

PLACE NO..... MAIN SUBSIDIARY

SERIAL NO. OF THE HOUSEHOLD IN THE LISTING FORM

TYPE OF HOUSEHOLD:

REGULAR SETTLED HOUSEHOLD REGULAR UNSETTLED HOUSEHOLD COLLECTIVE HOUSEHOLD

IN THE NAME OF ALLAH
THE COMPASSIONATE AND THE MERCIFUL

ISLAMIC REPUBLIC OF IRAN
MINISTRY OF PLAN AND BUDGET
STATISTICAL CENTRE OF IRAN



NAME OF SHAHRESTAN

NAME OF SHAHR (CITY)

DEHESTAN

REGION NO.

SECTION NO.

DISTRICT NO.

BLOCK NO./NAME OF VILLAGE

LINE NO.	TO BE COMPLETED FOR EACH PERSON																		
	NAME & FAMILY NAME OF HOUSEHOLD MEMBERS		RELATIONSHIP TO HEAD OF HOUSEHOLD *	SEX	DATE OF BIRTH		AGE	RESIDENTIAL STATUS		RELIGION & SECT	CITIZENSHIP		LANGUAGE		PHYSICAL DISABILITIES		PLACE OF BIRTH **		
	FOR THE NEWLY BORN BABIES NOT YET NAMED, WRITE "INFANT BOY" OR "INFANT GIRL" AS THE CASE MAY BE, BEFORE THE FAMILY NAME	NAME	FAMILY NAME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	2		3	4	5	6	7	8	9	10	11	12	13	14	15	16			

NOT APPLICABLE TO FOREIGNERS

NUMBER OF HOUSEHOLD MEMBERS

* COLUMN 3 SHOULD BE LEFT BLANK FOR COLLECTIVE HOUSEHOLDS.
** COLUMNS 16,17,18 & 19 SHOULD BE LEFT BLANK FOR UNSETTLED REGULAR HOUSEHOLDS.

TO BE COMPLETED FOR PRESENT & TEMPORARILY ABSENT MEMBERS (CODED 1 & 2 IN COLUMN 8)		TO BE COMPLETED FOR PERSONS 6 YEARS OF AGE & OVER				
DURATION OF RESIDENCE IN THIS CITY OR VILLAGE (IN FULL YEARS)	TO BE COMPLETED FOR MEMBERS WHOSE DURATION OF RESIDENCE AS STATED IN COLUMN 17, IS LESS THAN 10 YEARS		EDUCATION & LITERACY		TO BE COMPLETED FOR THE LITERATE(CODED 1 IN COLUMN 21)	
	PLACE OF PREVIOUS RESIDENCE	FOR CODES 3,4 & 5 IN COLUMN 18	IS HE/SHE ATTENDING SCHOOL?	LITERACY STATUS	GRADE OR DEGREE (FOR SCHOOL STUDENTS, GRADE; FOR UNIVERSITY STUDENTS, COURSE OF STUDY; FOR OTHERS, HIGHEST CERTIFICATE OR DEGREE RECEIVED)	FIELD OF STUDY (RELATING TO GRADE, COURSE OR DEGREE RECORDED IN COLUMN 22)
17	18	19	20	21	22	23

NUMBER OF LITERATE MEMBERS

NUMBER OF ILLITERATE MEMBERS

IF HOUSEHOLD QUESTIONNAIRE IS COMPOSED OF 2 OR MORE SHEETS, MARK X IN THIS BOX SHEET OF

ARTICLE 7 OF THE ACT ESTABLISHING THE STATISTICAL CENTRE OF IRAN

All inhabitants of Iran as well as Iranian subjects residing abroad are bound to give correct answers to questionnaires pertaining to censuses and sample surveys conducted by the statistical centre of Iran. The information thus collected will be treated as confidential and must be used for no purposes other than statistical. Such information shall by no means be used as evidence for presentation to administrative or judiciary courts or for the purpose of taxation.

TO BE COMPLETED FOR PERSONS 6 YEARS OF AGE & OVER				TO BE COMPLETED FOR PERSONS 9 YEARS OF AGE & OVER						
ACTIVITY STATUS DURING THE LAST 7 DAYS	TO BE COMPLETED FOR EMPLOYED PERSONS (CODED 1 IN COLUMN 24)			MARITAL STATUS	TO BE COMPLETED FOR WOMEN CODED 1,2 OR 3 IN COLUMN 28					
	OCCUPATION	MAIN ACTIVITY OF PLACE OF WORK (FOR GOVERNMENT ORGANIZATIONS & ISLAMIC REVOLUTION INSTITUTIONS, ENTER THEIR NAMES)	EMPLOYMENT STATUS		TOTAL NUMBER OF CHILDREN BORN ALIVE	TOTAL NUMBER OF CHILDREN NOW LIVING	HAS SHE GIVEN BIRTH TO A LIVE CHILD DURING THE LAST 12 MONTHS?			
EMPLOYER 1				OWNACCOUNT WORKER 2			WAGE AND SALARY EARNER: PUBLIC SECTOR 3	PRIVATE SECTOR 4	UNPAID FAMILY WORKER 5	MARRIED 1
24	25	26	27	28	29	30	31	32		
EMPLOYED 1										
UNEMPLOYED (SEEKING WORK) 2										
STUDENT 3										
HOMEMAKER 4										
INCOME RECIPIENT 5										
OTHER 6										

NUMBER OF EMPLOYED MEMBERS

33-HAS ANY DEATH OR MARTYRDOM EVENT OCCURRED IN THIS HOUSEHOLD DURING THE LAST 12 MONTHS?

YES 1 NO 2

IF YES, FILL IN THE TABLE BELOW.

LINE No.	SEX M 1 F 2	MONTH OF OCCURRENCE	AGE
1	2	3	4

QUESTIONS 34 TO 43 SHOULD BE COMPLETED ONLY FOR REGULAR SETTLED HOUSEHOLDS.

34-TYPE OF HOUSING UNIT:

REGULAR 1
 TENT 2
 HUT, CAVERN & THE LIKE 3
 KAPAR (STRAW HUT) 4
 OTHER 5

35-HOW MANY HOUSEHOLDS ARE RESIDING IN THIS HOUSING UNIT?

36-HOW MANY ROOMS ARE THERE IN THIS HOUSING UNIT?

37-PRINCIPAL CONSTRUCTION MATERIALS USED IN THE HOUSING UNIT:

REINFORCED CONCRETE OR STEEL BEAM SKELETON 1
 KILN-DRIED BRICK & STEEL/STONE & STEEL 2
 KILN-DRIED BRICK & WOOD/STONE & WOOD 3
 CEMENT BLOCKS (WITH ROOF OF ANY KIND) 4
 KILN-DRIED BRICK / KILN-DRIED BRICK & STONE 5
 ALL WOOD 6
 SUN-DRIED BRICK & WOOD 7
 SUN-DRIED BRICK & MUD 8
 OTHER 9

38-THE YEAR WHEN CONSTRUCTION OF THE HOUSING UNIT WAS COMPLETED:

1986 (1365) 1 1985 (1364) 2
 1984 (1363) 3 1983 (1362) 4
 1982 (1361) 5 1981 (1360) 6
 1980 (1359) 7 1979 (1358) 8
 1978 (1357) 9 1977 (1356) 10
 1976 (1355) 11 1966-75 (1345-54) 12
 1956-65 (1335-44) 13 BEFORE 1956 (1335) 14

39-NUMBER OF ROOMS OCCUPIED BY THE HOUSEHOLD:

40-TYPE OF TENANCY OF THE HOUSING UNIT:

OWNER OCCUPIED (LAND & BUILDING) 1
 OWNER OCCUPIED (BUILDING ONLY) 2
 RENTED 3
 OCCUPIED AGAINST SERVICE (INCLUDING STATE-OWNED HOUSES) 4
 FREE OF CHARGE 5
 OTHER, SPECIFY

40-MAIN SOURCES OF WATER USED BY THE HOUSEHOLD:

PUBLIC SYSTEM 1 DRINKING 1 OTHER 2
 GHANAT/SPRING 3 4
 WELL 5 6
 RIVER 7 8
 PUBLIC RESERVOIR 9 10
 POOL OR POND 11 12

42-TYPE OF FUEL USED FOR COOKING & HEATING:

	COOKING	HEATING
KEROSENE	<input type="checkbox"/> 1	<input type="checkbox"/> 2
GAS OIL	<input type="checkbox"/> 3	<input type="checkbox"/> 4
GAS	<input type="checkbox"/> 5	<input type="checkbox"/> 6
ELECTRICITY	<input type="checkbox"/> 7	<input type="checkbox"/> 8
WOOD & CHARCOAL	<input type="checkbox"/> 9	<input type="checkbox"/> 10
COAL	<input type="checkbox"/> 11	<input type="checkbox"/> 12
OTHER	<input type="checkbox"/> 13	<input type="checkbox"/> 14

43-FACILITIES & UTILITIES:

LINE No.	TYPE	AVAILABLE IN THE HOUSING UNIT	FOR CODE 1 IN COLUMN 3
		NOT AVAILABLE IN THE HOUSING UNIT 2	USED BY THE HOUSEHOLD 3 NOT USED BY THE HOUSEHOLD 4
1	2	3	4
1	ELECTRICITY	<input type="checkbox"/>	<input type="checkbox"/>
2	TELEPHONE	<input type="checkbox"/>	<input type="checkbox"/>
3	PIPED WATER	<input type="checkbox"/>	<input type="checkbox"/>
4	PIPED GAS	<input type="checkbox"/>	<input type="checkbox"/>
5	AIR CONDITIONING SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>
6	CENTRAL HEATING SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>
7	KITCHEN	<input type="checkbox"/>	<input type="checkbox"/>
8	BATHROOM	<input type="checkbox"/>	<input type="checkbox"/>
9	WATER CLOSET	<input type="checkbox"/>	<input type="checkbox"/>

44-LINE NUMBER OF THE RESPONDENT & DATE OF INTERVIEW:

LINE NUMBER OF THE RESPONDENT IN COLUMN 1 DAY MONTH / DATE OF INTERVIEW

NAME & FAMILY NAME OF THE CENSUS ENUMERATOR

SIGNATURE

EDITING REMARKS:

NAME & FAMILY NAME OF THE CREW LEADER

SIGNATURE

NAME & FAMILY NAME OF THE EDITOR

SIGNATURE

DATE