

ANSWERS TO THIS QUESTIONNAIRE ARE CONFIDENTIAL AND FOR STATISTICAL USE ONLY

Post code Road N°
 Floor

TO BE COMPLETED BY THE CENSUS TAKER

Commune Locality

Census district number
 Building sequence number
 Dwelling number
 Household number
 Type of household 1

PLEASE WRITE IN CAPITAL LETTER
 Where a box is provided for your answer, put a cross in the appropriate box.

1 HOW LONG HAVE YOU BEEN LIVING IN THIS DWELLING?

Year

2 ARE YOU

- The owner of your dwelling 1
- Living their rent-free 2
- A tenant in rented accommodation 3
- A tenant in furnished rented accommodation 4
- Sub-tenant 5
- Other 6

3 IF YOU ARE A TENANT

a) Do you pay

- a full rent 1
- rent at a reduced rate 2

b) How much is your net monthly rent (excluding charges for heating, water, gas, electricity, garage and not including the rent for any possible business premises)

euros

4 NUMBER OF DWELLING ROOMS and SURFACE AREAS OF RESIDENCE

a) Number of rooms

All rooms of 4 m² or more excluding bathroom, toilets, entrance and hall. Attics or cellars for dwelling purposes are to be considered dwelling rooms.

b) Surface area in m²

State the surface area measured on the inside of the outside walls, i.e. including the toilet, bathroom, hall, but excluding cellars and attics, except if they have been converted for dwelling purposes.

5 DWELLING FACILITIES

	No	Yes
Does your household have		
- a bathroom (with a bath and/or shower)	<input type="checkbox"/> 0	<input type="checkbox"/> 1
- toilets inside the dwelling	<input type="checkbox"/> 0	<input type="checkbox"/> 1
- a garage		
- integrated in the building	<input type="checkbox"/> 0	<input type="checkbox"/> 1
- separate from the building	<input type="checkbox"/> 0	<input type="checkbox"/> 1
- a parking space for cars		
- integrated in the building	<input type="checkbox"/> 0	<input type="checkbox"/> 1
- separate from the building	<input type="checkbox"/> 0	<input type="checkbox"/> 1

6 HEATING

a) What is the main source of heating in your dwelling? /

- Collective central heating 1
- Individual central heating 2
- Other source of heating (e.g. fireplace) 3

b) Main type of fuel used to heat your dwelling

- Fuel oil 1
- Natural gas 2
- Liquefied gas 3
- Electricity 4
- Wood 5
- Pellets 6
- Solar energy 7
- Wind energy 8
- Biomass energy 9
- Other fuel 10

7 Does your household have ONE OR MORE PRIVATE CARS?

No 0 Yes Number

8 DOES YOUR HOUSEHOLD HAVE

	No	Yes
	Number	Number
- fixed-line phone	<input type="checkbox"/> 0	<input type="text"/>
- mobile phone	<input type="checkbox"/> 0	<input type="text"/>
- a television set	<input type="checkbox"/> 0	<input type="text"/>
- a DVD player	<input type="checkbox"/> 0	<input type="text"/>
- a digital player (mp3, mp4)	<input type="checkbox"/> 0	<input type="text"/>
- a Hi-Fi	<input type="checkbox"/> 0	<input type="text"/>
- a personal computer	<input type="checkbox"/> 0	<input type="text"/>
- a portable computer	<input type="checkbox"/> 0	<input type="text"/>
- an internet connection	<input type="checkbox"/> 0	<input type="text"/>
- a washing machine	<input type="checkbox"/> 0	<input type="text"/>
- a tumble drier	<input type="checkbox"/> 0	<input type="text"/>
- a fridge	<input type="checkbox"/> 0	<input type="text"/>
- a separate deep-freeze	<input type="checkbox"/> 0	<input type="text"/>
- a dish washer	<input type="checkbox"/> 0	<input type="text"/>

9 NAME Enter the names of all the members of the household, including those usually residing in the household but absent on the census day owing to holiday, hospital stay, boarding school, etc.)	1st person
	Surname <input type="text"/> <input type="text"/> First name <input type="text"/>

2nd person
Surname <input type="text"/> <input type="text"/> First name <input type="text"/>

10 SEX	P001
	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
11 DATE OF BIRTH <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Example Date of birth 10.4.1975</p> <p>Year <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="7"/> <input type="text" value="5"/></p> <p>Period 1/1. - 31/1. <input type="checkbox"/> 1/2. - 31/12. <input checked="" type="checkbox"/></p> </div>	Year <input type="text"/> Period 1/1. - 31/1. <input type="checkbox"/> 1 1/2. - 31/12. <input type="checkbox"/> 2

P002
Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Year <input type="text"/> 1/1. - 31/1. <input type="checkbox"/> 1 1/2. - 31/12. <input type="checkbox"/> 2

12 COUNTRY OF BIRTH and PREVIOUS RESIDENCE ABROAD a) Were you born in the Grand Duchy of Luxembourg? b) If you were born ABROAD, state your country of birth and the year since which you have been living in the Grand Duchy continuously. c) If you were born in the GRAND DUCHY but if you lived at least one year abroad, state the year when you most recently established your regular residence in the GRAND DUCHY.	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 0 Country <input type="text"/> Year <input type="text"/> Year <input type="text"/>
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YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 0 Country <input type="text"/> Year <input type="text"/> Year <input type="text"/>

13 PARENTS' COUNTRY OF BIRTH In which country were your mother and father born?	Of your mother <input type="text"/> Of your father <input type="text"/>
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Of your mother <input type="text"/> Of your father <input type="text"/>
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
14 MARITAL STATUS	Single <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Civil partnership <input type="checkbox"/> 3 Widow(er) <input type="checkbox"/> 4 End of partnership following death of spouse <input type="checkbox"/> 5 Divorced <input type="checkbox"/> 6 End of partnership following legal break-up <input type="checkbox"/> 7
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Single <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Civil partnership <input type="checkbox"/> 3 Widow(er) <input type="checkbox"/> 4 End of partnership following death of spouse <input type="checkbox"/> 5 Divorced <input type="checkbox"/> 6 End of partnership following legal break-up <input type="checkbox"/> 7



15 RELATIONS BETWEEN MEMBERS OF THE HOUSEHOLD* <div style="border: 1px solid black; padding: 5px;"> <p>The reference person must be at least 18 years old and not have been absent from the household for more than 6 months at the time of the census</p> <p>The spouse may also be the partner in a cohabitation</p> <p>Stepfather, stepmother = mother, father Stepson, stepdaughter = son, daughter</p> </div>	Reference person <input checked="" type="checkbox"/> 1
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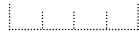

Relation of P002 person with person P001 Spouse <input type="checkbox"/> 2 Son, daughter <input type="checkbox"/> 3 Grandchild/great-grandchild <input type="checkbox"/> 4 Father, mother <input type="checkbox"/> 5 Grandfather, grandmother <input type="checkbox"/> 6 Brother, sister <input type="checkbox"/> 7 Other relative(s) <input type="checkbox"/> 8 Non-relative <input type="checkbox"/> 9

* for examples, see the explanatory brochure

P003	
Male	<input type="checkbox"/> 1
Female	<input type="checkbox"/> 2
<div style="text-align: center;">  </div>	
1/1. - 31/1.	<input type="checkbox"/> 1
1/2. - 31/12.	<input type="checkbox"/> 2
YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 0
Country	<input type="text"/>
Year	<input type="text"/>
Year	<input type="text"/>
Of your mother	<input type="text"/>
Of your father	<input type="text"/>
Single	<input type="checkbox"/> 1
Married	<input type="checkbox"/> 2
Civil partnership	<input type="checkbox"/> 3
Widow(er)	<input type="checkbox"/> 4
End of partnership following death of spouse	<input type="checkbox"/> 5
Divorced	<input type="checkbox"/> 6
End of partnership following legal break-up	<input type="checkbox"/> 7
Relation of P003 person with persons <div style="text-align: center;">  </div>	
Spouse/	<input type="checkbox"/> 2 <input type="checkbox"/> 2
Son, daughter	<input type="checkbox"/> 3 <input type="checkbox"/> 3
Grandchild/great-grandchild	<input type="checkbox"/> 4 <input type="checkbox"/> 4
Father, mother	<input type="checkbox"/> 5 <input type="checkbox"/> 5
Grandfather, grandmother	<input type="checkbox"/> 6 <input type="checkbox"/> 6
Brother, sister	<input type="checkbox"/> 7 <input type="checkbox"/> 7
Other relative	<input type="checkbox"/> 8 <input type="checkbox"/> 8
Non-relative	<input type="checkbox"/> 9 <input type="checkbox"/> 9

P004	
Male	<input type="checkbox"/> 1
Female	<input type="checkbox"/> 2
<div style="text-align: center;">  </div>	
1/1. - 31/1.	<input type="checkbox"/> 1
1/2. - 31/12.	<input type="checkbox"/> 2
YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 0
Country	<input type="text"/>
Year	<input type="text"/>
Year	<input type="text"/>
Of your mother	<input type="text"/>
Of your father	<input type="text"/>
Single	<input type="checkbox"/> 1
Married	<input type="checkbox"/> 2
Civil partnership	<input type="checkbox"/> 3
Widow(er)	<input type="checkbox"/> 4
End of partnership following death of spouse	<input type="checkbox"/> 5
Divorced	<input type="checkbox"/> 6
End of partnership following legal break-up	<input type="checkbox"/> 7
Relation of P004 person with persons <div style="text-align: center;">  </div>	
Spouse/	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2
Son, daughter	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3
Grand/great-grandchild	<input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4
Father, mother	<input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5
Grandfather, grandmother	<input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6
Brother, sister	<input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7
Other relative	<input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8
Non-relative	<input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9

P005	
Male	<input type="checkbox"/> 1
Female	<input type="checkbox"/> 2
<div style="text-align: center;">  </div>	
1/1. - 31/1.	<input type="checkbox"/> 1
1/2. - 31/12.	<input type="checkbox"/> 2
YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 0
Country	<input type="text"/>
Year	<input type="text"/>
Year	<input type="text"/>
Of your mother	<input type="text"/>
Of your father	<input type="text"/>
Single	<input type="checkbox"/> 1
Married	<input type="checkbox"/> 2
Civil partnership	<input type="checkbox"/> 3
Widow(er)	<input type="checkbox"/> 4
End of partnership following death of spouse	<input type="checkbox"/> 5
Divorced	<input type="checkbox"/> 6
End of partnership following legal break-up	<input type="checkbox"/> 7
Relation of P005 person with persons <div style="text-align: center;">  </div>	
Spouse/	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2
Son, daughter	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3
Grand/great-grandchild	<input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4
Father, mother	<input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5
Grandfather, grandmother	<input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6
Brother, sister	<input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7
Other relative	<input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8
Not-relative	<input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9

P006	
Male	<input type="checkbox"/> 1
Female	<input type="checkbox"/> 2
<div style="text-align: center;">  </div>	
1/1. - 31/1.	<input type="checkbox"/> 1
1/2. - 31/12.	<input type="checkbox"/> 2
YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 0
Country	<input type="text"/>
Year	<input type="text"/>
Year	<input type="text"/>
Of your mother	<input type="text"/>
Of your father	<input type="text"/>
Single	<input type="checkbox"/> 1
Married	<input type="checkbox"/> 2
Civil partnership	<input type="checkbox"/> 3
Widow(er)	<input type="checkbox"/> 4
End of partnership following death of spouse	<input type="checkbox"/> 5
Divorced	<input type="checkbox"/> 6
End of partnership following legal break-up	<input type="checkbox"/> 7
Relation of P006 person with persons <div style="text-align: center;">  </div>	
Spouse	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2
Son, daughter	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3
Grandchild/great-grandchild	<input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4
Father, mother	<input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5
Grandfather, grandmother	<input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6
Brother, sister	<input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7
Other relative	<input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8
Non-relative	<input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9

		P001
<p>16 IS THIS DWELLING YOUR NORMAL PLACE OF RESIDENCE? /</p> <div style="border: 1px solid black; width: fit-content; margin: 5px 0; padding: 2px;"> <p>IF NO:</p> </div> <p>Where is your normal place of residence?</p> <p>- abroad: indicate the country - in the Grand Duchy: please indicate the complete address on the LAST PAGE of the questionnaire</p> <div style="border: 3px double black; padding: 5px; margin-top: 10px;"> <p>The normal residence is the place where different people that form a household live together or the place where one single person lives and thereby constitutes a household. Normally, the address of this location is the place where person is registered at the commune.</p> </div>	<p>YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 0</p> <p>Country</p> <div style="border: 1px dotted black; height: 20px; width: 100%;"></div>	
<p>17 NATIONALITY</p> <p>Are you LUXEMBOURGISH?</p> <p>Luxembourgish by birth</p> <p>Luxembourgish by naturalisation/option</p> <p>If you are Luxembourgish by naturalisation/option, please indicate your nationality at birth</p> <p>Do you have one or more nationalities, as well as Luxembourgish nationality?</p> <p>If YES, please list them in the following section</p> <p>Do you have FOREIGN nationality? indicate the nationality(ies)</p> <p>No nationality (stateless)</p> <p><small>* for examples, see the explanatory brochure</small></p>	<p>Luxembourgish by birth <input type="checkbox"/> 1 Lux. by naturalisation/option <input type="checkbox"/> 2</p> <p>Nationality at birth</p> <div style="border: 1px dotted black; height: 20px; width: 100%;"></div> <p>NO <input type="checkbox"/> 0 YES <input type="checkbox"/> 3</p> <p>Foreign</p> <div style="border: 1px dotted black; height: 20px; width: 100%; margin-bottom: 2px;">3a</div> <div style="border: 1px dotted black; height: 20px; width: 100%; margin-bottom: 2px;">3b</div> <div style="border: 1px dotted black; height: 20px; width: 100%; margin-bottom: 2px;">3c</div> <p>Stateless <input type="checkbox"/> 4</p>	
<p>18 LANGUAGE</p> <p>a) Which language do you think in and know the best?</p> <div style="border: 1px solid black; width: fit-content; margin: 10px auto; padding: 5px;"> <p>only one answer possible</p> </div>	<p>Luxembourgish <input type="checkbox"/> 1 French <input type="checkbox"/> 2 German <input type="checkbox"/> 3 Portuguese <input type="checkbox"/> 4 Italian <input type="checkbox"/> 5 English <input type="checkbox"/> 6</p> <p>Another language, namely:</p> <div style="border: 1px dotted black; height: 20px; width: 100%;"></div>	

		P002
<p>16 IS THIS DWELLING YOUR NORMAL PLACE OF RESIDENCE? /</p> <div style="border: 1px solid black; width: fit-content; margin: 5px 0; padding: 2px;"> <p>IF NO:</p> </div> <p>Where is your normal place of residence?</p> <p>- abroad: indicate the country - in the Grand Duchy: please indicate the complete address on the LAST PAGE of the questionnaire</p> <div style="border: 3px double black; padding: 5px; margin-top: 10px;"> <p>The normal residence is the place where different people that form a household live together or the place where one single person lives and thereby constitutes a household. Normally, the address of this location is the place where person is registered at the commune.</p> </div>	<p>YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 0</p> <p>Country</p> <div style="border: 1px dotted black; height: 20px; width: 100%;"></div>	
<p>17 NATIONALITY</p> <p>Are you LUXEMBOURGISH?</p> <p>Luxembourgish by birth</p> <p>Luxembourgish by naturalisation/option</p> <p>If you are Luxembourgish by naturalisation/option, please indicate your nationality at birth</p> <p>Do you have one or more nationalities, as well as Luxembourgish nationality?</p> <p>If YES, please list them in the following section</p> <p>Do you have FOREIGN nationality? indicate the nationality(ies)</p> <p>No nationality (stateless)</p> <p><small>* for examples, see the explanatory brochure</small></p>	<p>Luxembourgish by birth <input type="checkbox"/> 1 Lux. by naturalisation/option <input type="checkbox"/> 2</p> <p>Nationality at birth</p> <div style="border: 1px dotted black; height: 20px; width: 100%;"></div> <p>NO <input type="checkbox"/> 0 YES <input type="checkbox"/> 3</p> <p>Foreign</p> <div style="border: 1px dotted black; height: 20px; width: 100%; margin-bottom: 2px;">3a</div> <div style="border: 1px dotted black; height: 20px; width: 100%; margin-bottom: 2px;">3b</div> <div style="border: 1px dotted black; height: 20px; width: 100%; margin-bottom: 2px;">3c</div> <p>Stateless <input type="checkbox"/> 4</p>	
<p>18 LANGUAGE</p> <p>a) Which language do you think in and know the best?</p> <div style="border: 1px solid black; width: fit-content; margin: 10px auto; padding: 5px;"> <p>only one answer possible</p> </div>	<p>Luxembourgish <input type="checkbox"/> 1 French <input type="checkbox"/> 2 German <input type="checkbox"/> 3 Portuguese <input type="checkbox"/> 4 Italian <input type="checkbox"/> 5 English <input type="checkbox"/> 6</p> <p>Another language, namely:</p> <div style="border: 1px dotted black; height: 20px; width: 100%;"></div>	

P003	
YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 0
Country	<input type="text"/>
Luxembourgish by birth	<input type="checkbox"/> 1
Lux. by naturalisation/option	<input type="checkbox"/> 2
Nationality at birth	<input type="text"/>
NO	<input type="checkbox"/> 0
YES	↓
Foreign	<input type="checkbox"/> 3
<input type="text"/>	3a
<input type="text"/>	3b
<input type="text"/>	3c
Stateless	<input type="checkbox"/> 4
Luxembourgish	<input type="checkbox"/> 1
French	<input type="checkbox"/> 2
German	<input type="checkbox"/> 3
Portuguese	<input type="checkbox"/> 4
Italian	<input type="checkbox"/> 5
English	<input type="checkbox"/> 6
Another language, namely:	<input type="text"/> 7

P004	
YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 0
Country	<input type="text"/>
Luxembourgish by birth	<input type="checkbox"/> 1
Lux. by naturalisation/option	<input type="checkbox"/> 2
Nationality at birth	<input type="text"/>
NO	<input type="checkbox"/> 0
YES	↓
Foreign	<input type="checkbox"/> 3
<input type="text"/>	3a
<input type="text"/>	3b
<input type="text"/>	3c
Stateless	<input type="checkbox"/> 4
Luxembourgish	<input type="checkbox"/> 1
French	<input type="checkbox"/> 2
German	<input type="checkbox"/> 3
Portuguese	<input type="checkbox"/> 4
Italian	<input type="checkbox"/> 5
English	<input type="checkbox"/> 6
Another language, namely:	<input type="text"/> 7

P005	
YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 0
Country	<input type="text"/>
Luxembourgish by birth	<input type="checkbox"/> 1
Lux. by naturalisation/option	<input type="checkbox"/> 2
Nationality at birth	<input type="text"/>
NO	<input type="checkbox"/> 0
YES	↓
Foreign	<input type="checkbox"/> 3
<input type="text"/>	3a
<input type="text"/>	3b
<input type="text"/>	3c
Stateless	<input type="checkbox"/> 4
Luxembourgish	<input type="checkbox"/> 1
French	<input type="checkbox"/> 2
German	<input type="checkbox"/> 3
Portuguese	<input type="checkbox"/> 4
Italian	<input type="checkbox"/> 5
English	<input type="checkbox"/> 6
Another language, namely:	<input type="text"/> 7

P006	
YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 0
Country	<input type="text"/>
Luxembourgish by birth	<input type="checkbox"/> 1
Lux. by naturalisation/option	<input type="checkbox"/> 2
Nationality at birth	<input type="text"/>
NO	<input type="checkbox"/> 0
YES	↓
Foreign	<input type="checkbox"/> 3
<input type="text"/>	3a
<input type="text"/>	3b
<input type="text"/>	3c
Stateless	<input type="checkbox"/> 4
Luxembourgish	<input type="checkbox"/> 1
French	<input type="checkbox"/> 2
German	<input type="checkbox"/> 3
Portuguese	<input type="checkbox"/> 4
Italian	<input type="checkbox"/> 5
English	<input type="checkbox"/> 6
Another language, namely:	<input type="text"/> 7

		P001
b) Which language(s) do you speak on a regular basis? (several answers possible)		
b1) At home, with close relations	Luxembourgish	<input type="checkbox"/> 1
	French	<input type="checkbox"/> 2
	German	<input type="checkbox"/> 3
	Portuguese	<input type="checkbox"/> 4
	Italian	<input type="checkbox"/> 5
	English	<input type="checkbox"/> 6
	Other language(s)	<input type="checkbox"/> 7
b2) At school, at work	Luxembourgish	<input type="checkbox"/> 1
	French	<input type="checkbox"/> 2
	German	<input type="checkbox"/> 3
	Portuguese	<input type="checkbox"/> 4
	Italian	<input type="checkbox"/> 5
	English	<input type="checkbox"/> 6
	Other language(s)	<input type="checkbox"/> 7
19 WHERE WERE YOU LIVING ON 31 JANUARY 2010? (For persons born before 1 February 2010)	Commune	<input type="text"/>
- in the Grand Duchy: commune		<input type="text"/>
	Country	<input type="text"/>
- abroad: country		<input type="text"/>
20 WHERE WERE YOU LIVING ON 31 JANUARY 2005? (For persons born before 1 February 2005)	Commune	<input type="text"/>
- in the Grand Duchy: commune		<input type="text"/>
	Country	<input type="text"/>
- abroad: country		<input type="text"/>
21 ARE YOU CURRENTLY IN EMPLOYMENT?	YES	<input type="checkbox"/> 1
<div style="border: 1px solid black; padding: 5px; width: fit-content;">You should also answer YES if you are helping a member of your family with their work without being paid.*</div>	NO	<input type="checkbox"/> 0
<div style="border: 1px solid black; padding: 5px; width: fit-content;">IF YES, answer questions 22-27. IF NO, go to question 28</div>		
22 How many HOURS A WEEK do you usually work in your main profession?	Weekly schedule	<input type="text"/>

		P002
b) Which language(s) do you speak on a regular basis? (several answers possible)		
b1) At home, with close relations	Luxembourgish	<input type="checkbox"/> 1
	French	<input type="checkbox"/> 2
	German	<input type="checkbox"/> 3
	Portuguese	<input type="checkbox"/> 4
	Italian	<input type="checkbox"/> 5
	English	<input type="checkbox"/> 6
	Other language(s)	<input type="checkbox"/> 7
b2) At school, at work	Luxembourgish	<input type="checkbox"/> 1
	French	<input type="checkbox"/> 2
	German	<input type="checkbox"/> 3
	Portuguese	<input type="checkbox"/> 4
	Italian	<input type="checkbox"/> 5
	English	<input type="checkbox"/> 6
	Other language(s)	<input type="checkbox"/> 7
19 WHERE WERE YOU LIVING ON 31 JANUARY 2010? (For persons born before 1 February 2010)	Commune	<input type="text"/>
- in the Grand Duchy: commune		<input type="text"/>
	Country	<input type="text"/>
- abroad: country		<input type="text"/>
20 WHERE WERE YOU LIVING ON 31 JANUARY 2005? (For persons born before 1 February 2005)	Commune	<input type="text"/>
- in the Grand Duchy: commune		<input type="text"/>
	Country	<input type="text"/>
- abroad: country		<input type="text"/>
21 ARE YOU CURRENTLY IN EMPLOYMENT?	YES	<input type="checkbox"/> 1
<div style="border: 1px solid black; padding: 5px; width: fit-content;">You should also answer YES if you are helping a member of your family with their work without being paid.*</div>	NO	<input type="checkbox"/> 0
<div style="border: 1px solid black; padding: 5px; width: fit-content;">IF YES, answer questions 22-27. IF NO, go to question 28</div>		
22 How many HOURS A WEEK do you usually work in your main profession?	Weekly schedule	<input type="text"/>

P003	
Luxembourgish	<input type="checkbox"/> 1
French	<input type="checkbox"/> 2
German	<input type="checkbox"/> 3
Portuguese	<input type="checkbox"/> 4
Italian	<input type="checkbox"/> 5
English	<input type="checkbox"/> 6
Other language(s)	<input type="checkbox"/> 7
Luxembourgish	<input type="checkbox"/> 1
French	<input type="checkbox"/> 2
German	<input type="checkbox"/> 3
Portuguese	<input type="checkbox"/> 4
Italian	<input type="checkbox"/> 5
English	<input type="checkbox"/> 6
Other language(s)	<input type="checkbox"/> 7
Commune	<input type="text"/>
Country	<input type="text"/>
Commune	<input type="text"/>
Country	<input type="text"/>
YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 0
Weekly timetable	<input type="text"/>

P004	
Luxembourgish	<input type="checkbox"/> 1
French	<input type="checkbox"/> 2
German	<input type="checkbox"/> 3
Portuguese	<input type="checkbox"/> 4
Italian	<input type="checkbox"/> 5
English	<input type="checkbox"/> 6
Other language(s)	<input type="checkbox"/> 7
Luxembourgish	<input type="checkbox"/> 1
French	<input type="checkbox"/> 2
German	<input type="checkbox"/> 3
Portuguese	<input type="checkbox"/> 4
Italian	<input type="checkbox"/> 5
English	<input type="checkbox"/> 6
Other language(s)	<input type="checkbox"/> 7
Commune	<input type="text"/>
Country	<input type="text"/>
Commune	<input type="text"/>
Country	<input type="text"/>
YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 0
Weekly timetable	<input type="text"/>

P005	
Luxembourgish	<input type="checkbox"/> 1
French	<input type="checkbox"/> 2
German	<input type="checkbox"/> 3
Portuguese	<input type="checkbox"/> 4
Italian	<input type="checkbox"/> 5
English	<input type="checkbox"/> 6
Other language(s)	<input type="checkbox"/> 7
Luxembourgish	<input type="checkbox"/> 1
French	<input type="checkbox"/> 2
German	<input type="checkbox"/> 3
Portuguese	<input type="checkbox"/> 4
Italian	<input type="checkbox"/> 5
English	<input type="checkbox"/> 6
Other language(s)	<input type="checkbox"/> 7
Commune	<input type="text"/>
Country	<input type="text"/>
Commune	<input type="text"/>
Country	<input type="text"/>
YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 0
Weekly timetable	<input type="text"/>

P006	
Luxembourgish	<input type="checkbox"/> 1
French	<input type="checkbox"/> 2
German	<input type="checkbox"/> 3
Portuguese	<input type="checkbox"/> 4
Italian	<input type="checkbox"/> 5
English	<input type="checkbox"/> 6
Other language(s)	<input type="checkbox"/> 7
Luxembourgish	<input type="checkbox"/> 1
French	<input type="checkbox"/> 2
German	<input type="checkbox"/> 3
Portuguese	<input type="checkbox"/> 4
Italian	<input type="checkbox"/> 5
English	<input type="checkbox"/> 6
Other language(s)	<input type="checkbox"/> 7
Commune	<input type="text"/>
Country	<input type="text"/>
Commune	<input type="text"/>
Country	<input type="text"/>
YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 0
Weekly timetable	<input type="text"/>

		P001
<p>23 WHERE DO YOU WORK?</p> <p>a) Name of the organisation or administration</p> <p>b) What is the field of activity of the company, administration, etc. which you manage or which employs you? *</p> <p>c) Address of your workplace - in the GRAND DUCHY: road, number, commune, locality</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>If your work involves travelling (CFL train crews, bus drivers, etc.), please state the location where your work usually starts (station, depot, etc.)</p> <p>If you do not always work in the same place (salesperson, stallholders, etc.), please state "varies"</p> <p>Construction workers should state the address of the building site where they are currently working</p> </div> <p>- abroad: country and province (B), Kreis (D) or department (F) respectively</p> <p>* for examples, see the explanatory brochure</p>	<p>Name</p> <p>Activity</p> <p>Road and n°</p> <p>Commune</p> <p>Locality</p> <p>Country</p> <p>Province (B), Kreis (D), Depart. (F)</p>	
<p>24 What is your EMPLOYMENT STATUS?*</p> <p>Unpaid family helper</p> <p>Farmer</p> <p>Self-employed non-manual worker (doctor, lawyer, architect, etc.)</p> <p>Other self-employed (industrial, tradesman, craftsman, etc.)</p> <p>Contract apprentice</p> <p>International official</p> <p>Civil servant, public-sector worker or labourer</p> <p>Private-sector worker (affiliated to the Caisse Nationale de Santé)</p> <p>* for examples, see the explanatory brochure</p>	<p>Helper <input type="checkbox"/> 1</p> <p>Farmer <input type="checkbox"/> 2</p> <p>Self-employed non-manual worker <input type="checkbox"/> 3</p> <p>Other self-employed <input type="checkbox"/> 4</p> <p>Apprentice <input type="checkbox"/> 5</p> <p>International official <input type="checkbox"/> 6</p> <p>Civil servant, public-sector worker or labourer <input type="checkbox"/> 7</p> <p>Private-sector worker <input type="checkbox"/> 8</p>	
<p>25 If you RUN YOUR OWN BUSINESS, do you have any employees?</p> <p>(Answers 2, 3 or 4 of question 24)</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Do not include the domestic staff working for you. Farmers should include permanent staff only</p> </div>	<p>YES How many <input type="text"/></p> <p>NO <input type="checkbox"/> 0</p>	

		P002
<p>a) Name of the organisation or administration</p> <p>b) What is the field of activity of the company, administration, etc. which you manage or which employs you? *</p> <p>c) Address of your workplace - in the GRAND DUCHY: road, number, commune, locality</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>If your work involves travelling (CFL train crews, bus drivers, etc.), please state the location where your work usually starts (station, depot, etc.)</p> <p>If you do not always work in the same place (salesperson, stallholders, etc.), please state "varies"</p> <p>Construction workers should state the address of the building site where they are currently working</p> </div> <p>- abroad: country and province (B), Kreis (D) or department (F) respectively</p> <p>* for examples, see the explanatory brochure</p>	<p>Name</p> <p>Activity</p> <p>Road and n°</p> <p>Commune</p> <p>Locality</p> <p>Country</p> <p>Province (B), Kreis (D), Depart. (F)</p>	
<p>24 What is your EMPLOYMENT STATUS?*</p> <p>Unpaid family helper</p> <p>Farmer</p> <p>Self-employed non-manual worker (doctor, lawyer, architect, etc.)</p> <p>Other self-employed (industrial, tradesman, craftsman, etc.)</p> <p>Contract apprentice</p> <p>International official</p> <p>Civil servant, public-sector worker or labourer</p> <p>Private-sector worker (affiliated to the Caisse Nationale de Santé)</p> <p>* for examples, see the explanatory brochure</p>	<p>Helper <input type="checkbox"/> 1</p> <p>Farmer <input type="checkbox"/> 2</p> <p>Self-employed non-manual worker <input type="checkbox"/> 3</p> <p>Other self-employed <input type="checkbox"/> 4</p> <p>Apprentice <input type="checkbox"/> 5</p> <p>International official <input type="checkbox"/> 6</p> <p>Civil servant, public-sector worker or labourer <input type="checkbox"/> 7</p> <p>Private-sector worker <input type="checkbox"/> 8</p>	
<p>25 If you RUN YOUR OWN BUSINESS, do you have any employees?</p> <p>(Answers 2, 3 or 4 of question 24)</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Do not include the domestic staff working for you. Farmers should include permanent staff only</p> </div>	<p>YES How many <input type="text"/></p> <p>NO <input type="checkbox"/> 0</p>	

P003	
Name	
Activity	
Road and n°	
Commune	
Locality	
Country	
Province (B), Kreis (D), Depart. (F)	
Helper	<input type="checkbox"/> 1
Farmer	<input type="checkbox"/> 2
Self-employed non-manual worker	<input type="checkbox"/> 3
Other self-employed	<input type="checkbox"/> 4
Apprentice	<input type="checkbox"/> 5
International official	<input type="checkbox"/> 6
Civil servant, public-sector worker or labourer	<input type="checkbox"/> 7
Private-sector worker	<input type="checkbox"/> 8
YES	<input type="checkbox"/>
How many	<input type="checkbox"/>
NO	<input type="checkbox"/> 0

P004	
Name	
Activity	
Road and n°	
Commune	
Locality	
Country	
Province (B), Kreis (D), Depart. (F)	
Helper	<input type="checkbox"/> 1
Farmer	<input type="checkbox"/> 2
Self-employed non-manual worker	<input type="checkbox"/> 3
Other self-employed	<input type="checkbox"/> 4
Apprentice	<input type="checkbox"/> 5
International official	<input type="checkbox"/> 6
Civil servant, public-sector worker or labourer	<input type="checkbox"/> 7
Private-sector worker	<input type="checkbox"/> 8
YES	<input type="checkbox"/>
How many	<input type="checkbox"/>
NO	<input type="checkbox"/> 0

P005	
Name	
Activity	
Road and n°	
Commune	
Locality	
Country	
Province (B), Kreis (D), Depart. (F)	
Helper	<input type="checkbox"/> 1
Farmer	<input type="checkbox"/> 2
Self-employed non-manual worker	<input type="checkbox"/> 3
Other self-employed	<input type="checkbox"/> 4
Apprentice	<input type="checkbox"/> 5
International official	<input type="checkbox"/> 6
Civil servant, public-sector worker or labourer	<input type="checkbox"/> 7
Private-sector worker	<input type="checkbox"/> 8
YES	<input type="checkbox"/>
How many	<input type="checkbox"/>
NO	<input type="checkbox"/> 0

P006	
Name	
Activity	
Road and n°	
Commune	
Locality	
Country	
Province (B), Kreis (D), Depart. (F)	
Helper	<input type="checkbox"/> 1
Farmer	<input type="checkbox"/> 2
Self-employed non-manual worker	<input type="checkbox"/> 3
Other self-employed	<input type="checkbox"/> 4
Apprentice	<input type="checkbox"/> 5
International official	<input type="checkbox"/> 6
Civil servant, public-sector worker or labourer	<input type="checkbox"/> 7
Private-sector worker	<input type="checkbox"/> 8
YES	<input type="checkbox"/>
How many	<input type="checkbox"/>
NO	<input type="checkbox"/> 0

		P001
<p>26 TYPE OF CONTRAT (Answers 1, 5, 6, 7 or 8 of question 24)</p> <p>Indefinite contract</p> <p>Temporary contract</p> <p>Other [apprentice, paid trainee]</p>	<p>Indefinite contract <input type="checkbox"/> 1</p> <p>Temporary contract <input type="checkbox"/> 2</p> <p>Other [apprentice, trainee] <input type="checkbox"/> 3</p>	
<p>27 OCCUPATION</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>State your current occupation or profession even if you are still an apprentice or are helping a member of your household with their work. State the exact and complete name of your occupation. Do not simply write: bank clerk, factory worker, but specify accountant, cashier, programmer, crane operator, locksmith, etc. Civil servants and military personnel the rank (inferior, average, superior)</p> </div>	<p>Exact name of the occupation /</p> <div style="border: 1px dotted black; height: 40px; width: 100%;"></div>	
<p>28 OTHER INFORMATION REGARDING ECONOMIC STATUS</p> <p>Working in own household, including a survivor's pension</p> <p>Unemployed and currently seeking employment: never previously employed</p> <p>Unemployed and currently seeking employment: previously employed</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>If you are unemployed and currently seeking employment but you were previously employed, what was your previous occupation</p> </div> <p>Pupil, student please answer questions 29-31</p> <p>Retired, pensioner (excluding survivor's pension)</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>If you are retired or a pensioner, what was your previous occupation</p> </div> <p>Absentee owner, person of private means living off his/her wealth</p> <p>Other status (Child not yet attending school, disabled, etc.)</p>	<p>Working in own household <input type="checkbox"/> 1</p> <p>Unemployed and currently seeking employment: never previously employed <input type="checkbox"/> 2</p> <p>Unemployed and currently seeking employment: previously employed <input type="checkbox"/> 3</p> <p>Previous occupation</p> <div style="border: 1px dotted black; height: 20px; width: 100%;"></div> <p>Pupil, student <input type="checkbox"/> 4</p> <p>Retired, pensioner <input type="checkbox"/> 5</p> <p>Previous occupation</p> <div style="border: 1px dotted black; height: 20px; width: 100%;"></div> <p>Landlord, person of private means <input type="checkbox"/> 6</p> <p>Other status <input type="checkbox"/> 7</p>	
<p>ONLY FOR PUPILS AND STUDENTS</p> <p>29 NAME AND ADDRESS OF EDUCATIONAL ESTABLISHMENT</p> <p>IF THE ESTABLISHMENT IS LOCATED IN LUXEMBOURG state the commune and locality</p>	<p>Name</p> <div style="border: 1px dotted black; height: 20px; width: 100%;"></div> <p>Commune</p> <div style="border: 1px dotted black; height: 20px; width: 100%;"></div> <p>Locality</p> <div style="border: 1px dotted black; height: 20px; width: 100%;"></div>	


		P002
<p>Indefinite contract</p> <p>Temporary contract</p> <p>Other [apprentice, trainee]</p>	<p>Indefinite contract <input type="checkbox"/> 1</p> <p>Temporary contract <input type="checkbox"/> 2</p> <p>Other [apprentice, trainee] <input type="checkbox"/> 3</p>	
<p>Exact name of the occupation /</p> <div style="border: 1px dotted black; height: 40px; width: 100%;"></div>	<p>Exact name of the occupation /</p> <div style="border: 1px dotted black; height: 40px; width: 100%;"></div>	
<p>Working in own household, including a survivor's pension</p> <p>Unemployed and currently seeking employment: never previously employed</p> <p>Unemployed and currently seeking employment: previously employed</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>If you are unemployed and currently seeking employment but you were previously employed, what was your previous occupation</p> </div> <p>Pupil, student please answer questions 29-31</p> <p>Retired, pensioner (excluding survivor's pension)</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>If you are retired or a pensioner, what was your previous occupation</p> </div> <p>Absentee owner, person of private means living off his/her wealth</p> <p>Other status (Child not yet attending school, disabled, etc.)</p>	<p>Working in own household <input type="checkbox"/> 1</p> <p>Unemployed and currently seeking employment: never previously employed <input type="checkbox"/> 2</p> <p>Unemployed and currently seeking employment: previously employed <input type="checkbox"/> 3</p> <p>Previous occupation</p> <div style="border: 1px dotted black; height: 20px; width: 100%;"></div> <p>Pupil, student <input type="checkbox"/> 4</p> <p>Retired, pensioner <input type="checkbox"/> 5</p> <p>Previous occupation</p> <div style="border: 1px dotted black; height: 20px; width: 100%;"></div> <p>Landlord, person of private means <input type="checkbox"/> 6</p> <p>Other status <input type="checkbox"/> 7</p>	
<p>ONLY FOR PUPILS AND STUDENTS</p> <p>29 NAME AND ADDRESS OF EDUCATIONAL ESTABLISHMENT</p> <p>IF THE ESTABLISHMENT IS LOCATED IN LUXEMBOURG state the commune and locality</p>	<p>Name</p> <div style="border: 1px dotted black; height: 20px; width: 100%;"></div> <p>Commune</p> <div style="border: 1px dotted black; height: 20px; width: 100%;"></div> <p>Locality</p> <div style="border: 1px dotted black; height: 20px; width: 100%;"></div>	

P003	
Indefinite contract	<input type="checkbox"/> 1
Temporary contract	<input type="checkbox"/> 2
Other [apprentice, trainee]	<input type="checkbox"/> 3
Exact name of the occupation /	
<input type="text"/> <input type="text"/> <input type="text"/>	
Working in own household	<input type="checkbox"/> 1
Unemployed and currently seeking employment: not ever previously employed	<input type="checkbox"/> 2
Unemployed and currently seeking employment: previously employed	<input type="checkbox"/> 3
Previous occupation	
<input type="text"/> <input type="text"/>	
Pupil, student	<input type="checkbox"/> 4
Retired, pensioner	<input type="checkbox"/> 5
Previous occupation	
<input type="text"/> <input type="text"/>	
Landlord, person of private means	<input type="checkbox"/> 6
Other status	<input type="checkbox"/> 7
Name	
<input type="text"/> <input type="text"/>	
Commune	
<input type="text"/>	
Locality	
<input type="text"/>	

P004	
Indefinite contract	<input type="checkbox"/> 1
Temporary contract	<input type="checkbox"/> 2
Other [apprentice, trainee]	<input type="checkbox"/> 3
Exact name of the occupation /	
<input type="text"/> <input type="text"/> <input type="text"/>	
Working in own household	<input type="checkbox"/> 1
Unemployed and currently seeking employment: not ever previously employed	<input type="checkbox"/> 2
Unemployed and currently seeking employment: previously employed	<input type="checkbox"/> 3
Previous occupation	
<input type="text"/> <input type="text"/>	
Pupil, student	<input type="checkbox"/> 4
Retired, pensioner	<input type="checkbox"/> 5
Previous occupation	
<input type="text"/> <input type="text"/>	
Landlord, person of private means	<input type="checkbox"/> 6
Other status	<input type="checkbox"/> 7
Name	
<input type="text"/> <input type="text"/>	
Commune	
<input type="text"/>	
Locality	
<input type="text"/>	

P005	
Indefinite contract	<input type="checkbox"/> 1
Temporary contract	<input type="checkbox"/> 2
Other [apprentice, trainee]	<input type="checkbox"/> 3
Exact name of the occupation /	
<input type="text"/> <input type="text"/> <input type="text"/>	
Working in own household	<input type="checkbox"/> 1
Unemployed and currently seeking employment: not ever previously employed	<input type="checkbox"/> 2
Unemployed and currently seeking employment: previously employed	<input type="checkbox"/> 3
Previous occupation	
<input type="text"/> <input type="text"/>	
Pupil, student	<input type="checkbox"/> 4
Retired, pensioner	<input type="checkbox"/> 5
Previous occupation	
<input type="text"/> <input type="text"/>	
Landlord, person of private means	<input type="checkbox"/> 6
Other status	<input type="checkbox"/> 7
Name	
<input type="text"/> <input type="text"/>	
Commune	
<input type="text"/>	
Locality	
<input type="text"/>	

P006	
Indefinite contract	<input type="checkbox"/> 1
Temporary contract	<input type="checkbox"/> 2
Other [apprentice, trainee]	<input type="checkbox"/> 3
Exact name of the occupation /	
<input type="text"/> <input type="text"/> <input type="text"/>	
Working in own household	<input type="checkbox"/> 1
Unemployed and currently seeking employment: not ever previously employed	<input type="checkbox"/> 2
Unemployed and currently seeking employment: previously employed	<input type="checkbox"/> 3
Previous occupation	
<input type="text"/> <input type="text"/>	
Pupil, student	<input type="checkbox"/> 4
Retired, pensioner	<input type="checkbox"/> 5
Previous occupation	
<input type="text"/> <input type="text"/>	
Landlord, person of private means	<input type="checkbox"/> 6
Other status	<input type="checkbox"/> 7
Name	
<input type="text"/> <input type="text"/>	
Commune	
<input type="text"/>	
Locality	
<input type="text"/>	

		P001
<p>IF THE ESTABLISHMENT IS LOCATED ABROAD state the country and town</p>		<p>Country <input style="width: 100%;" type="text"/></p> <p>Town <input style="width: 100%;" type="text"/></p>
ONLY FOR PUPILS AND STUDENTS		
30 NATURE OF STUDIES		
<p>Fundamental education } Cycle 1 Early education Cycle 1 Early education Cycles 2,3,4 Primary</p> <p>General secondary education</p> <p>Technical and professional secondary education</p> <p>Diploma of master craftsman</p> <p>Non-university higher education</p> <p>University education: bachelor</p> <p>University education: masters</p> <p>Doctorate</p> <p>Other</p>	<p>Early education <input type="checkbox"/> 1</p> <p>Pre-school education <input type="checkbox"/> 2</p> <p>Primary <input type="checkbox"/> 3</p> <p>General secondary education <input type="checkbox"/> 4</p> <p>Technical and professional secondary education <input type="checkbox"/> 5</p> <p>Diploma of master craftsman <input type="checkbox"/> 6</p> <p>Non-university higher education <input type="checkbox"/> 7</p> <p>bachelor <input type="checkbox"/> 8</p> <p>masters <input type="checkbox"/> 9</p> <p>Doctorate <input type="checkbox"/> 10</p> <p>Other <input type="checkbox"/> 11</p>	<p>Early education <input type="checkbox"/> 1</p> <p>Pre-school education <input type="checkbox"/> 2</p> <p>Primary <input type="checkbox"/> 3</p> <p>General secondary education <input type="checkbox"/> 4</p> <p>Technical and professional secondary education <input type="checkbox"/> 5</p> <p>Diploma of master craftsman <input type="checkbox"/> 6</p> <p>Non-university higher education <input type="checkbox"/> 7</p> <p>bachelor <input type="checkbox"/> 8</p> <p>masters <input type="checkbox"/> 9</p> <p>Doctorate <input type="checkbox"/> 10</p> <p>Other <input type="checkbox"/> 11</p>
31 For all PERSONS WORKING OR STUDYING in the Grand Duchy or neighbouring regions		
<p>a) How many times a week do you make the RETURN JOURNEY between your NORMAL PLACE OF RESIDENCE and your PLACE OF WORK OR STUDY?</p> <p>b) What distance do you cover to get there? If the journey is less than 1 km, state 1</p> <p>c) How much time does it usually take you to get there?</p> <p>d) What means of transport do you use for the longest part of the journey?</p>	<p>How often? <input style="width: 100%;" type="text"/></p> <p>km <input style="width: 100%;" type="text"/></p> <p>Less than 15 minutes <input type="checkbox"/> 1</p> <p>15 to 29 minutes <input type="checkbox"/> 2</p> <p>30 to 44 minutes <input type="checkbox"/> 3</p> <p>45 to 59 minutes <input type="checkbox"/> 4</p> <p>1 hour or more <input type="checkbox"/> 5</p> <p>On foot <input type="checkbox"/> 1</p> <p>Bicycle <input type="checkbox"/> 2</p> <p>Moped <input type="checkbox"/> 3</p> <p>Motorcycle <input type="checkbox"/> 3</p> <p>Private car/driver <input type="checkbox"/> 4</p> <p>Private car/passenger <input type="checkbox"/> 5</p> <p>Public bus service <input type="checkbox"/> 6</p> <p>Work/school bus <input type="checkbox"/> 7</p> <p>Train <input type="checkbox"/> 8</p> <p>Other means <input type="checkbox"/> 9</p>	<p>How often? <input style="width: 100%;" type="text"/></p> <p>km <input style="width: 100%;" type="text"/></p> <p>Less than 15 minutes <input type="checkbox"/> 1</p> <p>15 to 29 minutes <input type="checkbox"/> 2</p> <p>30 to 44 minutes <input type="checkbox"/> 3</p> <p>45 to 59 minutes <input type="checkbox"/> 4</p> <p>1 hour or more <input type="checkbox"/> 5</p> <p>On foot <input type="checkbox"/> 1</p> <p>Bicycle <input type="checkbox"/> 2</p> <p>Moped <input type="checkbox"/> 3</p> <p>Motorcycle <input type="checkbox"/> 3</p> <p>Private car/driver <input type="checkbox"/> 4</p> <p>Private car/passenger <input type="checkbox"/> 5</p> <p>Public bus service <input type="checkbox"/> 6</p> <p>Work/school bus <input type="checkbox"/> 7</p> <p>Train <input type="checkbox"/> 8</p> <p>Other means <input type="checkbox"/> 9</p>

		P002
		<p>Country <input style="width: 100%;" type="text"/></p> <p>Town <input style="width: 100%;" type="text"/></p>
ONLY FOR PUPILS AND STUDENTS		
30 NATURE OF STUDIES		
<p>Fundamental education } Cycle 1 Early education Cycle 1 Early education Cycles 2,3,4 Primary</p> <p>General secondary education</p> <p>Technical and professional secondary education</p> <p>Diploma of master craftsman</p> <p>Non-university higher education</p> <p>University education: bachelor</p> <p>University education: masters</p> <p>Doctorate</p> <p>Other</p>	<p>Early education <input type="checkbox"/> 1</p> <p>Pre-school education <input type="checkbox"/> 2</p> <p>Primary <input type="checkbox"/> 3</p> <p>General secondary education <input type="checkbox"/> 4</p> <p>Technical and professional secondary education <input type="checkbox"/> 5</p> <p>Diploma of master craftsman <input type="checkbox"/> 6</p> <p>Non-university higher education <input type="checkbox"/> 7</p> <p>bachelor <input type="checkbox"/> 8</p> <p>masters <input type="checkbox"/> 9</p> <p>Doctorate <input type="checkbox"/> 10</p> <p>Other <input type="checkbox"/> 11</p>	<p>Early education <input type="checkbox"/> 1</p> <p>Pre-school education <input type="checkbox"/> 2</p> <p>Primary <input type="checkbox"/> 3</p> <p>General secondary education <input type="checkbox"/> 4</p> <p>Technical and professional secondary education <input type="checkbox"/> 5</p> <p>Diploma of master craftsman <input type="checkbox"/> 6</p> <p>Non-university higher education <input type="checkbox"/> 7</p> <p>bachelor <input type="checkbox"/> 8</p> <p>masters <input type="checkbox"/> 9</p> <p>Doctorate <input type="checkbox"/> 10</p> <p>Other <input type="checkbox"/> 11</p>
31 For all PERSONS WORKING OR STUDYING in the Grand Duchy or neighbouring regions		
<p>a) How many times a week do you make the RETURN JOURNEY between your NORMAL PLACE OF RESIDENCE and your PLACE OF WORK OR STUDY?</p> <p>b) What distance do you cover to get there? If the journey is less than 1 km, state 1</p> <p>c) How much time does it usually take you to get there?</p> <p>d) What means of transport do you use for the longest part of the journey?</p>	<p>How often? <input style="width: 100%;" type="text"/></p> <p>km <input style="width: 100%;" type="text"/></p> <p>Less than 15 minutes <input type="checkbox"/> 1</p> <p>15 to 29 minutes <input type="checkbox"/> 2</p> <p>30 to 44 minutes <input type="checkbox"/> 3</p> <p>45 to 59 minutes <input type="checkbox"/> 4</p> <p>1 hour or more <input type="checkbox"/> 5</p> <p>On foot <input type="checkbox"/> 1</p> <p>Bicycle <input type="checkbox"/> 2</p> <p>Moped <input type="checkbox"/> 3</p> <p>Motorcycle <input type="checkbox"/> 3</p> <p>Private car/driver <input type="checkbox"/> 4</p> <p>Private car/passenger <input type="checkbox"/> 5</p> <p>Public bus service <input type="checkbox"/> 6</p> <p>Work/school bus <input type="checkbox"/> 7</p> <p>Train <input type="checkbox"/> 8</p> <p>Other means <input type="checkbox"/> 9</p>	<p>How often? <input style="width: 100%;" type="text"/></p> <p>km <input style="width: 100%;" type="text"/></p> <p>Less than 15 minutes <input type="checkbox"/> 1</p> <p>15 to 29 minutes <input type="checkbox"/> 2</p> <p>30 to 44 minutes <input type="checkbox"/> 3</p> <p>45 to 59 minutes <input type="checkbox"/> 4</p> <p>1 hour or more <input type="checkbox"/> 5</p> <p>On foot <input type="checkbox"/> 1</p> <p>Bicycle <input type="checkbox"/> 2</p> <p>Moped <input type="checkbox"/> 3</p> <p>Motorcycle <input type="checkbox"/> 3</p> <p>Private car/driver <input type="checkbox"/> 4</p> <p>Private car/passenger <input type="checkbox"/> 5</p> <p>Public bus service <input type="checkbox"/> 6</p> <p>Work/school bus <input type="checkbox"/> 7</p> <p>Train <input type="checkbox"/> 8</p> <p>Other means <input type="checkbox"/> 9</p>

P003	
Country	<input type="text"/>
Town	<input type="text"/>
Early education	<input type="checkbox"/> 1
Pre-school education	<input type="checkbox"/> 2
Primary	<input type="checkbox"/> 3
General secondary education	<input type="checkbox"/> 4
Technical and professional secondary education	<input type="checkbox"/> 5
Diploma of master craftsman	<input type="checkbox"/> 6
Non-university higher education	<input type="checkbox"/> 7
bachelor	<input type="checkbox"/> 8
master	<input type="checkbox"/> 9
Doctorate	<input type="checkbox"/> 10
Other	<input type="checkbox"/> 11
How often?	<input type="text"/>
km	<input type="text"/>
Less than 15 minutes	<input type="checkbox"/> 1
15 to 29 minutes	<input type="checkbox"/> 2
30 to 44 minutes	<input type="checkbox"/> 3
45 to 59 minutes	<input type="checkbox"/> 4
1 hour or more	<input type="checkbox"/> 5
On foot	<input type="checkbox"/> 1
Bicycle	<input type="checkbox"/> 2
Moped	<input type="checkbox"/> 3
Motorcycle	<input type="checkbox"/> 3
Private car/driver	<input type="checkbox"/> 4
Private car/passenger	<input type="checkbox"/> 5
Public bus service	<input type="checkbox"/> 6
Work/school bus	<input type="checkbox"/> 7
Train	<input type="checkbox"/> 8
Other means	<input type="checkbox"/> 9

P004	
Country	<input type="text"/>
Town	<input type="text"/>
Early education	<input type="checkbox"/> 1
Pre-school education	<input type="checkbox"/> 2
Primary	<input type="checkbox"/> 3
General secondary education	<input type="checkbox"/> 4
Technical and professional secondary education	<input type="checkbox"/> 5
Diploma of master craftsman	<input type="checkbox"/> 6
Non-university higher education	<input type="checkbox"/> 7
bachelor	<input type="checkbox"/> 8
master	<input type="checkbox"/> 9
Doctorate	<input type="checkbox"/> 10
Other	<input type="checkbox"/> 11
How often?	<input type="text"/>
km	<input type="text"/>
Less than 15 minutes	<input type="checkbox"/> 1
15 to 29 minutes	<input type="checkbox"/> 2
30 to 44 minutes	<input type="checkbox"/> 3
45 to 59 minutes	<input type="checkbox"/> 4
1 hour or more	<input type="checkbox"/> 5
On foot	<input type="checkbox"/> 1
Bicycle	<input type="checkbox"/> 2
Moped	<input type="checkbox"/> 3
Motorcycle	<input type="checkbox"/> 3
Private car/driver	<input type="checkbox"/> 4
Private car/passenger	<input type="checkbox"/> 5
Public bus service	<input type="checkbox"/> 6
Work/school bus	<input type="checkbox"/> 7
Train	<input type="checkbox"/> 8
Other means	<input type="checkbox"/> 9

P005	
Country	<input type="text"/>
Town	<input type="text"/>
Early education	<input type="checkbox"/> 1
Pre-school education	<input type="checkbox"/> 2
Primary	<input type="checkbox"/> 3
General secondary education	<input type="checkbox"/> 4
Technical and professional secondary education	<input type="checkbox"/> 5
Diploma of master craftsman	<input type="checkbox"/> 6
Non-university higher education	<input type="checkbox"/> 7
bachelor	<input type="checkbox"/> 8
master	<input type="checkbox"/> 9
Doctorate	<input type="checkbox"/> 10
Other	<input type="checkbox"/> 11
How often?	<input type="text"/>
km	<input type="text"/>
Less than 15 minutes	<input type="checkbox"/> 1
15 to 29 minutes	<input type="checkbox"/> 2
30 to 44 minutes	<input type="checkbox"/> 3
45 to 59 minutes	<input type="checkbox"/> 4
1 hour or more	<input type="checkbox"/> 5
On foot	<input type="checkbox"/> 1
Bicycle	<input type="checkbox"/> 2
Moped	<input type="checkbox"/> 3
Motorcycle	<input type="checkbox"/> 3
Private car/driver	<input type="checkbox"/> 4
Private car/passenger	<input type="checkbox"/> 5
Public bus service	<input type="checkbox"/> 6
Work/school bus	<input type="checkbox"/> 7
Train	<input type="checkbox"/> 8
Other means	<input type="checkbox"/> 9

P006	
Country	<input type="text"/>
Town	<input type="text"/>
Early education	<input type="checkbox"/> 1
Pre-school education	<input type="checkbox"/> 2
Primary	<input type="checkbox"/> 3
General secondary education	<input type="checkbox"/> 4
Technical and professional secondary education	<input type="checkbox"/> 5
Diploma of master craftsman	<input type="checkbox"/> 6
Non-university higher education	<input type="checkbox"/> 7
bachelor	<input type="checkbox"/> 8
master	<input type="checkbox"/> 9
Doctorate	<input type="checkbox"/> 10
Other	<input type="checkbox"/> 11
How often?	<input type="text"/>
km	<input type="text"/>
Less than 15 minutes	<input type="checkbox"/> 1
15 to 29 minutes	<input type="checkbox"/> 2
30 to 44 minutes	<input type="checkbox"/> 3
45 to 59 minutes	<input type="checkbox"/> 4
1 hour or more	<input type="checkbox"/> 5
On foot	<input type="checkbox"/> 1
Bicycle	<input type="checkbox"/> 2
Moped	<input type="checkbox"/> 3
Motorcycle	<input type="checkbox"/> 3
Private car/driver	<input type="checkbox"/> 4
Private car/passenger	<input type="checkbox"/> 5
Public bus service	<input type="checkbox"/> 6
Work/school bus	<input type="checkbox"/> 7
Train	<input type="checkbox"/> 8
Other means	<input type="checkbox"/> 9

	P001	P002
ONLY FOR PERSONS AGED 15 YEARS AND OVER		
32 What is the HIGHEST LEVEL OF STUDIES you successfully completed?		
No education	None <input type="checkbox"/> 0	None <input type="checkbox"/> 0
Fundamental education (primary)	Fundamental (primary) <input type="checkbox"/> 1	Fundamental (primary) <input type="checkbox"/> 1
At least three years successfully spent in post-primary education [lower stage of secondary education (5th year completed) or secondary technical (9th year completed)]	Secondary, technical secondary (3 years completed) <input type="checkbox"/> 2	Secondary, technical secondary (3 years completed) <input type="checkbox"/> 2
At least five years successfully spent in post-primary secondary education (3rd level general secondary or 11th year secondary technical completed)	Secondary, technical secondary (5 years completed) <input type="checkbox"/> 3	Secondary, technical secondary (5 years completed) <input type="checkbox"/> 3
Vocational diploma (CITP, CCM, CATP, previously CAP)	Vocational diploma <input type="checkbox"/> 4	Vocational diploma <input type="checkbox"/> 4
Technical secondary education technician's diploma	Technician's diploma <input type="checkbox"/> 5	Technician's diploma <input type="checkbox"/> 5
Diplôme de fin d'études secondaires et secondaires techniques	Secondary school leaving certificate, technical secondary school leaving <input type="checkbox"/> 6	Secondary school leaving certificate, technical secondary school leaving <input type="checkbox"/> 6
Diploma of master craftsman	Diploma of master craftsman <input type="checkbox"/> 7	Diploma of master craftsman <input type="checkbox"/> 7
Higher education: less than 3 years (BTS, DUT - short cycle)	Higher education (- 3 years) <input type="checkbox"/> 8	Higher education (- 3 years) <input type="checkbox"/> 8
Higher education: 3 years (Bac+3, bachelor, etc.)	Higher education: 3 years <input type="checkbox"/> 9	Higher education: 3 years <input type="checkbox"/> 9
Higher education: 4/5 years (Bac+4/5, masters, etc.)	Higher education (4+ years): masters <input type="checkbox"/> 10	Higher education (4+ years): masters <input type="checkbox"/> 10
Doctorate with thesis	Doctorate <input type="checkbox"/> 11	Doctorate <input type="checkbox"/> 11
Other	Other <input type="checkbox"/> 99	Other <input type="checkbox"/> 99
33 COUNTRY IN WHICH STUDIES WERE COMPLETED	Country	Country
<input type="text" value="State the country in which you completed your studies"/>	<input type="text"/>	<input type="text"/>
34 Question 34 is for all WOMEN		
Have you had any live-born children?	NO <input type="checkbox"/> 0	NO <input type="checkbox"/> 0
	If YES, how many <input type="text"/>	If YES, how many <input type="text"/>

3rd person	
Surname	<input type="text"/>
	<input type="text"/>
First name	<input type="text"/>

4th person	
Surname	<input type="text"/>
	<input type="text"/>
First name	<input type="text"/>

5th person	
Surname	<input type="text"/>
	<input type="text"/>
First name	<input type="text"/>

6th person	
Surname	<input type="text"/>
	<input type="text"/>
First name	<input type="text"/>

P003	
None	<input type="checkbox"/> 0
Fundamental (primary)	<input type="checkbox"/> 1
Secondary, technical secondary (3 years completed)	<input type="checkbox"/> 2
Secondary, technical secondary (5 years completed)	<input type="checkbox"/> 3
Vocational diploma	<input type="checkbox"/> 4
Technician's diploma	<input type="checkbox"/> 5
Secondary school leaving certificate, technical secondary school leaving	<input type="checkbox"/> 6
Diploma of master craftsman	<input type="checkbox"/> 7
Higher education (- 3 years)	<input type="checkbox"/> 8
Higher education: 3 years	<input type="checkbox"/> 9
Higher education (4+ years): masters	<input type="checkbox"/> 10
Doctorate	<input type="checkbox"/> 11
Other	<input type="checkbox"/> 99
Country	<input type="text"/>
	<input type="text"/>
NO	<input type="checkbox"/> 0
If YES, how many	<input type="text"/>

P004	
None	<input type="checkbox"/> 0
Fundamental (primary)	<input type="checkbox"/> 1
Secondary, technical secondary (3 years completed)	<input type="checkbox"/> 2
Secondary, technical secondary (5 years completed)	<input type="checkbox"/> 3
Vocational diploma	<input type="checkbox"/> 4
Technian's diploma	<input type="checkbox"/> 5
Secondary school leaving certificate, technical secondary school leaving	<input type="checkbox"/> 6
Diploma of master craftsman	<input type="checkbox"/> 7
Higher education (- 3 years)	<input type="checkbox"/> 8
Higher education: 3 years	<input type="checkbox"/> 9
Higher education (4+ years): masters	<input type="checkbox"/> 10
Doctorate	<input type="checkbox"/> 11
Other	<input type="checkbox"/> 99
Country	<input type="text"/>
	<input type="text"/>
NO	<input type="checkbox"/> 0
If YES, how many	<input type="text"/>

P005	
None	<input type="checkbox"/> 0
Fundamental (primary)	<input type="checkbox"/> 1
Secondary, technical secondary (3 years completed)	<input type="checkbox"/> 2
Secondary, technical secondary (5 years completed)	<input type="checkbox"/> 3
Vocational diploma	<input type="checkbox"/> 4
Technician's diploma	<input type="checkbox"/> 5
Secondary school leaving certificate, technical secondary school leaving	<input type="checkbox"/> 6
Diploma of master craftsman	<input type="checkbox"/> 7
Higher education (- 3 years)	<input type="checkbox"/> 8
Higher education: 3 years	<input type="checkbox"/> 9
Higher education (4+ years): masters	<input type="checkbox"/> 10
Doctorate	<input type="checkbox"/> 11
Other	<input type="checkbox"/> 99
Country	<input type="text"/>
	<input type="text"/>
NO	<input type="checkbox"/> 0
If YES, how many	<input type="text"/>

P006	
None	<input type="checkbox"/> 0
Fundamental (primary)	<input type="checkbox"/> 1
Secondary, technical secondary (3 years completed)	<input type="checkbox"/> 2
Secondary, technical secondary (5 years completed)	<input type="checkbox"/> 3
Vocational diploma	<input type="checkbox"/> 4
Technician's diploma	<input type="checkbox"/> 5
Secondary school leaving certificate, technical secondary school leaving	<input type="checkbox"/> 6
Diploma of master craftsman	<input type="checkbox"/> 7
Higher education (- 3 years)	<input type="checkbox"/> 8
Higher education: 3 years	<input type="checkbox"/> 9
Higher education (4+ years): masters	<input type="checkbox"/> 10
Doctorate	<input type="checkbox"/> 11
Other	<input type="checkbox"/> 99
Country	<input type="text"/>
	<input type="text"/>
NO	<input type="checkbox"/> 0
If YES, how many	<input type="text"/>

35. REGULAR RESIDENCE in the GRAND DUCHY

Only for those who answered NO to question 16

Person	Name	Road and number	Commune	Locality
P001	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P002	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P003	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P004	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P005	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P006	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Did you know?

Between the census of 1900 and 2001 the population of Luxembourg increased by more than 200,000 persons.

In 2001, 26% of persons aged 18 years or over were single, 60% were married, 8% widowed and 6% divorced.

The average age of persons living in the Grand Duchy was 38 years old, with Esch-sur-Sûre as the "youngest" commune. People living there were 32.7 years old on average. The "oldest" commune was Remich, with an average age of 41.3 years.

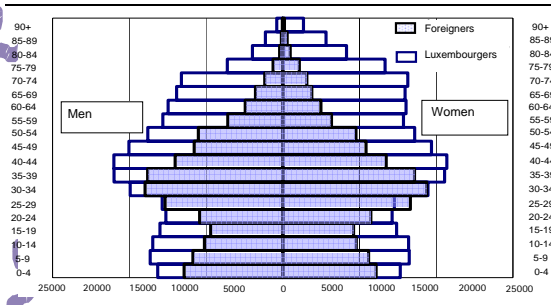
About 70% of households owned their property.

The average surface area of dwellings was 126 m².

29% of private households were isolated households.

97% of dwellings had central heating.

The age pyramid of Luxembourgers and foreigners on 15 February 2001



72% of people used their own car to get to work.

That was the situation in 2001. What will it be in 2011?

The census will give answers to these questions and many others.

STATEC

In accordance with the provisions of Article 26 of the amended law of 2 August 2002 on the protection of individuals concerning the processing of personal data, we would like to state that

- a) the aim of processing the data is to gather statistics on personal and socio-economic characteristics on individuals and households and dwellings.
- b) In view of the amended Law of 9 July 1962 on the establishment of a Central Service for Statistics and Economic studies, the person taking part in the census must complete the questionnaire.
- c) Article 7 of the abovementioned law states that: "Refusal to provide the information requested, refusal to provide the information within the set deadline and the provision of incorrect information will result in a fine of two hundred and fifty one (251) euros to two thousand five hundred euros (2,500)".