census	Indicate		Failure to read a line
				the reason	Length of being absent, months (in case less than a month – "0")	
1	2	3	4	5	6	7
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>

In case the number of household members exceeds 7 or 14 please, continue filling the list on page 4
Upon completion the list please, specify if you were temporarily staying in this household:

- during the night 13-14 October interviewers permanently residing outside the Republic of Belarus yes → fill in the Form 3BB no
- within the period 14-24 October interviewers permanently residing the Republic of Belarus that nobody is able to provide the information about their permanent address yes → fill in the control questionnaire no

Section III continued

SECTION III
HOUSING CONDITIONS OF THE HOUSEHOLD №

(Filled for households, residing in one-apartment dwelling houses, apartments at multistoried dwellings)

1. Who owns the building or the habitation?			
1 <input type="checkbox"/> state-owned	2 <input type="checkbox"/> private property of citizens	3 <input type="checkbox"/> private property of non-state legal persons	4 <input type="checkbox"/> space is rented from other citizens
2. How many rooms does your household occupy?		1 <input type="text"/> <input type="text"/>	2 <input type="checkbox"/> part of the room
3. Does your household or one of its members owns other habitation (other than mentioned in Section 1 question 1)?			
1 <input type="checkbox"/> 1 apartment residential house	3 <input type="checkbox"/> apartment	5 <input type="checkbox"/> garden apartment, dacha	
2 <input type="checkbox"/> a part of 1 apartment residential house	4 <input type="checkbox"/> separate room in the apartment	6 <input type="checkbox"/> no	
4. Is there a computer in the household?			
1 <input type="checkbox"/> yes	→	Is there access to Internet?	1 <input type="checkbox"/> yes
2 <input type="checkbox"/> no			2 <input type="checkbox"/> no

Section II completion

- continuation of the list of members of the previous household → start numbering with "8" or "15"
- filling the list of following household members → start numbering with "1"

LIST OF MEMBERS OF HOUSEHOLD №

No	Name, middle and last name	Relative or other kinship to the person listed first in the household (for the household with No.3 for the first member please mark X)	Was temporary absent in the course of census	Indicate		Failure to read a line
				the reason	Length of being absent, months (in case less than a month – "0")	
1	2	3	4	5	6	7
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>

In case the number of household members exceeds 7 or 14 please, continue filling the list on the insert page of Form 1-premise
Upon completion the list please, specify if you were temporarily staying in this household:

during the night 13-14 October
interviewers permanently residing outside
the Republic of Belarus

yes → fill in the
Form 3BH

no

within the period 14-24 October interviewers
permanently residing the Republic of Belarus
that nobody is able to provide the information
about their permanent address

yes → fill in the
control
questionnaire

no

Section III completion

SECTION III
HOUSING CONDITIONS OF THE HOUSEHOLD №

(Filled for households, residing in one-apartment dwelling houses, apartments
at multistoried dwellings)

1. Who owns the building or the habitation?			
1 <input type="checkbox"/> state-owned	2 <input type="checkbox"/> private property of citizens	3 <input type="checkbox"/> private property of non-state legal persons	4 <input type="checkbox"/> space is rented from other citizens
2. How many rooms does your household occupy?		1 <input type="text"/> <input type="text"/>	2 <input type="checkbox"/> part of the room
3. Does your household or one of its members owns other habitation (other than mentioned in Section 1 question 1)?			
1 <input type="checkbox"/> 1 apartment residential house	3 <input type="checkbox"/> apartment	5 <input type="checkbox"/> garden apartment, dacha	
2 <input type="checkbox"/> a part of 1 apartment residential house	4 <input type="checkbox"/> separate room in the apartment	6 <input type="checkbox"/> no	
4. Is there a computer in the household?			
1 <input type="checkbox"/> yes	→	Is there access to Internet?	1 <input type="checkbox"/> yes
2 <input type="checkbox"/> no			2 <input type="checkbox"/> no

Filled by _____
enumerator

Checked by _____
instructor-controller

Date «__» _____ 2009

Date «__» _____ 2009