





GENERAL INSTRUCTIONS

-  Please write neatly and legibly; use dark leaded pencil when filling out this form.
-  Use clean eraser when making corrections.
-  Complete all household population information to maintain data accuracy and consistency.
-  Write your comments only on the space provided for the purpose.

HOW TO RECORD RESPONSES

- 8** Write the appropriate digits (0 ... 9) in the designated boxes for Columns P4, P5, P10, P14, H3 and H4. Please make sure that each digit is written neatly inside each box as shown here.
- X** Write an X mark in the box for the appropriate code for Columns P3, P6, P7, P8, P12, and Items B1, B2, H1 and H2.
- BS MATH SPECIFY** Write answers legibly on the spaces provided for Columns P1, P2, P9, P10, P11, P13, P14, and Item H4. Answers should be written in print. Leave the boxes for these columns/items blank. These boxes are for codes, which will be supplied by our enumerator. Refer to Pages 7J and 7K for a sample of filled out questionnaire.

CONCEPTS AND DEFINITIONS

HOUSEHOLD

A *household* is a social unit consisting of a person living alone or a group of persons who sleep in the same housing unit and have a common arrangement in the preparation and consumption of food.



LINE NUMBER OF RESPONDENT

The *respondent* is the member of the household who provides information for the household. Please encircle the line number that corresponds to the name of the respondent.

P1 – NAME OF HOUSEHOLD MEMBER

Household members are persons who usually reside in the same housing unit. Write in Column P1 the names of the members of the household. Please list the household members in the order specified in Column P1.

P2 – RELATIONSHIP TO HEAD

Please write in Column P2 the appropriate relationship of the members to the household head. The member could be the: spouse, son, daughter, stepson, stepdaughter, son-in-law, daughter-in-law, grandson, granddaughter, father, mother, brother, sister, uncle, aunt, nephew, niece, other relative, nonrelative, boarder, or domestic helper.



P4 - DATE OF BIRTH

The information to be recorded for all persons in this column is the specific month and year when the person was born. Write the numeric equivalent of the month.

For Example:

A person born on August 2, 1978 will have the following entry in Column P4.

PS	
08	
MM	
1978	
YYYY	

P5 - AGE

For census purposes, *age as of last birthday* refers to the interval of time between the date of birth and August 1, 2007, expressed in completed years. Thus, ages are recorded in whole numbers. For infant less than one year old, write "000". For example, a person born on August 2, 1978 will have 28 as his/her age.



POPULATION CENSUS QUESTIONS

7C

LINE NUMBER	Name	For All Persons				
	Relationship to Head	Sex	Date of Birth	Age	Birth Registration	
	Who is the head of this household? Who are the persons usually residing here as of August 1, 2007?	What is _____'s relationship to the head of the household?	Is _____ a male or female?	In what month and year was _____ born?	What is _____'s age as of his/her last birthday?	Was _____'s birth registered with the Civil Registrar of the city/municipality?
	PLEASE LIST THE PERSONS OR HOUSEHOLD MEMBERS IN THIS ORDER: <ul style="list-style-type: none"> ▪ Head ▪ Spouse of the head ▪ Never-married children of head/ spouse from the oldest to the youngest ▪ Ever-married children of head/ spouse and their families from the oldest to the youngest ▪ Other relatives of head ▪ Nonrelatives of head 	WRITE DESCRIPTION ON THE SPACE PROVIDED.	PLEASE WRITE AN X MARK IN THE BOX FOR THE APPROPRIATE CODE.	MM Month YYYY Year	1 Yes 2 No 3 Don't Know	PLEASE WRITE AN X MARK IN THE BOX FOR THE APPROPRIATE CODE.
	P1	P2	P3	P4	P5	P6
1	_____ LAST NAME _____ FIRST NAME	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> _____ SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MM <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YYYY	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2	_____ LAST NAME _____ FIRST NAME	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> _____ SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MM <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YYYY	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3	_____ LAST NAME _____ FIRST NAME	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> _____ SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MM <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YYYY	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
4	_____ LAST NAME _____ FIRST NAME	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> _____ SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MM <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YYYY	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5	_____ LAST NAME _____ FIRST NAME	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> _____ SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MM <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YYYY	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
6	_____ LAST NAME _____ FIRST NAME	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> _____ SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MM <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YYYY	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

P7 - MARITAL STATUS

This refers to the personal status of each individual with reference to the marriage law or customs of the country. If the household member is below 10 years old, mark **X** in the box opposite "1" for Single.



NOTE: Accomplish Columns P8 to P10 only for household members who are 5 to 24 years old. Hence, if age of a household member is 4 years and below, or 25 years and above, leave Columns P8 to P10 blank.

P8 - ATTENDANCE IN SCHOOL

This refers to current school attendance of the household members. The question aims to determine if the member is presently attending school at any educational institution, public or private, for formal academic institution at the elementary, high school, college, or university level. School attendance includes attendance in night classes.

P9 - CURRENT GRADE/YEAR IN SCHOOL

Current grade or year in school may be any one of the specific grades or years in elementary, high school, post secondary school, college, and post baccalaureate levels of schooling (refer to the list of grades/years below). This refers to School Year 2007 to 2008 for elementary and secondary education, and first semester of current school year for post secondary, college, or higher.

P10 - PLACE OF SCHOOL

This question aims to determine the number of students who commute to places outside of the city/municipality where they are residing for the purpose of studying. For a household member whose place of school is the same as his/her present residence, that is, the school is located within the city/municipality where he/she resides, enter "0000" in the code boxes and write "SAME" on the spaces provided for city/municipality and province. However, if located in another city/municipality, specify the names of the city/municipality and province on the spaces provided. For household members whose place of school is in a foreign country, write the name of the country on the space provided and enter "8887" in the code boxes.

NOTE: Accomplish Column P11 only for household members who are 5 years old and over. Hence, if age of a household member is 4 years and below, leave Column P11 blank.

P11 - HIGHEST GRADE/YEAR COMPLETED

This refers to the highest grade or year completed in school, college or university as of August 1, 2007. For example, a student who is enrolled in 2nd year high school at the time of the POPCEN 2007 has completed 1st year and would therefore be reported as 1st year high school. A person's highest grade completed may be:

**LIST OF GRADE/YEAR CURRENTLY ATTENDING OR HIGHEST GRADE/YEAR COMPLETED**

No Grade Completed	Elementary	Grade 7 Elementary Graduate	High School	Post Secondary **	College **
Pre-school	Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Grade 6		1st Year High School 2nd Year High School 3rd Year High School 4th Year High School High School Graduate	1st Year Post Secondary 2nd Year Post Secondary 3rd Year Post Secondary	1st Year College 2nd Year College 3rd Year College 4th Year College 5th Year College 6th Year College or Higher
				** IF GRADUATE, SPECIFY COURSE	

No grade completed, elementary graduate, and high school graduate are not valid for grade/year currently attending.

Post Baccalaureate

REMARKS/COMMENTS

POPULATION CENSUS QUESTIONS

	Name	For All Persons	For 5 to 24 Years Old		For 5 Years Old and Over	
		Marital Status	School Attendance		Place of School	Highest Grade/Year Completed
LINE NUMBER	L COPY THE NAMES OF HOUSEHOLD MEMBERS IN THE ORDER LISTED IN COLUMN P1, PAGE 7C.	What is ____'s marital status? Is ____ single, married, widowed, divorced/separated, or in a common-law/live-in arrangement? 1 Single 2 Married 3 Widowed 4 Divorced/Separated 5 Common-law/Live-in 6 Unknown FOR PERSONS 0 TO 9 YEARS OLD, WRITE AN X MARK IN THE BOX FOR SINGLE.	Is ____ currently attending school? 1 Yes 2 No IF NO, PLEASE SKIP TO P11.	What grade/year is ____ currently attending? IF ANOTHER CITY/MUNICIPALITY, SPECIFY THE NAME OF CITY/MUNICIPALITY AND PROVINCE ON THE SPACES PROVIDED.	In what city/municipality is ____ attending school? 0000 Same City/Municipality 8887 Foreign Country IF POST SECONDARY OR COLLEGE GRADUATE, SPECIFY THE COURSE ON THE SPACE PROVIDED.	
	P1	P7	P8	P9	P10	P11
1	FIRST NAME	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PROV CITY/MUN CITY/MUNICIPALITY PROVINCE	<input type="text"/> <input type="text"/> SPECIFY
2	FIRST NAME	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PROV CITY/MUN CITY/MUNICIPALITY PROVINCE	<input type="text"/> <input type="text"/>
3	FIRST NAME	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PROV CITY/MUN CITY/MUNICIPALITY PROVINCE	<input type="text"/> <input type="text"/>
4	FIRST NAME	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PROV CITY/MUN CITY/MUNICIPALITY PROVINCE	<input type="text"/> <input type="text"/>
5	FIRST NAME	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PROV CITY/MUN CITY/MUNICIPALITY PROVINCE	<input type="text"/> <input type="text"/>
6	FIRST NAME	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PROV CITY/MUN CITY/MUNICIPALITY PROVINCE	<input type="text"/> <input type="text"/>

NOTE: Accomplish Column P12 only for household members who are 10 years old and over. Hence, if age of a household member is 9 years and below, leave Column 12 blank.

P12 – OVERSEAS WORKER

An *overseas worker* is a household member who is currently out of the country due to overseas employment. He or she may or may not have a specific work contract or may be presently at home on vacation but has an existing overseas employment to return to. Undocumented overseas workers, or "TNT" ("tago ng tago"), are also considered overseas workers.



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NOTE: Accomplish Columns P13 and P14 only for household members who are 15 years old and over. Hence, if age of a household member is 14 years and below, leave Columns P13 and P14 blank.

P13 – USUAL OCCUPATION

Usual activity/occupation refers to the kind of job or business, which a person was engaged in most of the time during the last 12 months. It is the person's principal means of earning a living like real estate salesman, medical doctor, building architect, rice farmer, elementary school teacher, police inspector, and lawyer during the past 12 months. For persons who did not work during the past 12 months, their usual activity/occupation relates to the non-gainful activities they usually do most of the year or to their status. Examples are housekeeper in own home, student, pensioner, retire, disabled, and dependent.



Source: www.treearth.com

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P14 – PLACE OF WORK

This question aims to determine the number of workers who commute to places outside the city/municipality where they are residing for the purpose of working. For household members whose place of work is the same as their present residence, that is, the establishment or office is located within the city/municipality where they resides, enter "0000" in the code boxes and write "SAME" on the spaces provided for city/municipality and province. However, if located in another city/municipality, specify the names of the city/municipality and province on the spaces provided. For those household members whose place of work is in a foreign country as in the case of overseas workers, write the name of the country on the space provided and enter "8887" in the code boxes.

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HOUSEHOLD SIZE

1. Are there any other persons such as small children or infants and overseas workers who were not yet listed?

1 Yes PLEASE ADD IN THE LIST 2 No

2. Are there more than 6 members in this household?

1 Yes PLEASE USE ADDITIONAL BOOKLET 2 No

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NOTE: If you need additional questionnaire, please contact the assigned enumerator/team supervisor in your area or the NSO Provincial Office for additional CP Form 7. Please see the name, address, and phone number of the contact person on the last page of this form.

POPULATION CENSUS QUESTIONS

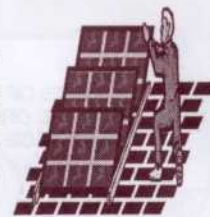
7G

LINE NUMBER	Name	For 10 Years Old and Over	For 15 Years Old and Over									
		Overseas Worker	Usual Occupation	Place of Work								
	<p>COPY THE NAMES OF HOUSEHOLD MEMBERS IN THE ORDER LISTED IN P1, PAGE 7C.</p> <p style="font-size: 2em; margin-top: 20px;">L</p>	<p><i>Is _____ an overseas worker?</i></p> <p style="margin-left: 40px;">1 Yes</p> <p style="margin-left: 40px;">2 No</p>	<p><i>During the past 12 months, what was _____'s usual activity/occupation?</i></p> <p style="text-align: center; margin-top: 20px;">WRITE DETAILED DESCRIPTION ON THE SPACE PROVIDED.</p> <p style="margin-top: 40px;">IF STUDENT/ HOUSEKEEPER/ DEPENDENT, DO NOT FILL OUT P14. GO TO NEXT HOUSEHOLD MEMBER.</p>	<p><i>In what city/municipality did _____ work during the past 12 months?</i></p> <p style="margin-top: 20px;">0000 Same City/Municipality 8887 Foreign Country</p> <p style="text-align: center; margin-top: 20px;">IF ANOTHER CITY/MUNICIPALITY, SPECIFY THE NAME OF CITY/MUNICIPALITY AND PROVINCE ON THE SPACES PROVIDED.</p>								
	P1	P12	P13	P14								
1	<p>_____</p> <p style="text-align: center;">FIRST NAME</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>	<table border="1" style="width: 100%; height: 30px; margin-bottom: 5px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p style="text-align: center; margin-bottom: 5px;">SPECIFY _____</p>					<table border="1" style="width: 100%; height: 30px; margin-bottom: 5px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p style="text-align: center; margin-bottom: 5px;">PROV CITY/MUN</p> <p>_____</p> <p style="text-align: center;">CITY/MUNICIPALITY</p> <p>_____</p> <p style="text-align: center;">PROVINCE</p>				
2	<p>_____</p> <p style="text-align: center;">FIRST NAME</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>	<table border="1" style="width: 100%; height: 30px; margin-bottom: 5px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p style="text-align: center; margin-bottom: 5px;">SPECIFY _____</p>					<table border="1" style="width: 100%; height: 30px; margin-bottom: 5px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p style="text-align: center; margin-bottom: 5px;">PROV CITY/MUN</p> <p>_____</p> <p style="text-align: center;">CITY/MUNICIPALITY</p> <p>_____</p> <p style="text-align: center;">PROVINCE</p>				
3	<p>_____</p> <p style="text-align: center;">FIRST NAME</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>	<table border="1" style="width: 100%; height: 30px; margin-bottom: 5px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p style="text-align: center; margin-bottom: 5px;">SPECIFY _____</p>					<table border="1" style="width: 100%; height: 30px; margin-bottom: 5px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p style="text-align: center; margin-bottom: 5px;">PROV CITY/MUN</p> <p>_____</p> <p style="text-align: center;">CITY/MUNICIPALITY</p> <p>_____</p> <p style="text-align: center;">PROVINCE</p>				
4	<p>_____</p> <p style="text-align: center;">FIRST NAME</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>	<table border="1" style="width: 100%; height: 30px; margin-bottom: 5px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p style="text-align: center; margin-bottom: 5px;">SPECIFY _____</p>					<table border="1" style="width: 100%; height: 30px; margin-bottom: 5px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p style="text-align: center; margin-bottom: 5px;">PROV CITY/MUN</p> <p>_____</p> <p style="text-align: center;">CITY/MUNICIPALITY</p> <p>_____</p> <p style="text-align: center;">PROVINCE</p>				
5	<p>_____</p> <p style="text-align: center;">FIRST NAME</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>	<table border="1" style="width: 100%; height: 30px; margin-bottom: 5px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p style="text-align: center; margin-bottom: 5px;">SPECIFY _____</p>					<table border="1" style="width: 100%; height: 30px; margin-bottom: 5px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p style="text-align: center; margin-bottom: 5px;">PROV CITY/MUN</p> <p>_____</p> <p style="text-align: center;">CITY/MUNICIPALITY</p> <p>_____</p> <p style="text-align: center;">PROVINCE</p>				
6	<p>_____</p> <p style="text-align: center;">FIRST NAME</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>	<table border="1" style="width: 100%; height: 30px; margin-bottom: 5px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p style="text-align: center; margin-bottom: 5px;">SPECIFY _____</p>					<table border="1" style="width: 100%; height: 30px; margin-bottom: 5px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p style="text-align: center; margin-bottom: 5px;">PROV CITY/MUN</p> <p>_____</p> <p style="text-align: center;">CITY/MUNICIPALITY</p> <p>_____</p> <p style="text-align: center;">PROVINCE</p>				

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B1 – CONSTRUCTION MATERIALS OF THE ROOF

This refers to the materials used in the construction of the roof. If two or more kinds of materials are used, report the material most used. Thus, for a house with different kinds of roof, report the material used in the main portion of the house (usually containing the living room/sala and bedrooms).

**B2 – CONSTRUCTION MATERIALS OF THE OUTER WALLS**

This refers to the materials used in the construction of the outer walls. For a house or building in which half of the storeys are walled with concrete/brick/stone and other half with wood, mark the box opposite the category **half concrete/brick/stone and half wood**. Mark also this category if the walls are made of about half of each of the groups of materials mentioned above. In cases wherein the outer walls are made of different materials, report the material dominantly used.

**H1 – TENURE STATUS OF THE LOT**

This refers to the lot occupied by the household whether owned/being amortized/ownerlike possession, rented, rent-free with consent of owner, and rent-free without consent of owner. For multi-storey building like condominium and similar buildings, the tenure status of the lot will follow the tenure status of the housing unit.



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H2 – CURRENT RESIDENCE

This item is for households residing in relocation area on a temporary basis during the census enumeration period. Mark **X** in the box opposite "1" for Yes if your household is residing in a temporary relocation/resettlement area, if not, mark **X** in the box for No.

NOTE: Accomplish Items H3 and H4 if answer in H2 is "Yes."

H3 – DATE MOVED TO CURRENT RESIDENCE

Enter the month and year when your household moved to the temporary relocation area in the boxes provided for this purpose.

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H4 – PREVIOUS RESIDENCE

Write the names of barangay, city/municipality, and province of your usual place of residence before moving to the temporary relocation area. However, if your usual place of residence is within the same barangay where the temporary relocation area is located, enter "000" in the code boxes for barangay and write "**SAME**" on the space provided for barangay. You do not need to write the names of city/municipality and province.

NOTE: Accomplish Item H5 only if previous residence is different from the barangay where the temporary relocation area is located.

H5 – INTENTION TO RESIDE IN PREVIOUS RESIDENCE

Mark **X** the box opposite "1" for Yes if your household intends to reside in the previous residence you specified in H4, or mark **X** the box for "2" if not.

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B1. CONSTRUCTION MATERIALS OF THE ROOF

PLEASE WRITE AN X MARK IN ONE OF THE BOXES BELOW.

- 1 Galvanized iron/aluminum
- 2 Tile concrete/clay tile
- 3 Half galvanized iron and half concrete
- 4 Wood
- 5 Cogon/nipa/anhaw
- 6 Asbestos
- 7 Makeshift/salvaged/improvised materials
- 8 Others, _____ SPECIFY

B2. CONSTRUCTION MATERIALS OF THE OUTER WALLS

PLEASE WRITE AN X MARK IN ONE OF THE BOXES BELOW.

- 01 Concrete/brick/stone
- 02 Wood
- 03 Half concrete/brick/stone and half wood
- 04 Galvanized iron/aluminum
- 05 Bamboo/sawali/cogon/nipa
- 06 Asbestos
- 07 Glass
- 08 Makeshift/salvaged/improvised materials
- 09 Others, _____ SPECIFY
- 10 No walls

H1. TENURE STATUS OF THE LOT

PLEASE WRITE AN X MARK IN ONE OF THE BOXES BELOW.

Do you own or amortize this lot occupied by your household, do you rent it, or do you occupy it rent-free with consent of owner or rent-free without consent of the owner?

- 1 Owned/being amortized/owner-like possession
- 2 Rented
- 3 Rent-free with consent of owner
- 4 Rent-free without consent of owner
- 5 Not applicable, _____ SPECIFY

QUESTIONS FOR HOUSEHOLDS IN TEMPORARY RELOCATION AREA

H2. CURRENT RESIDENCE

Is this household residing in temporary relocation or resettlement area?

- 1 Yes
- 2 No END-DO NOT FILL OUT H3 TO H5

H3. DATE MOVED TO CURRENT RESIDENCE

When did your household move to the temporary relocation area?

MM		YYYY					

H4. PREVIOUS RESIDENCE

Where was the household's usual place of residence before moving to the temporary relocation area?

IF THE SAME BARANGAY AS THE PRESENT RESIDENCE, WRITE 000 IN THE BOXES FOR BARANGAY.

IF ANOTHER BARANGAY, SPECIFY THE NAME OF BARANGAY, CITY/MUNICIPALITY AND PROVINCE ON THE SPACES PROVIDED.

L _____ BARANGAY	<input type="text"/> <input type="text"/> <input type="text"/>	_____ CITY/MUNICIPALITY	<input type="text"/> <input type="text"/>	_____ PROVINCE	<input type="text"/> <input type="text"/>
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IF H4 IS '000', END-DO NOT FILL OUT H5.

H5. INTENTION TO RESIDE IN PREVIOUS RESIDENCE

Within one year, does your household intend to reside in previous residence specified in H4?

- 1 Yes
- 2 No

REMARKS

REMARKS

Write your answers on the spaces provided for Columns P2, P3 and P4.

HOUSEHOLD SIZE

1. Are there any other persons such as small children or infants and overseas workers who were not yet listed?
 1 Yes PLEASE ADD IN THE LIST 2 No
2. Are there more than 6 members in this household?
 1 Yes PLEASE USE ADDITIONAL BOOKLET 2 No

NOTE: If you need additional questionnaire, please contact the assigned enumerator/team supervisor in your area or the NSO Provincial Office for additional CP Form 7. Please see the name, address, and phone number of the contact person on the last page of this form.

Write an X mark in the corresponding boxes for Household Size, P12, B1, B2, H1 and H2.

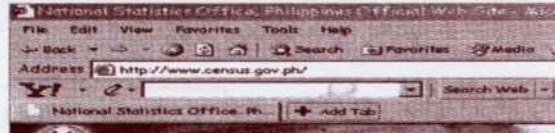
POPULATION CENSUS QUESTIONS		7G	
Name	For 16 Years Old and Over	For 5 Years Old and Over	
	Overseas Worker Is _____ an overseas worker? 1 Yes 2 No	Usual Occupation During the past 12 months, what was _____'s usual activity/occupation? WRITE DETAILED DESCRIPTION ON THE SPACE PROVIDED. IF STUDENT/HOUSEKEEPER/DEPENDENT, DO NOT FILL OUT P14. GO TO NEXT HOUSEHOLD MEMBER.	Place of Work In what city/municipality did work during the past 12 months? 0000 Same City/Municipality 8887 Foreign Country IF ANOTHER CITY/MUNICIPALITY, SPECIFY THE NAME OF CITY/MUNICIPALITY AND PROVINCE ON THE SPACES PROVIDED.
	P12	P13	P14
1. ROLANDO FIRST NAME	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	MULTICAB DRIVER	CITY/MUNICIPALITY
2. LEONITA FIRST NAME	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	ELEMENTARY TEACHER	CITY/MUNICIPALITY
3. LALYN FIRST NAME	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	MARKET STALL VENDOR	CITY/MUNICIPALITY
4. ROLDAN FIRST NAME	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	AUDITOR	CITY/MUNICIPALITY
5. RANDY FIRST NAME	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	STUDENT	CITY/MUNICIPALITY
6. LEILANI FIRST NAME	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2		CITY/MUNICIPALITY

HOUSING CENSUS QUESTIONS		7I	
B1. CONSTRUCTION MATERIALS OF THE ROOF PLEASE WRITE AN X MARK IN ONE OF THE BOXES BELOW.		B2. CONSTRUCTION MATERIALS OF THE OUTER WALLS PLEASE WRITE AN X MARK IN ONE OF THE BOXES BELOW.	
<input checked="" type="checkbox"/> 1 Galvanized iron/aluminum	<input type="checkbox"/> 2 Tile concrete/clay tile	<input checked="" type="checkbox"/> 01 Concrete/brick/stone	<input type="checkbox"/> 02 Wood
<input type="checkbox"/> 3 Half galvanized iron and half concrete	<input type="checkbox"/> 4 Wood	<input type="checkbox"/> 03 Half concrete/brick/stone and half wood	<input type="checkbox"/> 04 Galvanized iron/aluminum
<input type="checkbox"/> 5 Cogon/hipe/an'aw	<input type="checkbox"/> 6 Asbestos	<input type="checkbox"/> 05 Bamboo/bamul/cogon/hipe	<input type="checkbox"/> 06 Asbestos
<input type="checkbox"/> 7 Makeshit/salvaged/improvised materials	<input type="checkbox"/> 8 Others, _____ SPECIFY _____	<input type="checkbox"/> 07 Glass	<input type="checkbox"/> 08 Makeshit/salvaged/improvised materials
H1. TENURE STATUS OF THE LOT PLEASE WRITE AN X MARK IN ONE OF THE BOXES BELOW. Do you own or amortize this lot occupied by your household, do you rent it, or do you occupy it rent-free with consent of owner or rent-free without consent of owner?			
<input checked="" type="checkbox"/> 1 Owned/being amortized/owner-like possession	<input type="checkbox"/> 2 Rented	<input type="checkbox"/> 3 Rent-free with consent of owner	<input type="checkbox"/> 4 Rent-free without consent of owner
H2. CURRENT RESIDENCE Is this household residing in temporary relocation or resettlement area? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No END-DO NOT FILL OUT H3 TO H5			
H3. DATE MOVED TO CURRENT RESIDENCE When did your household move to the temporary relocation area? MM. YYYY			
H4. PREVIOUS RESIDENCE Where was the household's usual place of residence before moving to the temporary relocation area? IF THE SAME BARANGAY AS THE PRESENT RESIDENCE, WRITE 000 IN THE BOXES FOR BARANGAY IF ANOTHER BARANGAY, SPECIFY THE NAME OF BARANGAY, CITY/MUNICIPALITY AND PROVINCE ON THE SPACES PROVIDED. L. _____ BARANGAY _____ CITY/MUNICIPALITY _____ PROVINCE			
H5. INTENTION TO RESIDE IN PREVIOUS RESIDENCE Within one year, does your household intend to reside in previous residence specified in H4? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No			
REMARKS			

Write your answers on the spaces provided for Columns P13 and P14.

For more information on
census taking, visit our
website:

www.census.gov.ph



Contact:

Enumerator/Team Supervisor

Address

Telephone Number

Or the nearest NSO Provincial Office:

PSO/DSO/SCO

Address

Telephone Number

Or contact: **Household Statistics Department**
NSO Central Office, Manila



(02)716-0298/ (02)716-9368/ (02)713-2789

Email: cps2007@census.gov.ph

Please make sure that

You have filled out completely and answered all questions in this form.