

Does the household questionnaire have 1one or more sheets?
Sheet No: from..... sheets

Ostan (Province):
Shahrestan (subprovince):
Bakhsh (county)
Shahr / Dehestan (city/ agglomeration)
Village:

Block No./ Village code

District No.

Number . of household members
Male Number of 17-year persons
Female: Number of persons aged 18 and over

Household type: Settled private... Unsettled..... Collective

Household Line No. (column 10 Form 1)

2011 Population and Housing Census
Form 2- Household Questionnaire

For rural areas: Full name of Household Head's father
Address of Household residence (District , No of residence, floor and unit should be written).....

Main Place No.....
No. of side to side place...
No. of side place
No. of side place/ side to side
Postal code (10 digits).....

Full name of census enumerator

Full name of the group expert

Full name of the technical editor

Full name of the editing expert

*. Columns 3, 37 and 38 are not for collective households and should be left blank. **. Columns 9 to 16 and columns 22, 29 and 39 are completed for unsettled private households and should be left blank

Line No.	For all household members								** For present and temporally absent people (codes 1 & 2 in column 8) **						
	Full name.. National Card No. Note: Name should be written in a way that the cells below are not scratched. Household members should be sorted based on codes of column 3 Name Surname	Relationship to head of the household* Head of household 1 Spouse 2 Son/ daughter 3 Son/ daughter in law 4 Grandchild or Great grandchild 5 Father or mother 6 Brother or sister 7 Spouse's parents 8 Spouse's brother or sister 9 Other relatives M Non-relatives P	Sex	Birth date		Age Age at last birthday	Residence status Present 1 Temporarily absent 2 Abroad for work or education 3 Other 4	Does he/she reside in another place? Yes In the same city or village... 1 In other city, cite it... 2 In other village 3 No... 4	For codes 2 & 3 in column 9 How long has the person lived in the second residence? Less than 3 months 1 3 or 6 months 2	Has she/ he changed his/ her residences since 2006?	For persons who have changed their residence since 2006 (box yes, column 11)				
				Month	Year						Length of residence in the same city or village (full year)	Reasons for change of previous residence 1 Seeking job 2 Looking for a better job 3 Job transfer 4 Education 5 Being graduate 6 Military service 7 End of military service 8 Following the household 9 Other	Previous residence Elsewhere in the same Shahrestan (sub-province): City 1 Village 2 Another Shahrestan: City 3 Village 4 Abroad 5	For cods 3, 4, & 5, column 14 Name of Shahrestan of the previous residence (for abroad, name of country)	For cods 1, 2, 3, 4, column 14 Has she / he changed her / his residence from abroad to the inside country since Nov. 2006 ?
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Age	National code	1	Male Female	Lunar year Aged 100 or over	<input type="text"/> Aged 100 or over	Under one year Aged 100 or over	1 2 3 4	1 2 3 4	1 2	Y N	<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"/>
Ag	National code	<input type="checkbox"/>	Male Female	Lunar year Aged 100 or over	<input type="text"/> Aged 100 or over	Under one year Aged 100 or over	1 2 3 4	1 2 3 4	1 2	Y N	<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"/>
Ag	National code	<input type="checkbox"/>	Male Female	Lunar year Aged 100 or over	<input type="text"/> Aged 100 or over	Under one year Aged 100 or over	1 2 3 4	1 2 3 4	1 2	Y N	<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"/>

For persons aged 6 and over

Has she/ he used the Internet at least once during the last 12 months?	Is / she attending school/ university?	Literacy status	For code 1 column 19		For present and temporarily absent people (codes 1& 2 column 8) which has code 1 in column 18
Yes , at Home 1 Work 2 Educational institutes 3 Coffee net 4 Other 5 No. 6	Yes In Iran 1 Abroad 2 No 3	Literate 1 Illiterate 2	Grade and educational attainment Grade for school students Educational course for university student The highest grade or educational attainment for other people	Field of study For grade, course or educational attainment in column 20	**Place of education In the same city or village 1 In other city, mention the name 2 In other village 3
17	18	19	20	21	22
<div style="display: flex; flex-wrap: wrap; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">4</div> <div style="border: 1px solid black; padding: 2px;">5</div> <div style="border: 1px solid black; padding: 2px;">6</div> </div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">3</div> </div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">2</div> </div>	<div style="border: 1px solid black; padding: 5px; min-height: 40px;">20</div>	<div style="border: 1px solid black; padding: 5px; min-height: 40px;">21</div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="border: 1px solid black; padding: 5px; min-height: 20px;">1</div> <div style="border: 1px solid black; padding: 5px; min-height: 20px;">2</div> <div style="border: 1px solid black; padding: 5px; min-height: 20px;">3</div> </div>
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Questions 43 to 59 should be completed for private settled and collective households

Activity and marital status- For people aged 10 and over								Fertility status- for women aged 10 and over who have code 1, 2 or 3 in column 30						For all household's persons																				
Activity status during the last 7 days	For code 4 column 23	For codes 1, 2 and 3 column 24	For codes 1, 2 and 3 column 23			For present persons or temporarily absent (codes 1&2 column 8)	Marital status	Has she ever given a live birth?	For box Yes, column 31						Is the mother a member of the very household?	For box Yes, column 37	Place of birth (Residence place of mother at the time of delivery)	40. Is there anybody in the household with at least one of the following disabilities?			Religious	Citizenship												
			Status of work seeking during the last 30 day	Status of availability to work	Main activity of the work place				Job	Job Status	Work place *	Number of ever born children		For women aged 10 to 54				For box Yes, column 34	Number of children born alive during the last 365	Total			Living	Yes	No	Blind	Deaf	Voice and speech disorder	Hand amputation	Hand impairment	Leg amputation	Leg impairment	Torso impairment	Mental disorder
												Employer	Own-account worker...																					
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40/1	40/2	40/3	41	42													
1 2 3 4	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4	Yes No	Boy Girl	<input type="checkbox"/> <input type="checkbox"/>	Yes No	Boy Girl	<input type="checkbox"/> <input type="checkbox"/>	Yes No	<input type="checkbox"/> <input type="checkbox"/>	1 2 3	Not having the above disability	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>														
1 2 3 4	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4	Yes No	Boy Girl	<input type="checkbox"/> <input type="checkbox"/>	Yes No	Boy Girl	<input type="checkbox"/> <input type="checkbox"/>	Yes No	<input type="checkbox"/> <input type="checkbox"/>	1 2 3	Not having the above disability	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>														
1 2 3 4	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4	Yes No	Boy Girl	<input type="checkbox"/> <input type="checkbox"/>	Yes No	Boy Girl	<input type="checkbox"/> <input type="checkbox"/>	Yes No	<input type="checkbox"/> <input type="checkbox"/>	1 2 3	Not having the above disability	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>														
1 2 3 4	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4	Yes No	Boy Girl	<input type="checkbox"/> <input type="checkbox"/>	Yes No	Boy Girl	<input type="checkbox"/> <input type="checkbox"/>	Yes No	<input type="checkbox"/> <input type="checkbox"/>	1 2 3	Not having the above disability	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>														

53. Facilities in housing unit			54. Number of rooms, hall, dining room, open kitchen, closed kitchen, and other in this housing unit			Only for "Other" (Box 3) in question 56:		
	Available	Not available	1. Room	<input type="text"/>	<input type="text"/>	57. Main construction materials of the housing unit:		
1. Electricity	1	2	2. Hall and dining room	<input type="text"/>	<input type="text"/>	Brick and steel or stone and steel		1
2. Fixed telephone	1	2	3. Open kitchen	<input type="text"/>	<input type="text"/>	Brick and wood or stone and wood		2
3. Piped water	1	2	4. Closed kitchen	<input type="text"/>	<input type="text"/>	Cement blocks (roof of any kind)		3
4. Piped gas	1	2	5. Other	<input type="text"/>	<input type="text"/>	All brick or stone and brick		4
5. Central heating system (package , shofezh)	1	2	55. Floor area of the housing unit:					5
6. Central heating and cooling system (Fan coil, panel,...)	1	2	50 m ² or less			All wood		5
7. Kitchen	1	2	51-75 m ²			Sun-dried brick and wood		6
8. Bathroom	1	2	76- 80 m ²			Sun-dried brick and mud		7
9. Toilet	1	2	81-100 m ²			Other (mention the type)		8
			101-150 m ²					
			151-200 m ²					
			201-300 m ²					
			301-500 m ²					
			501 m ² and more					
		 meters from.....					
			56. Type of housing unit skeleton					
			Metal					
			Reinforced concrete					
			Other					
			57. Main construction materials of the housing unit:					
			Brick and steel or stone and steel					
			Brick and wood or stone and wood					
			Cement blocks (roof of any kind)					
			All brick or stone and brick					
			All wood					
			Sun-dried brick and wood					
			Sun-dried brick and mud					
			Other (mention the type)					
			58. Year of construction completion of the housing unit:					
			2011			2006		6
			2010			1996-2005		7
			2009			1986-1995		8
			2008			1976-1985		9
			2007			1966-1975		10
			Before 1966		11			
			59. Type of sewage disposal in the housing unit:					
						Toilet		
						kitchen		
						other		
						Public sewerage	1	1
						Private sewerage	2	2
						Absorbing well	3	3
						Septic tank	4	4
						Area around the unit	5	5
						Other (mention the type)	6	6
			60. Line No. of respondent & household Tel. No.					
			Line No of respondent.....					
			Household Tel. No.					
			Interview Date					
			2011/Nov/					

