



FORM 1

2000 CENSUS OF
POPULATION AND HOUSING
LISTING PAGE

CONFIDENTIALITY:

This census is authorized by
Commonwealth Act No. 591 and
B.P. Blg. 72.

All information is held strictly
CONFIDENTIAL.

GUIDELINES

GENERAL INSTRUCTIONS

- The Census 2000 form will be processed by a computerized imaging system.
- Please write neatly and legibly; use only NSO-supplied pencils when filling-up this form.
- Use clean erasers when making corrections.
- Complete all information to maintain data accuracy and consistency.
- Do not make unnecessary folds and creases on the form.
- Do not write unnecessary marks or comments on the form.
- Write the appropriate digits (0 ... 9) in the designated boxes. Please make sure each digit is written neatly inside each box as shown here.
- Please make sure the cross mark is written neatly inside the circle as shown here.

MONTH OF VISIT

GEOGRAPHIC IDENTIFICATION

PAGE OF PAGES

PROVINCE

CITY/MUNICIPALITY

BARANGAY

ENUMERATION AREA

RANDOM START

CERTIFICATION

I hereby certify that the data set forth were obtained/reviewed by me personally and in accordance with the instructions given.

ENUMERATOR (SIGNATURE OVER PRINTED NAME) DATE SIGNED

INTERVIEW RECORD

LINE NO	DAY OF VISIT	BUILDING SERIAL NUMBER	HOUSING UNIT SERIAL NUMBER	HOUSEHOLD SERIAL NUMBER	INSTITUTIONAL SERIAL NUMBER	NAME OF HOUSEHOLD HEAD OR NAME/TYPE OF INSTITUTION [IF VACANT HOUSING UNIT, WRITE VHU; IF VACANT BUILDING, WRITE VBLDG] ADDRESS [ENTER HOUSE NUMBER AND STREET OR SITIO NAME]	POPULATION COUNT			REMARKS
	INDICATOR			INDICATOR			TOTAL	MALE	FEMALE	
	(1)	(2)	(3)	(4)	(5)		(6)	(7)	(8)	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	○	<input type="text"/>	<input type="text"/>	○	<input type="text"/>	<input type="text"/>	○	<input type="text"/>	<input type="text"/>	
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	○	<input type="text"/>	<input type="text"/>	○	<input type="text"/>	<input type="text"/>	○	<input type="text"/>	<input type="text"/>	
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	○	<input type="text"/>	<input type="text"/>	○	<input type="text"/>	<input type="text"/>	○	<input type="text"/>	<input type="text"/>	
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	○	<input type="text"/>	<input type="text"/>	○	<input type="text"/>	<input type="text"/>	○	<input type="text"/>	<input type="text"/>	
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	○	<input type="text"/>	<input type="text"/>	○	<input type="text"/>	<input type="text"/>	○	<input type="text"/>	<input type="text"/>	

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Please make sure the cross mark is written neatly inside the circle as shown here.

MONTH OF VISIT

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GEOGRAPHIC IDENTIFICATION

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	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
16	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 100%; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	
	○	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	○	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 100%; height: 20px;"></table>	○			
17	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 100%; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	
	○	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	○	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 100%; height: 20px;"></table>	○			
18	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 100%; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	
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19	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 100%; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	
	○	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	○	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 100%; height: 20px;"></table>	○			
20	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 100%; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	
	○	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	○	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 100%; height: 20px;"></table>	○			

THE MEMBERS OF THE HOUSEHOLD ARE:

- Those who live or intends to live in the housing unit.
- The overseas workers who are away at the time of the census.
- Those who are temporarily away but are expected to be back after time of departure:
 - Within 6 months, when on vacation, on business/pleasure trip, or studying/training somewhere in the Philippines or abroad
 - At least once a week when working or attending school in some other place.
 - Within 6 months when confined in hospitals, detained in jails or military camps or being trained by AFP.

LIST THE HOUSEHOLD MEMBERS IN THIS ORDER:

- 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
- Non-relative of head

Use the following type of numeric characters in writing. Character should be written in the same pressure.

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

DEMOGRAPHIC INFORMATION FOR ALL PERSONS

	COL. NO. OF HH MEMBER	COL. NO. OF HH MEMBER	COL. NO. OF HH MEMBER	COL. NO. OF HH MEMBER
P1 Who is the head of this household? Who are the persons usually residing here as of May 1, 2000? <i>[Please enter the column number of the person or household member]</i> LAST NAME _____ FIRST NAME _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P2 What is _____'s relationship to the head of the household? <i>[Please see code book]</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P3 Family Nucleus <i>[Please cross out one of the selections]</i>	<input type="radio"/> No Family <input type="radio"/> 1 st Family <input type="radio"/> 2 nd Family <input type="radio"/> 3 rd Family <input type="radio"/> 4 th Family & so forth	<input type="radio"/> No Family <input type="radio"/> 1 st Family <input type="radio"/> 2 nd Family <input type="radio"/> 3 rd Family <input type="radio"/> 4 th Family & so forth	<input type="radio"/> No Family <input type="radio"/> 1 st Family <input type="radio"/> 2 nd Family <input type="radio"/> 3 rd Family <input type="radio"/> 4 th Family & so forth	<input type="radio"/> No Family <input type="radio"/> 1 st Family <input type="radio"/> 2 nd Family <input type="radio"/> 3 rd Family <input type="radio"/> 4 th Family & so forth
P4 In what month and year was _____ born? <i>[Please follow the format MM YYYY]</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
P5 Was _____'s birth registered with the LCR?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DONT KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DONT KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DONT KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DONT KNOW
P6 What is _____'s age as of his/her last birthday?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P7 Is _____ male or female?	<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> MALE <input type="radio"/> FEMALE
P8 Is _____ an overseas worker? <i>[For persons below 10 years old, mark No]</i>	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
P9 What is _____'s marital status? <i>[Please cross out one of the selections]</i> <i>[For persons below 10 years old, cross out single]</i>	<input type="radio"/> Single <input type="radio"/> Legally Married <input type="radio"/> Widowed <input type="radio"/> Divorced/Separated <input type="radio"/> Common Law/Live-in <input type="radio"/> Unknown	<input type="radio"/> Single <input type="radio"/> Legally Married <input type="radio"/> Widowed <input type="radio"/> Divorced/Separated <input type="radio"/> Common Law/Live-in <input type="radio"/> Unknown	<input type="radio"/> Single <input type="radio"/> Legally Married <input type="radio"/> Widowed <input type="radio"/> Divorced/Separated <input type="radio"/> Common Law/Live-in <input type="radio"/> Unknown	<input type="radio"/> Single <input type="radio"/> Legally Married <input type="radio"/> Widowed <input type="radio"/> Divorced/Separated <input type="radio"/> Common Law/Live-in <input type="radio"/> Unknown
P10 What is _____'s religious affiliation? <i>[Please see code book]</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P13 Does _____ have any physical or mental disability? <i>[If No Skip to P15]</i>	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
P14 What type of disability does _____ have? <i>[Please see code book]</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P15 How does _____ classify himself/herself? Is he/she an Ibaloi, Kankanaey, Mangyan, Manobo, Chinese, Ilocano or what? <i>[Please see code book]</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR PERSONS 5 YEARS OLD AND OVER

P22 What is the highest grade/year completed by _____? <i>[Please see code book]</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P23 RESIDENCE 5 YEARS AGO In what city/municipality did _____ reside on May 1, 1995? Foreign Country 0007 Same City/Municipality 0008 Unknown 0009 If another city/municipality, specify city/municipality and province CITY/MUNICIPALITY _____ PROVINCE _____ <i>[Please see code book]</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use the following type of alpha characters in writing. Character should be written in the same pressure.

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Ñ	O	P	Q	R	S	T	U	V	W	X	Y	Z	¸

HOUSEHOLD SIZE

- Are there more than 8 members in this household?
[Please cross out one of the selections below]
 YES [Please use another booklet]
 NO
- Are there any other persons such as small children or infants who were not listed?
[Please cross out one of the selections below]
 YES [Please add in the list]
 NO

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P5 Was _____'s birth registered with the LCR?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DONT KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DONT KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DONT KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DONT KNOW
P6 What is _____'s age as of his/her last birthday?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P7 Is _____ male or female?	<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> MALE <input type="radio"/> FEMALE
P8 Is _____ an overseas worker? [For persons below 10 years old, mark No]	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
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P10 What is _____'s religious affiliation? [Please see code book]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	CITY/MUNICIPALITY	CITY/MUNICIPALITY	CITY/MUNICIPALITY	CITY/MUNICIPALITY
	PROVINCE	PROVINCE	PROVINCE	PROVINCE

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
21	<input type="text"/> ○	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/>	
22	<input type="text"/> ○	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/>	
23	<input type="text"/> ○	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/>	
24	<input type="text"/> ○	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/>	
25	<input type="text"/> ○	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/>	
26	<input type="text"/> ○	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/>	
27	<input type="text"/> ○	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/>	
28	<input type="text"/> ○	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/>	
29	<input type="text"/> ○	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/>	
30	<input type="text"/> ○	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/> L	<input type="text"/> <input type="text"/>	<input type="text"/> ○	<input type="text"/>	<input type="text"/> J	
	TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL HOUSEHOLD POPULATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	VACANT	<input type="text"/>	<input type="text"/>		<input type="text"/>	TOTAL INSTITUTIONAL POPULATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	
						TOTAL POPULATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	○	<input type="text"/>	<input type="text"/>	○		<input type="text"/>	○			
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	○	<input type="text"/>	<input type="text"/>	○		<input type="text"/>	○			
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	○	<input type="text"/>	<input type="text"/>	○		<input type="text"/>	○			
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	○	<input type="text"/>	<input type="text"/>	○		<input type="text"/>	○			
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	○	<input type="text"/>	<input type="text"/>	○		<input type="text"/>	○			
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	○	<input type="text"/>	<input type="text"/>	○		<input type="text"/>	○			
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	○	<input type="text"/>	<input type="text"/>	○		<input type="text"/>	○			
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	○	<input type="text"/>	<input type="text"/>	○		<input type="text"/>	○			
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	○	<input type="text"/>	<input type="text"/>	○		<input type="text"/>	○			
15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	○	<input type="text"/>	<input type="text"/>	○	L	<input type="text"/>	○			J
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL HOUSEHOLD POPULATION		<input type="text"/>	<input type="text"/>	<input type="text"/>
VACANT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL INSTITUTIONAL POPULATION		<input type="text"/>	<input type="text"/>	<input type="text"/>
						TOTAL POPULATION		<input type="text"/>	<input type="text"/>	<input type="text"/>

B1 TO B4 ARE TO BE ANSWERED BY MERE OBSERVATION. IF DOUBTFUL, ASK THE RESPONDENT.

B1 TYPE OF BUILDING/HOUSE
[Please cross out one of the selections below]

- Single house
- Duplex
- Multi-unit residential (three units or more)
- Commercial/industrial/agricultural (office, factory, rice mill, etc.)
- Institutional living quarters (hotel, hospital, etc.)
- Other housing unit (boat, cave, etc.)

B2 CONSTRUCTION MATERIAL OF THE ROOF
[Please cross out one of the selections below]

- Galvanized iron/aluminum
- Tile concrete/clay tile
- Half galvanized iron and half concrete
- Wood
- Cogon/nipa/anhaw
- Asbestos
- Makeshift/salvaged/improvised materials
- Others, specify _____

B3 CONSTRUCTION MATERIALS OF THE OUTER WALLS
[Please cross out one of the selections below]

- Concrete/brick/stone
- Wood
- Half concrete/brick/stone/and half wood
- Galvanized iron/aluminum
- Bamboo/sawali/cogon/nipa
- Asbestos
- Glass
- Makeshift/salvaged/improvised materials
- Others, specify _____
- No walls

B4 STATE OF REPAIR
 Determine the current condition of the building / house
[Please cross out one of the selections below]

- Needs no repair/needs minor repair
- Needs major repair
- Dilapidated/condemned
- Under renovation/being repaired
- Under construction
- Unfinished construction

B5 IS TO BE ASKED FROM ANY HOUSEHOLD IN THE BUILDING

D1 IS TO BE ASKED FROM ANY HOUSEHOLD IN THIS HOUSING UNIT

B5 YEAR BUILDING/HOUSE WAS BUILT
 When was this building/house built?
[Please cross out one of the selections below]

- 2000
- 1999
- 1998
- 1997
- 1996
- 1991 - 1995
- 1981 - 1990
- 1971 - 1980
- 1961 - 1970
- 1960 or earlier
- Not applicable
- Don't know

D1 FLOOR AREA OF THE HOUSING UNIT
 What is the estimated floor area of this housing unit?
[Please cross out one of the selections below]


	SQUARE METER	SQUARE FEET
<input type="radio"/>	Less than 10	Less than 108
<input type="radio"/>	10 - 19	108 - 209
<input type="radio"/>	20 - 29	210 - 317
<input type="radio"/>	30 - 49	318 - 532
<input type="radio"/>	50 - 69	533 - 748
<input type="radio"/>	70 - 89	749 - 963
<input type="radio"/>	90 - 119	964 - 1286
<input type="radio"/>	120 - 149	1287 - 1609
<input type="radio"/>	150 - 199	1610 - 2147
<input type="radio"/>	200 and over	2148 and over

H8 IS TO BE ANSWERED BY ALL HOUSEHOLDS

H8 TENURE STATUS OF THE LOT
 Do you own or amortize this lot occupied by your household or do you rent it, do you occupy it rent-free with consent of owner or rent-free without consent of owner?
[Please cross out one of the selections below]

- Owned/being amortized
- Rented
- Rent-free with consent of owner
- Rent-free without consent of owner

REMARKS:



B1 TO B4 ARE TO BE ANSWERED BY MERE OBSERVATION. IF DOUBTFUL, ASK THE RESPONDENT.

<p>B1 TYPE OF BUILDING/HOUSE <i>[Please cross out one of the selections below]</i></p> <p><input type="radio"/> Single house <input type="radio"/> Commercial/ industrial/agricultural (office, factory, etc.)</p> <p><input type="radio"/> Duplex <input type="radio"/> Institutional living quarters (hotel, hospital, etc.)</p> <p><input type="radio"/> Multi-unit residential (three units or more) <input type="radio"/> Other housing unit (boat, cave, etc.)</p>	<p>B2 CONSTRUCTION MATERIAL OF THE ROOF <i>[Please cross out one of the selections below]</i></p> <p><input type="radio"/> Galvanized iron/aluminum <input type="radio"/> Cogon/nipa/anhaw</p> <p><input type="radio"/> Tile concrete/clay tile <input type="radio"/> Asbestos</p> <p><input type="radio"/> Half galvanized iron and half concrete <input type="radio"/> Makeshift/salvaged/improvised materials</p> <p><input type="radio"/> Wood <input type="radio"/> Others, specify _____</p>	<p>B3 CONSTRUCTION MATERIALS OF THE OUTER WALLS <i>[Please cross out one of the selections below]</i></p> <p><input type="radio"/> Concrete/brick/stone <input type="radio"/> Asbestos</p> <p><input type="radio"/> Wood <input type="radio"/> Glass</p> <p><input type="radio"/> Half concrete/brick/stone and half wood <input type="radio"/> Makeshift/salvaged/improvised materials</p> <p><input type="radio"/> Galvanized iron/aluminum <input type="radio"/> Others, specify _____</p> <p><input type="radio"/> Bamboo/sawali/cogon/nipa <input type="radio"/> No walls</p>	<p>B4 STATE OF REPAIR Determine the current condition of the building/house. <i>[Please cross out one of the selections below]</i></p> <p><input type="radio"/> Needs no repair/needs minor repair <input type="radio"/> Under renovation/being repaired</p> <p><input type="radio"/> Needs major repair <input type="radio"/> Under construction</p> <p><input type="radio"/> Dilapidated/condemned <input type="radio"/> Unfinished construction</p>
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B5 IS TO BE ASKED FROM ANY HOUSEHOLD IN THE BUILDING

B5 YEAR BUILDING/HOUSE WAS BUILT
When was this building/house built? *[Please cross out one of the selections below]*

<input type="radio"/> 2000	<input type="radio"/> 1997	<input type="radio"/> 1981 – 1990	<input type="radio"/> 1960 or earlier
<input type="radio"/> 1999	<input type="radio"/> 1996	<input type="radio"/> 1971 – 1980	<input type="radio"/> Not applicable
<input type="radio"/> 1998	<input type="radio"/> 1991 – 1995	<input type="radio"/> 1961 – 1970	<input type="radio"/> Don't know

D1 IS TO BE ASKED FROM ANY HOUSEHOLD IN THIS HOUSING UNIT

D1 FLOOR AREA OF THE HOUSING UNIT
What is the estimated floor area of this housing unit? *[Please cross out one of the selections below]*

<input type="radio"/> Less than 10 sq. m. (Less than 108 sq. ft.)	<input type="radio"/> 20 – 29 sq. m. (210 – 317 sq. ft.)	<input type="radio"/> 50 – 69 sq. m. (533 – 748 sq. ft.)	<input type="radio"/> 90 – 119 sq. m. (964 – 1286 sq. ft.)	<input type="radio"/> 150 – 199 sq. m. (1610 – 2147 sq. ft.)
<input type="radio"/> 10 – 19 sq. m. (108 – 209 sq. ft.)	<input type="radio"/> 30 – 49 sq. m. (318 – 532 sq. ft.)	<input type="radio"/> 70 – 89 sq. m. (749 – 963 sq. ft.)	<input type="radio"/> 120 – 149 sq. m. (1287 – 1609 sq. ft.)	<input type="radio"/> 200 sq. m. and over (2148 sq. ft. and over)

H1 TO H16 ARE TO BE ANSWERED BY ALL HOUSEHOLDS

<p>H1 FUEL FOR LIGHTING What kind of fuel does this household use for lighting? <i>[Please cross out one of the selections below]</i></p> <p><input type="radio"/> Electricity <input type="radio"/> Oil (vegetable, animal, etc)</p> <p><input type="radio"/> Kerosene (gaas) <input type="radio"/> Others, specify _____</p> <p><input type="radio"/> Liquefied Petroleum Gas (LPG)</p>	<p>H2 FUEL FOR COOKING What fuel does this household use most of the time for cooking? <i>[Please cross out one of the selections below]</i></p> <p><input type="radio"/> Electricity <input type="radio"/> Wood</p> <p><input type="radio"/> Kerosene (gaas) <input type="radio"/> Others, specify _____</p> <p><input type="radio"/> Liquefied Petroleum Gas (LPG) <input type="radio"/> None</p> <p><input type="radio"/> Charcoal</p>	<p>H3 SOURCE OF WATER SUPPLY FOR DRINKING AND/OR COOKING What is this household's main source of water supply for drinking and/or cooking? <i>[Please cross out one of the selections below]</i></p> <p><input type="radio"/> Own use, faucet, community water system <input type="radio"/> Own use, tubed/piped deep well (at least 100 ft/30 m deep)</p> <p><input type="radio"/> Shared, faucet, community water system <input type="radio"/> Shared, tubed/piped deep well</p> <p><input type="radio"/> Tubed/piped shallow well <input type="radio"/> Spring, lake, river, rain, etc.</p> <p><input type="radio"/> Dug well <input type="radio"/> Peddler</p> <p><input type="radio"/> Bottled water <input type="radio"/> Others, specify _____</p>
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<p>H4 SOURCE OF WATER SUPPLY FOR LAUNDRY AND/OR BATHING. What is this household's main source of water supply for laundry and/or bathing? <i>[Please cross out one of the selections below]</i></p> <p><input type="radio"/> Own use, faucet, community water system <input type="radio"/> Own use, tubed/piped deep well (at least 100 ft/30 m deep)</p> <p><input type="radio"/> Shared, faucet, community water system <input type="radio"/> Shared, tubed/piped deep well</p> <p><input type="radio"/> Tubed/piped shallow well <input type="radio"/> Spring, lake, river, rain, etc.</p> <p><input type="radio"/> Dug well <input type="radio"/> Peddler</p> <p><input type="radio"/> Others, specify _____</p>	<p>H5 TENURE OF THIS HOUSING UNIT Do you own or amortize this housing unit occupied by your household or do you rent it, do you occupy it rent-free with consent of owner or rent-free without the consent of owner? <i>[Please cross out one of the selections below]</i></p> <p><input type="radio"/> Owned/being amortized</p> <p><input type="radio"/> Rented <i>[Skip to H9]</i></p> <p><input type="radio"/> Rent-free w/ consent of owner <i>[Skip to H10]</i></p> <p><input type="radio"/> Rent-free w/o consent of owner <i>[Skip to H10]</i></p>	<p>H6 ACQUISITION OF HOUSING UNIT How did you acquire this housing unit? <i>[Please cross out one of the selections below]</i></p> <p><input type="radio"/> Purchased <input type="radio"/> Constructed by an organized contractor</p> <p><input type="radio"/> Constructed by the owner/occupants with or without help of friends/relatives <input type="radio"/> Inherited <i>[Skip to H8]</i></p> <p><input type="radio"/> Constructed by hired/skilled worker <input type="radio"/> Others (lottery, gift) <i>[Skip to H8]</i></p>
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<p>H7 SOURCE OF FINANCING Do you avail of the following sources of financing in the construction / purchase of this housing unit? <i>[Please cross out yes or no on the selections below]</i></p> <p>YES NO</p> <p><input type="radio"/> <input type="radio"/> Own resources/interest-free loans from relatives/friends</p> <p><input type="radio"/> <input type="radio"/> Gov't. assistance, PAG-IBIG, GSIS, SSS, DBP, etc</p> <p><input type="radio"/> <input type="radio"/> Private banks/foundations/cooperatives</p> <p><input type="radio"/> <input type="radio"/> Employer assistance</p> <p><input type="radio"/> <input type="radio"/> Private persons</p> <p><input type="radio"/> <input type="radio"/> Others, specify _____</p>	<p>H8 TENURE STATUS OF THE LOT Do you own or amortize this lot occupied by your household or do you rent it, do you occupy it rent-free with consent of owner or rent-free without consent of owner? <i>[Please cross out one of the selections below]</i></p> <p><input type="radio"/> Owned/being amortized <i>[Skip to H10]</i></p> <p><input type="radio"/> Rented</p> <p><input type="radio"/> Rent-free w/ consent of owner <i>[Skip to H10]</i></p> <p><input type="radio"/> Rent-free w/o consent of owner <i>[Skip to H10]</i></p>	<p>H9 MONTHLY RENTAL OF THE HOUSING UNIT OR LOT How much is the monthly rental? <i>[Please cross out one of the selections below]</i></p> <p><input type="radio"/> Below 100 <input type="radio"/> 1,000 – 1,999</p> <p><input type="radio"/> 100 – 199 <input type="radio"/> 2,000 – 4,999</p> <p><input type="radio"/> 200 – 499 <input type="radio"/> 5,000 – 9,999</p> <p><input type="radio"/> 500 – 999 <input type="radio"/> 10,000 and over</p>	<p>H10 USUAL MANNER OF GARBAGE DISPOSAL How does your household usually dispose of your kitchen garbage such as leftover food, peeling of fruits and vegetables, fish and chicken entrails, etc.? <i>[Please cross out one of the selections below]</i></p> <p><input type="radio"/> Picked-up by garbage truck <input type="radio"/> Composting</p> <p><input type="radio"/> Dumping in individual pit (not burned) <input type="radio"/> Burying</p> <p><input type="radio"/> Burning <input type="radio"/> Feeding to Animals</p> <p><input type="radio"/> Others, specify _____</p>
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<p>H11 KIND OF TOILET FACILITY What type of toilet facility does this household use? <i>[Please cross out one of the selections below]</i></p> <p><input type="radio"/> Water-sealed, sewer septic tank, used exclusively by household <input type="radio"/> Water-sealed, other depository, used exclusively by household</p> <p><input type="radio"/> Water-sealed, sewer septic tank, shared with other households <input type="radio"/> Water-sealed, other depository, shared with other households</p> <p><input type="radio"/> Closed pit (w/o a water-sealed bowl and depository is constructed usually of large circular tubes made of concrete or clay covered on top and has a small opening; ex. Antipolo, etc.) <input type="radio"/> Open pit (same as closed but without covering)</p> <p><input type="radio"/> Others (pail system, etc.) <input type="radio"/> None</p>	<p>H12 PRESENCE OF HOUSEHOLD CONVENIENCES Does this household have the following household conveniences in working condition? <i>[Please cross out yes or no on the selections below]</i></p> <table style="width:100%;"> <tr> <td>YES NO</td> <td>YES NO</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> Radio/Radio Cassette</td> <td><input type="radio"/> <input type="radio"/> Telephone/Cellphone</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> Television Set</td> <td><input type="radio"/> <input type="radio"/> Washing Machine</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> Refrigerator/Freezer</td> <td><input type="radio"/> <input type="radio"/> Motorized Vehicle</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> Video Cassette/Recorder</td> <td></td> </tr> </table>	YES NO	YES NO	<input type="radio"/> <input type="radio"/> Radio/Radio Cassette	<input type="radio"/> <input type="radio"/> Telephone/Cellphone	<input type="radio"/> <input type="radio"/> Television Set	<input type="radio"/> <input type="radio"/> Washing Machine	<input type="radio"/> <input type="radio"/> Refrigerator/Freezer	<input type="radio"/> <input type="radio"/> Motorized Vehicle	<input type="radio"/> <input type="radio"/> Video Cassette/Recorder		<p>H13 LAND OWNERSHIP Does any member of this household own the following? <i>[Please cross out yes or no on the selections below]</i></p> <table style="width:100%;"> <tr> <td>YES NO</td> <td>YES NO</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> Other residential land(s)</td> <td><input type="radio"/> <input type="radio"/> Agricultural land(s) acquired through CARP, Agrarian Reform Beneficiary</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> Agricultural land(s), landowner</td> <td><input type="radio"/> <input type="radio"/> Other land(s)</td> </tr> </table>	YES NO	YES NO	<input type="radio"/> <input type="radio"/> Other residential land(s)	<input type="radio"/> <input type="radio"/> Agricultural land(s) acquired through CARP, Agrarian Reform Beneficiary	<input type="radio"/> <input type="radio"/> Agricultural land(s), landowner	<input type="radio"/> <input type="radio"/> Other land(s)
YES NO	YES NO																	
<input type="radio"/> <input type="radio"/> Radio/Radio Cassette	<input type="radio"/> <input type="radio"/> Telephone/Cellphone																	
<input type="radio"/> <input type="radio"/> Television Set	<input type="radio"/> <input type="radio"/> Washing Machine																	
<input type="radio"/> <input type="radio"/> Refrigerator/Freezer	<input type="radio"/> <input type="radio"/> Motorized Vehicle																	
<input type="radio"/> <input type="radio"/> Video Cassette/Recorder																		
YES NO	YES NO																	
<input type="radio"/> <input type="radio"/> Other residential land(s)	<input type="radio"/> <input type="radio"/> Agricultural land(s) acquired through CARP, Agrarian Reform Beneficiary																	
<input type="radio"/> <input type="radio"/> Agricultural land(s), landowner	<input type="radio"/> <input type="radio"/> Other land(s)																	

<p>H14 LANGUAGE/DIALECT GENERALLY SPOKEN What is the language/dialect generally spoken at home by members of this household? <i>[Please see code book]</i></p> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<p>H15 RESIDENCE FIVE YEARS FROM NOW In what city/municipality does this household intends to reside on May 1, 2005?</p> <p>0007 Foreign Country</p> <p>0008 Same city/municipality</p> <p>0009 Unknown</p>	<p><i>If another city/municipality, specify city/municipality and province.</i> <i>[Please see code book]</i></p> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <p align="center">Province / City/Municipality</p> <p>City/Municipality _____</p> <p>Province _____</p>	<p>REMARKS:</p>
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NSCB Approval No. NSO-9920-02 Expires on:
Dec. 31, 2000



FORM 2

**2000 CENSUS OF
POPULATION AND HOUSING**

**COMMON HOUSEHOLD
QUESTIONNAIRE**

GUIDELINES

GENERAL INSTRUCTIONS

- The Census 2000 Form will be processed by a computerized imaging system.
- Please write neatly and legibly; use only NSO-supplied pencils when filling-up this form.
- Use clean erasers when making corrections.
- Complete all population and housing information to maintain data accuracy and consistency.
- Do not make unnecessary folds and creases on the form.
- Do not write unnecessary marks or comments on the form.

HOW TO FILL-UP THE CENSUS FORM

- Write the appropriate digits (0 ... 9) in the designated boxes. Please make sure each digit is written neatly inside each box as shown here.
- Write a cross mark on the circle to indicate selection. Please make sure the cross mark is written neatly inside the circle as shown here.

GEOGRAPHIC IDENTIFICATION

BOOKLET OF BOOKLETS

PROVINCE

CITY/MUNICIPALITY

BARANGAY

ENUMERATION AREA

BUILDING SERIAL NUMBER

HOUSING UNIT SERIAL NUMBER

HOUSEHOLD SERIAL NUMBER

COL. NUMBER OF RESPONDENT

NAME OF HOUSEHOLD HEAD

ADDRESS

HOUSE NUMBER AND STREET NAME OR NAME OF SITIO

INTERVIEW RECORD

NUMBER OF VISITS	NUMBER 1	NUMBER 2	NUMBER 3	SUMMARY
DATE OF VISIT MM DD YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NUMBER OF VISITS <input type="text"/>
TIME BEGAN HOUR:MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RESULT OF VISIT <input type="text"/>
TIME ENDED HOUR:MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HH MEMBERS <input type="text"/> <input type="text"/>
RESULT OF VISIT	<input type="text"/>	<input type="text"/>	<input type="text"/>	MALES <input type="text"/> <input type="text"/>
NEXT VISIT				FEMALES <input type="text"/> <input type="text"/>
DATE MM DD YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RESULT OF VISIT
TIME HOUR:MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 Completed 2 Partly Completed 3 Refused 4 Postponed 5 SAQ 6 Household Not Around/No Respondent Around 7 Others, Specify

CERTIFICATION

I hereby certify that the data set forth were obtained/reviewed by me personally and in accordance with the instructions given.



FORM 3

**2000 CENSUS OF
POPULATION AND HOUSING**

SAMPLE HOUSEHOLD QUESTIONNAIRE







CONFIDENTIALITY:

This census is authorized by
Commonwealth Act No. 591 and
B.P. Blg. 72.



All information is held strictly
CONFIDENTIAL.

GUIDELINES

GENERAL INSTRUCTIONS

-  The Census 2000 Form will be processed by a computerized imaging system.
-  Please write neatly and legibly; use only NSO-supplied pencils when filling-up this form.
-  Use clean erasers when making corrections.
-  Complete all population and housing information to maintain data accuracy and consistency.
-  Do not make unnecessary folds and creases on the form.
-  Do not write unnecessary marks or comments on the form.

HOW TO FILL-UP THE CENSUS FORM

-  Write the appropriate digits (0 ... 9) in the designated boxes. Please make sure each digit is written neatly inside each box as shown here.
-  Write a cross mark on the circle to indicate selection. Please make sure the cross mark is written neatly inside the circle as shown here.

GEOGRAPHIC IDENTIFICATION

PROVINCE _____

CITY/MUNICIPALITY _____

BARANGAY _____

ENUMERATION AREA _____

BUILDING SERIAL NUMBER _____

HOUSING UNIT SERIAL NUMBER _____

HOUSEHOLD SERIAL NUMBER _____

COL. NUMBER OF RESPONDENT _____

NAME OF HOUSEHOLD HEAD _____

ADDRESS _____

HOUSE NUMBER AND STREET NAME OR NAME OF SITIO _____

BOOKLET OF BOOKLETS

INTERVIEW RECORD

VISIT NUMBER	NUMBER 1	NUMBER 2	NUMBER 3	SUMMARY
DATE OF VISIT MM DD YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NUMBER OF VISITS <input type="text"/>
TIME BEGAN HOUR:MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RESULT OF VISIT <input type="text"/>
TIME ENDED HOUR:MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HH MEMBERS <input type="text"/>
RESULT OF VISIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MALES <input type="text"/>
NEXT VISIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES <input type="text"/>
DATE MM DD YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RESULT OF VISIT
TIME HOUR:MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 Completed <input type="checkbox"/>
				2 Partly Completed <input type="checkbox"/>
				3 Refused <input type="checkbox"/>
				4 Postponed <input type="checkbox"/>
				5 SAQ <input type="checkbox"/>
				6 Household Not Around/ No Respondent Around <input type="checkbox"/>
				7 Others, Specify: _____ <input type="checkbox"/>

CERTIFICATION

I hereby certify that the data set forth were obtained/reviewed by me personally and in accordance with the instructions given.

ENUMERATOR
(SIGNATURE OVER PRINTED NAME)

DATE ACCOMPLISHED

TEAM SUPERVISOR
(SIGNATURE OVER PRINTED NAME)

DATE REVIEWED



FORM 4

2000 CENSUS OF
POPULATION AND HOUSING
INSTITUTIONAL POPULATION
QUESTIONNAIRE

CONFIDENTIALITY:

This census is authorized by
Commonwealth Act No. 591
and B.P. Blg. 72.

All information is held strictly
CONFIDENTIAL.

GUIDELINES

GENERAL INSTRUCTIONS

- The Census 2000 Form will be processed by a computerized imaging system.
- Please write neatly and legibly; use only NSO-supplied pencils when filling-up this form.
- Use clean erasers when making corrections.
- Complete all population information to maintain data accuracy and consistency.
- Do not make unnecessary folds and creases on the form.
- Do not write unnecessary marks or comments on the form.

HOW TO FILL-UP THE CENSUS FORM

- Write the appropriate digits (0 ... 9) in the designated boxes. Please make sure each digit is written neatly inside each box as shown here.
- Write a cross mark on the circle to indicate selection. Please make sure the cross mark is written neatly inside the circle as shown here.

GEOGRAPHIC IDENTIFICATION

BOOKLET OF BOOKLETS

PROVINCE

CITY/MUNICIPALITY

BARANGAY

ENUMERATION AREA

BUILDING SERIAL NUMBER

INSTITUTIONAL LIVING QUARTER SERIAL NUMBER

TYPE OF INSTITUTIONAL LIVING QUARTERS *[Please see codes inside]*

NAME OF INSTITUTIONAL LIVING QUARTERS

ADDRESS

NUMBER AND STREET NAME OR NAME OF SITIO

INTERVIEW RECORD

NUMBER OF VISITS	NUMBER 1	NUMBER 2	NUMBER 3	SUMMARY
DATE OF VISIT MM DD YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NUMBER OF VISITS <input type="text"/>
TIME BEGAN HOUR:MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RESULT OF VISIT <input type="text"/>
TIME ENDED HOUR:MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TOTAL MEMBERS <input type="text"/> <input type="text"/>
RESULT OF VISIT	<input type="text"/>	<input type="text"/>	<input type="text"/>	MALES <input type="text"/> <input type="text"/> <input type="text"/>
NEXT VISIT				FEMALES <input type="text"/> <input type="text"/> <input type="text"/>
DATE MM DD YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RESULT OF VISIT
TIME HOUR:MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 Completed 6 No Respondent 2 Partly Completed 7 Others, Specify: 3 Refused 4 Postponed 5 SAQ

CERTIFICATION

I hereby certify that the data set forth were obtained/reviewed by me personally and in accordance with the instructions given.

ENUMERATOR
(SIGNATURE OVER PRINTED NAME)

DATE ACCOMPLISHED

TEAM SUPERVISOR
(SIGNATURE OVER PRINTED NAME)

DATE REVIEWED

CODES FOR TYPES OF INSTITUTIONAL LIVING QUARTER

- 1 Hotels, lodging houses, dormitories, etc.
- 2 Hospital and nurses' home
- 3 Welfare institution
- 4 Corrective and penal institution
- 5 Convents, nunneries, seminaries and boarding school
- 6 Military camps and stations
- 7 Logging, mining and construction/public works camps
- 8 Ocean-going and interisland/coastal vessels
- 9 Refugee camps
- 0 Others

CODES FOR P2 - RESIDENCE STATUS

- 1 Manager, director, in-charge
- 2 Staff member/employee including physicians and nurses
- 3 Officer/enlisted man, trainee
- 4 Officer/crew member in merchant vessel
- 5 Priest, seminarian, nun
- 6 Lodger or boarder
- 7 Patient (hospital, sanitarium, etc.)
- 8 Inmate/ward (home for the aged, orphanage)
- 9 Prisoner, detainee
- 0 Others

DEMOGRAPHIC INFORMATION FOR ALL PERSONS

P1	Who are the persons residing in this institutional living quarter as of May 1, 2000? <i>[Please enter the column number of the person or institutional population member]</i> LIST THE NAMES OF ALL MEMBERS OF THE INSTITUTIONAL POPULATION IN THE ORDER LISTED IN THE CODES FOR P2	COL. NO. OF MEMBER <input type="text"/>	COL. NO. OF MEMBER <input type="text"/>	COL. NO. OF MEMBER <input type="text"/>	COL. NO. OF MEMBER <input type="text"/>
P2	What is _____'s position or status? <i>[Please see code listed above]</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P3	In what month and year was _____ born? <i>[Please follow the format MM YYYY]</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
P4	Was _____'s birth registered with the LCR?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW
P5	What is _____'s age as of his/her last birthday?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P6	Is _____ male or female?	<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> MALE <input type="radio"/> FEMALE
P7	What is _____'s marital status? <i>[Please cross out one of the selections]</i> <i>[For persons below 10 years old, cross out single]</i>	<input type="radio"/> Single <input type="radio"/> Legally Married <input type="radio"/> Widowed <input type="radio"/> Divorced/Separated <input type="radio"/> Common Law/Live-in <input type="radio"/> Unknown	<input type="radio"/> Single <input type="radio"/> Legally Married <input type="radio"/> Widowed <input type="radio"/> Divorced/Separated <input type="radio"/> Common Law/Live-in <input type="radio"/> Unknown	<input type="radio"/> Single <input type="radio"/> Legally Married <input type="radio"/> Widowed <input type="radio"/> Divorced/Separated <input type="radio"/> Common Law/Live-in <input type="radio"/> Unknown	<input type="radio"/> Single <input type="radio"/> Legally Married <input type="radio"/> Widowed <input type="radio"/> Divorced/Separated <input type="radio"/> Common Law/Live-in <input type="radio"/> Unknown
P8	What is _____'s religious affiliation? <i>[Please see code book]</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P9	Does _____ have any physical or mental disability? <i>[If No Skip to P11]</i>	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
P10	What type of disability does _____ have? <i>[Please see code book]</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P11	How does _____ classify himself/herself? Is he/she an Ibaloi, Kankanaey, Mangyan, Manobo, Chinese, Ilocano or what? <i>[Please see code book]</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR PERSONS 5 YEARS OLD AND OVER

P12	What is the highest grade/year completed by _____? <i>[Please see code book]</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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REMARKS:

Use the following type of numeric/alpha characters in writing. Character should be written in the same pressure.

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Ñ	O	P	Q	R	S	T	U	V	W	X	Y	Z	
0	1	2	3	4	5	6	7	8	9				

DEFINITION OF INSTITUTIONAL POPULATION

Institutional population comprises persons who are found living in institutional living quarters. They may have their own families or households elsewhere but at the time of census, they are committed or confined in institutions, or they live in institutional living quarters and are usually subject to a common authority or management, or are bound by either a common public objective or a common personal interest.

DEMOGRAPHIC INFORMATION FOR ALL PERSONS

	COL. NO. OF MEMBER	COL. NO. OF MEMBER	COL. NO. OF MEMBER	COL. NO. OF MEMBER
P1 Who are the persons residing in this institutional living quarter as of May 1, 2000? <i>[Please enter the column number of the person or institutional population member]</i> LIST THE NAMES OF ALL MEMBERS OF THE INSTITUTIONAL POPULATION IN THE ORDER LISTED IN THE CODES FOR P2 LAST NAME _____ FIRST NAME _____	□ □	□ □	□ □	□ □
P2 What is _____'s position or status? <i>[Please see code listed above]</i>	□	□	□	□
P3 In what month and year was _____ born? <i>[Please follow the format MM YYYY]</i>	□ □ □ □ □ □ MM YYYY	□ □ □ □ □ □ MM YYYY	□ □ □ □ □ □ MM YYYY	□ □ □ □ □ □ MM YYYY
P4 Was _____'s birth registered with the LCR?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW
P5 What is _____'s age as of his/her last birthday?	□ □	□ □	□ □	□ □
P6 Is _____ male or female?	<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> MALE <input type="radio"/> FEMALE
P7 What is _____'s marital status? <i>[Please cross out one of the selections]</i> <i>[For persons below 10 years old, cross out single]</i>	<input type="radio"/> Single <input type="radio"/> Legally Married <input type="radio"/> Widowed <input type="radio"/> Divorced/Separated <input type="radio"/> Common Law/Live-in <input type="radio"/> Unknown	<input type="radio"/> Single <input type="radio"/> Legally Married <input type="radio"/> Widowed <input type="radio"/> Divorced/Separated <input type="radio"/> Common Law/Live-in <input type="radio"/> Unknown	<input type="radio"/> Single <input type="radio"/> Legally Married <input type="radio"/> Widowed <input type="radio"/> Divorced/Separated <input type="radio"/> Common Law/Live-in <input type="radio"/> Unknown	<input type="radio"/> Single <input type="radio"/> Legally Married <input type="radio"/> Widowed <input type="radio"/> Divorced/Separated <input type="radio"/> Common Law/Live-in <input type="radio"/> Unknown
P8 What is _____'s religious affiliation? <i>[Please see code book]</i>	□ □	□ □	□ □	□ □
P9 Does _____ have any physical or mental disability? <i>[If No Skip to P11]</i>	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
P10 What type of disability does _____ have? <i>[Please see code book]</i>	□ □	□ □	□ □	□ □
P11 How does _____ classify himself/herself? Is he/she an Ibaloi, Kankanaey, Mangyan, Manobo, Chinese, Ilocano or what? <i>[Please see code book]</i>	□ □	□ □	□ □	□ □

FOR PERSONS 5 YEARS OLD AND OVER

P12 What is the highest grade/year completed by _____? <i>[Please see code book]</i>	□ □	□ □	□ □	□ □
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REMARKS:

INSITUATIONAL POPULATION MEMBERSHIP

1. Permanent lodgers in boarding houses
2. Dormitory residents who do not go home at least once a week
3. Hotel residents who have stayed 6 months or more at the time of the census
4. Boarders in residential houses provided that their number is 10 or more. (Note: If the number of boarders in a house is less than 10, they will be considered members of regular households, not institutional)
5. Patients in hospitals who are confined for at least 6 months
6. Wards in orphanages
7. Inmates of penal colonies or prison cells
8. Seminarians, nuns in convents, monks
9. Soldier residing in military camps
10. Workers in mining and similar camps

Are there more than 12 members in this institution?
[Please cross out one of the selections below]

- YES **[Please use another booklet]**
- NO

DEMOGRAPHIC INFORMATION FOR ALL PERSONS

		COL. NO. OF MEMBER	COL. NO. OF MEMBER	COL. NO. OF MEMBER	COL. NO. OF MEMBER
P1	Who are the persons residing in this institutional living quarter as of May 1, 2000? <i>[Please enter the column number of the person or institutional population member]</i> LIST THE NAMES OF ALL MEMBERS OF THE INSTITUTIONAL POPULATION IN THE ORDER LISTED IN THE CODES FOR P2 LAST NAME _____ FIRST NAME _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P2	What is _____'s position or status? <i>[Please see code listed above]</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P3	In what month and year was _____ born? <i>[Please follow the format MM YYYY]</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
P4	Was _____'s birth registered with the LCR? _____	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW
P5	What is _____'s age as of his/her last birthday?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P6	Is _____ male or female?	<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> MALE <input type="radio"/> FEMALE
P7	What is _____'s marital status? <i>[Please cross out one of the selections]</i> <i>[For persons below 10 years old, cross out single]</i>	<input type="radio"/> Single <input type="radio"/> Legally Married <input type="radio"/> Widowed <input type="radio"/> Divorced/Separated <input type="radio"/> Common Law/Live-in <input type="radio"/> Unknown	<input type="radio"/> Single <input type="radio"/> Legally Married <input type="radio"/> Widowed <input type="radio"/> Divorced/Separated <input type="radio"/> Common Law/Live-in <input type="radio"/> Unknown	<input type="radio"/> Single <input type="radio"/> Legally Married <input type="radio"/> Widowed <input type="radio"/> Divorced/Separated <input type="radio"/> Common Law/Live-in <input type="radio"/> Unknown	<input type="radio"/> Single <input type="radio"/> Legally Married <input type="radio"/> Widowed <input type="radio"/> Divorced/Separated <input type="radio"/> Common Law/Live-in <input type="radio"/> Unknown
P8	What is _____'s religious affiliation? <i>[Please see code book]</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P9	Does _____ have any physical or mental disability? <i>[If No Skip to P11]</i>	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
P10	What type of disability does _____ have? <i>[Please see code book]</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P11	How does _____ classify himself/herself? Is he/she an Ibaloi, Kankanaey, Mangyan, Manobo, Chinese, Ilocano or what? <i>[Please see code book]</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR PERSONS 5 YEARS OLD AND OVER

P12	What is the highest grade/year completed by _____? <i>[Please see code book]</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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REMARKS:

