

AUTHORITY:
Commonwealth Act No. 591, Batas Pambansa Blg. 72, and Executive Order No. 121 authorize the National Statistics Office (NSO) to conduct and collect information for this census.

CONFIDENTIALITY:
Section 4 of the Commonwealth Act No. 591 provides that all information furnished in this questionnaire shall be kept STRICTLY CONFIDENTIAL.



Republic of the Philippines
NATIONAL STATISTICS OFFICE

**2010 CENSUS OF POPULATION AND HOUSING
SAMPLE HOUSEHOLD QUESTIONNAIRE**

NSCB Approval No. NSO-1003-03
Expires on: June 30, 2011

CERTIFICATION	GEOGRAPHIC IDENTIFICATION	HOUSEHOLD DEFINITION
<p>I hereby certify that the data set forth herein were personally obtained/reviewed by me and in accordance with the instructions given by the NSO.</p> <p>_____ ENUMERATOR (SIGNATURE OVER PRINTED NAME)</p> <p>_____ DATE ACCOMPLISHED</p> <p>_____ TEAM SUPERVISOR (SIGNATURE OVER PRINTED NAME)</p> <p>_____ DATE REVIEWED</p> <p>_____ CAS/ACAS (SIGNATURE OVER PRINTED NAME)</p> <p>_____ DATE REVIEWED</p> <p>_____ CO/RO/PO SUPERVISOR (SIGNATURE OVER PRINTED NAME)</p> <p>_____ DATE REVIEWED</p>	<p style="text-align: center;">BOOKLET <input type="text"/> OF <input type="text"/> BOOKLETS</p> <p>PROVINCE _____ <input type="text"/><input type="text"/></p> <p>CITY/MUNICIPALITY _____ <input type="text"/><input type="text"/></p> <p>BARANGAY _____ <input type="text"/><input type="text"/><input type="text"/></p> <p>ENUMERATION AREA ----- <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>BUILDING SERIAL NUMBER ----- <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>HOUSING UNIT SERIAL NUMBER ----- <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>HOUSEHOLD SERIAL NUMBER ----- <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>LINE NUMBER OF RESPONDENT ----- <input type="text"/><input type="text"/></p> <p>CLUSTER NUMBER ----- <input type="text"/><input type="text"/><input type="text"/></p> <p>NAME OF HOUSEHOLD HEAD _____ LAST NAME, FIRST NAME</p> <p>ADDRESS _____ HOUSE NUMBER AND STREET NAME OR NAME OF SITIO</p>	<p>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.</p> <hr/> <p style="text-align: center;">HOUSEHOLD MEMBERSHIP</p> <p>LIST THE PERSONS OR HOUSEHOLD MEMBERS IN THIS ORDER:</p> <ul style="list-style-type: none"> • Head • Spouse of the head • Never-married children of head/spouse from oldest to the youngest • Ever-married children of head/spouse and their families from oldest to the youngest • Other relatives • Nonrelatives

INTERVIEW RECORD				
VISIT NUMBER	VISIT 1	VISIT 2	VISIT 3	SUMMARY OF VISIT
DATE OF VISIT MONTH:DATE	<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"/>	ENUMERATOR'S CODE ----- <input type="text"/> <input type="text"/> <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"/>	NUMBER OF VISITS MADE ----- <input type="text"/> <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"/>	RESULT OF FINAL VISIT * ----- <input type="text"/> <input type="text"/>
RESULT OF VISIT * (SEE CODES FOR RESULT OF VISIT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	NUMBER OF HOUSEHOLD MEMBERS ----- <input type="text"/> <input type="text"/>
NEXT VISIT				NUMBER OF MALES ----- <input type="text"/> <input type="text"/>
DATE MONTH:DATE	<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 FEMALES ----- <input type="text"/> <input type="text"/>
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"/>	* CODES FOR RESULT OF VISIT
				1 Completed 4 Postponed
				2 Partly completed 5 Household temporarily away/ no respondent around
				3 Refused 6 Others, SPECIFY _____

3B POPULATION CENSUS QUESTIONS

LINE NUMBER	For All Persons												For All 5 Years Old and Over					
	Name	Relationship to Head	Sex	Date of Birth	Age	Birth Registration	Marital Status	Religious Affiliation	Citizenship		Ethnicity	Disability	Functional Difficulty					
	Who is the head of this household? Who are the persons usually residing here as of May 1, 2010? LIST THE PERSONS OR HOUSEHOLD MEMBERS IN THE ORDER SPECIFIED ON PAGE 3A.	What is _____'s relationship to the head of the household? WRITE THE ANSWER ON THE SPACE PROVIDED. SEE CODES AT THE BOTTOM.	Is _____ male or female? 1 Male 2 Female WRITE X IN THE BOX.	In what month and year was _____ born? MM Month YYYY Year L	What is _____'s age as of his/her last birthday? WRITE THE AGE IN THE BOXES.	Was _____'s birth registered with the Civil Registry Office? 1 Yes 2 No 3 Don't know WRITE X IN THE BOX.	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 WRITE X IN THE BOX CORRESPONDING TO ANSWER. FOR PERSONS 0 TO 9 YEARS OLD, WRITE X IN THE BOX FOR SINGLE.	What is _____'s religious affiliation? WRITE THE ANSWER ON THE SPACE PROVIDED. SEE CODEBOOK.	Is _____ a citizen of the Philippines? 1 Yes, (Filipino citizen) 2 Yes, (Filipino with dual citizenship) 3 No WRITE X IN THE BOX. IF CODE "1", SKIP TO P11.	What country/other country is _____ a citizen of? WRITE THE ANSWER ON THE SPACE PROVIDED. SEE CODEBOOK.	What is _____'s ethnicity by blood? Is he/she a/an _____? MENTION THE PREDOMINANT/COMMON IP OR NON-IP GROUPS IN THE AREA. WRITE THE ANSWER ON THE SPACE PROVIDED. SEE CODEBOOK.	Does _____ have any physical or mental disability? 1 Yes 2 No J WRITE X IN THE BOX.	Does _____ have any difficulty/problem in...? a Seeing, even when wearing eyeglasses b Hearing, even when using a hearing aid c Walking or climbing steps d Remembering or concentrating e Self-caring (bathing or dressing) f Communicating using his/her usual language WRITE X IN THE BOX CORRESPONDING TO THE ANSWER FOR EACH DIFFICULTY/PROBLEM.					
P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13						
1	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> L	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> SPECIFY	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> Yes <input type="text"/> No a	<input type="text"/> Yes <input type="text"/> No d	<input type="text"/> b	<input type="text"/> c	<input type="text"/> e	<input type="text"/> f
2	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> L	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> SPECIFY	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> Yes <input type="text"/> No a	<input type="text"/> Yes <input type="text"/> No d	<input type="text"/> b	<input type="text"/> c	<input type="text"/> e	<input type="text"/> f
3	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> SPECIFY	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> Yes <input type="text"/> No a	<input type="text"/> Yes <input type="text"/> No d	<input type="text"/> b	<input type="text"/> c	<input type="text"/> e	<input type="text"/> f
4	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> SPECIFY	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> Yes <input type="text"/> No a	<input type="text"/> Yes <input type="text"/> No d	<input type="text"/> b	<input type="text"/> c	<input type="text"/> e	<input type="text"/> f
5	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> SPECIFY	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> Yes <input type="text"/> No a	<input type="text"/> Yes <input type="text"/> No d	<input type="text"/> b	<input type="text"/> c	<input type="text"/> e	<input type="text"/> f
6	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> SPECIFY	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> Yes <input type="text"/> No a	<input type="text"/> Yes <input type="text"/> No d	<input type="text"/> b	<input type="text"/> c	<input type="text"/> e	<input type="text"/> f
7	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> SPECIFY	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> Yes <input type="text"/> No a	<input type="text"/> Yes <input type="text"/> No d	<input type="text"/> b	<input type="text"/> c	<input type="text"/> e	<input type="text"/> f
8	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/>	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> SPECIFY	<input type="text"/> SPECIFY	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> Yes <input type="text"/> No a	<input type="text"/> Yes <input type="text"/> No d	<input type="text"/> b	<input type="text"/> c	<input type="text"/> e	<input type="text"/> f

<p>HOUSEHOLD SIZE</p> <p>1. Are there any other persons such as small children, infants, and/or overseas workers who were not yet listed? <input type="text"/> 1 Yes, ADD IN THE LIST. <input type="text"/> 2 No</p> <p>2. IF THERE ARE MORE THAN 8 MEMBERS IN THIS HOUSEHOLD, WRITE X IN THE BOX FOR YES. OTHERWISE, WRITE X IN THE BOX FOR NO. <input type="text"/> 1 Yes, USE ADDITIONAL BOOKLET. <input type="text"/> 2 No</p>		<p>CODES FOR P2 (RELATIONSHIP TO HOUSEHOLD HEAD)</p> <table border="0"> <tr> <td>01 Head</td> <td>23 Son-in-law</td> <td>41 Brother</td> <td>57 Other relative</td> </tr> <tr> <td>02 Spouse</td> <td>24 Daughter-in-law</td> <td>42 Sister</td> <td>58 Nonrelative</td> </tr> <tr> <td>03 Son</td> <td>31 Grandson</td> <td>43 Uncle</td> <td>65 Boarder</td> </tr> <tr> <td>04 Daughter</td> <td>32 Granddaughter</td> <td>44 Aunt</td> <td>66 Domestic helper</td> </tr> <tr> <td>21 Stepson</td> <td>33 Father</td> <td>55 Nephew</td> <td></td> </tr> <tr> <td>22 Stepdaughter</td> <td>34 Mother</td> <td>56 Niece</td> <td></td> </tr> </table>				01 Head	23 Son-in-law	41 Brother	57 Other relative	02 Spouse	24 Daughter-in-law	42 Sister	58 Nonrelative	03 Son	31 Grandson	43 Uncle	65 Boarder	04 Daughter	32 Granddaughter	44 Aunt	66 Domestic helper	21 Stepson	33 Father	55 Nephew		22 Stepdaughter	34 Mother	56 Niece	
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22 Stepdaughter	34 Mother	56 Niece																											

POPULATION CENSUS QUESTIONS

3C

L I N E N U M B E R	For All 5 Years Old and Over			For All 5 to 24 Years Old		For All 10 Years Old and Over	For All 15 Years Old and Over			For All Females 15 to 49 Years Old				
	Residence 5 Years Ago	Literacy	Highest Grade/Year Completed	School Attendance	Place of School	Overseas Worker	Usual Occupation	Kind of Business or Industry	Class of Worker	Place of Work	Fertility Indicators			
	<i>In what city/municipality did _____ reside on May 1, 2005?</i> 0000 Same City/Municipality 8887 Foreign country IF SAME CITY/MUNICIPALITY, WRITE "SAME" ON THE SPACE PROVIDED. IF ANOTHER CITY/MUNICIPALITY, SPECIFY THE NAME OF CITY/MUNICIPALITY AND PROVINCE ON THE SPACES PROVIDED.	<i>Can _____ read and write a simple message in any language or dialect?</i> 1 Yes 2 No WRITE X IN THE BOX.	<i>What is the highest grade/year completed by _____?</i> WRITE THE ANSWER ON THE SPACE PROVIDED. IF GRADUATE IN POST SECONDARY OR COLLEGE, SPECIFY THE COURSE. SEE CODES AT THE BOTTOM.	<i>Did _____ attend school at anytime from June 2009 to March 2010?</i> 1 Yes 2 No IF NO, SKIP TO P19. WRITE X IN THE BOX.	<i>In what city/municipality did _____ attend school?</i> 0000 Same City/Municipality 8887 Foreign country IF SAME CITY/MUNICIPALITY, WRITE "SAME" ON THE SPACE PROVIDED. IF ANOTHER CITY/MUNICIPALITY, SPECIFY THE NAME OF CITY/MUNICIPALITY AND PROVINCE ON THE SPACES PROVIDED.	<i>Is _____ an overseas worker?</i> 1 Yes 2 No WRITE X IN THE BOX.	<i>During the past 12 months, what was _____'s usual activity/occupation?</i> WRITE DETAILED DESCRIPTION ON THE SPACE PROVIDED. IF STUDENT, HOUSEKEEPER, DEPENDENT, OR OTHER NON-GAINFUL ACTIVITY SKIP TO P24.	<i>In what kind of business or industry did _____ work during the past 12 months?</i> WRITE DETAILED DESCRIPTION ON THE SPACE PROVIDED.	<i>What kind of worker is _____?</i> MENTION THE CATEGORIES AT THE BOTTOM. WRITE THE ANSWER ON THE SPACE PROVIDED. SEE CODES AT THE BOTTOM.	<i>In what city/municipality did _____ work during the past 12 months?</i> 0000 Same City/Municipality 8887 Foreign country IF SAME CITY/MUNICIPALITY, WRITE "SAME" ON THE SPACE PROVIDED. IF ANOTHER CITY/MUNICIPALITY, SPECIFY THE NAME OF CITY/MUNICIPALITY AND PROVINCE ON THE SPACES PROVIDED.	<i>How many children have been born alive to _____?</i> WRITE THE NUMBER IN THE BOXES.	<i>How many children are still living?</i> WRITE THE NUMBER IN THE BOXES.	<i>How many children were born alive to _____ from May 1, 2009 to April 30, 2010?</i> WRITE THE NUMBER IN THE BOX.	<i>What is _____'s age at first marriage?</i> IF ANSWER IN P7 IS SINGLE, GO TO NEXT HOUSEHOLD MEMBER. WRITE THE AGE IN THE BOXES.
P14	P15	P16	P17	P18	P19	P20	P21	P22	P23	P24	P25	P26	P27	
1	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][] SPECIFY	[] 1 [] 2 PROVINCE CITY/MUNICIPALITY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][][] SPECIFY	[][][][] SPECIFY	[] SPECIFY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[][] [][]	[] []	[][] [][]	
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5	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][] SPECIFY	[] 1 [] 2 PROVINCE CITY/MUNICIPALITY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][][] SPECIFY	[][][][] SPECIFY	[] SPECIFY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[][] [][]	[] []	[][] [][]	
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7	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][] SPECIFY	[] 1 [] 2 PROVINCE CITY/MUNICIPALITY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][][] SPECIFY	[][][][] SPECIFY	[] SPECIFY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[][] [][]	[] []	[][] [][]	
8	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][] SPECIFY	[] 1 [] 2 PROVINCE CITY/MUNICIPALITY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][][] SPECIFY	[][][][] SPECIFY	[] SPECIFY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[][] [][]	[] []	[][] [][]	

CODES FOR P16 (HIGHEST GRADE/YEAR COMPLETED)

000 No grade completed	240 Grade 4	High school	Post secondary**	College**
010 Preschool	250 Grade 5	310 1 st Year	410 1 st Year	810 1 st Year
Elementary	260 Grade 6	320 2 nd Year	420 2 nd Year	820 2 nd Year
210 Grade 1	270 Grade 7	330 3 rd Year	430 3 rd Year	830 3 rd Year
220 Grade 2	280 Elementary graduate	340 4 th Year		840 4 th Year
230 Grade 3		350 High school graduate		850 5 th Year
				860 6 th Year

CODES FOR P22 (CLASS OF WORKER)

900 Post baccalaureate	1 Worked for private household (domestic services) – PHH
	2 Worked for private business/enterprise/farm - PVT
	3 Worked for government/government corporation – GOV
	4 Self-employed without any paid employee – SELF
** IF GRADUATE IN POST SECONDARY OR COLLEGE, SPECIFY COURSE.	5 Employer in own farm or business – EMP
	6 Worked with pay in own family-operated farm or business – PAID
	7 Worked without pay in own family-operated farm or business - UNPAID

3D HOUSEHOLD/HOUSING CENSUS QUESTIONS

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

B1 Type of building/house
WRITE X IN THE BOX.

<input type="checkbox"/> 1 Single house	<input type="checkbox"/> 4 Commercial/industrial/ agricultural (office, factory, and others)
<input type="checkbox"/> 2 Duplex	<input type="checkbox"/> 5 Institutional living quarter (hotel, hospital, and others)
<input type="checkbox"/> 3 Multi-unit residential (three units or more)	<input type="checkbox"/> 6 Other housing units (boat, cave, and others)

B2 Construction materials of the roof
WRITE X IN THE BOX.

<input type="checkbox"/> 1 Galvanized iron/aluminum	<input type="checkbox"/> 5 Cogon/nipa/annahaw
<input type="checkbox"/> 2 Tile concrete/clay tile	<input type="checkbox"/> 6 Asbestos
<input type="checkbox"/> 3 Half galvanized iron and half concrete	<input type="checkbox"/> 7 Makeshift/salvaged/ improvised materials
<input type="checkbox"/> 4 Wood	<input type="checkbox"/> 8 Others, SPECIFY _____

H4 Tenure status of the 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 consent of owner?
WRITE X IN THE BOX.

<input type="checkbox"/> 1 Owned/being amortized
<input type="checkbox"/> 2 Rented, SKIP TO H7
<input type="checkbox"/> 3 Rent-free with consent of owner, SKIP TO H8
<input type="checkbox"/> 4 Rent-free without consent of owner, SKIP TO H8

H5 Acquisition of the housing unit
How did you acquire this housing unit?
WRITE X IN THE BOX.

<input type="checkbox"/> 1 Inherited, SKIP TO H8	<input type="checkbox"/> 2 Gift, SKIP TO H8
<input type="checkbox"/> 3 Company benefit, SKIP TO H8	<input type="checkbox"/> 4 Purchased
<input type="checkbox"/> 5 Others, SPECIFY _____	

B3 Construction materials of the outer walls
WRITE X IN THE BOX.

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

B4 State of repair of the building/house
WRITE X IN THE BOX.

<input type="checkbox"/> 1 Needs no repair/ needs minor repair	<input type="checkbox"/> 5 Under construction
<input type="checkbox"/> 2 Needs major repair	<input type="checkbox"/> 6 Unfinished construction
<input type="checkbox"/> 3 Dilapidated/condemned	<input type="checkbox"/> 7 Not applicable
<input type="checkbox"/> 4 Under renovation/ being repaired	

H6 Source of financing of the housing unit
Did you avail of the following sources of financing in the construction/purchase of this housing unit?
WRITE X IN THE BOX. THEN SKIP TO H8.

YES NO

<input type="checkbox"/> a Own resources/interest-free loans from relatives/friends	<input type="checkbox"/>
<input type="checkbox"/> b Government assistance, PAG-IBIG, GSIS, SSS, DBP, and others	<input type="checkbox"/>
<input type="checkbox"/> c Private banks/foundations/cooperatives	<input type="checkbox"/>
<input type="checkbox"/> d Employer assistance	<input type="checkbox"/>
<input type="checkbox"/> e Private persons	<input type="checkbox"/>
<input type="checkbox"/> f Others, SPECIFY _____	<input type="checkbox"/>

H7 Monthly rental of the housing unit
How much is the monthly rental of this housing unit?
WRITE X IN THE BOX.

<input type="checkbox"/> 1 [PhP500 or less]	<input type="checkbox"/> 6 [PhP4,001 - 6,000]
<input type="checkbox"/> 2 [PhP501 - 1,000]	<input type="checkbox"/> 7 [PhP6,001 - 7,500]
<input type="checkbox"/> 3 [PhP1,001 - 1,500]	<input type="checkbox"/> 8 [PhP7,501 - 10,000]
<input type="checkbox"/> 4 [PhP1,501 - 2,000]	<input type="checkbox"/> 9 [PhP10,001 and over]
<input type="checkbox"/> 5 [PhP2,001 - 4,000]	

B5 IS TO BE ASKED FROM ANY HOUSEHOLD IN THE BUILDING.

B5 Year building/house was built
When was this building/house built? WRITE X IN THE BOX.

<input type="checkbox"/> 01 [2010]	<input type="checkbox"/> 07 [1991 - 2000]
<input type="checkbox"/> 02 [2009]	<input type="checkbox"/> 08 [1981 - 1990]
<input type="checkbox"/> 03 [2008]	<input type="checkbox"/> 09 [1971 - 1980]
<input type="checkbox"/> 04 [2007]	<input type="checkbox"/> 10 [1970 or earlier]
<input type="checkbox"/> 05 [2006]	<input type="checkbox"/> 11 [Not applicable]
<input type="checkbox"/> 06 [2001 - 2005]	<input type="checkbox"/> 12 [Don't know]

D1 IS TO BE ASKED FROM ANY HOUSEHOLD IN THE HOUSING UNIT.

D1 Floor area of the housing unit
What is the estimated floor area of this housing unit?
WRITE X IN THE BOX.

<input type="checkbox"/> 01 [Less than 5 sq.m./ less than 54 sq.ft.]	<input type="checkbox"/> 07 [70 - 89 sq.m./ 749 - 963 sq.ft.]
<input type="checkbox"/> 02 [5 - 9 sq.m./ 54 - 107 sq.ft.]	<input type="checkbox"/> 08 [90 - 119 sq.m./ 964 - 1286 sq.ft.]
<input type="checkbox"/> 03 [10 - 19 sq.m./ 108 - 209 sq.ft.]	<input type="checkbox"/> 09 [120 - 149 sq.m./ 1287 - 1609 sq.ft.]
<input type="checkbox"/> 04 [20 - 29 sq.m./ 210 - 317 sq.ft.]	<input type="checkbox"/> 10 [150 - 199 sq.m./ 1610 - 2147 sq.ft.]
<input type="checkbox"/> 05 [30 - 49 sq.m./ 318 - 532 sq.ft.]	<input type="checkbox"/> 11 [200 sq.m. and over/ 2148 sq.ft. and over]
<input type="checkbox"/> 06 [50 - 69 sq.m./ 533 - 748 sq.ft.]	<input type="checkbox"/> 12 Not applicable

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?
WRITE X IN THE BOX.

<input type="checkbox"/> 1 Owned/being amortized
<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
<input type="checkbox"/> 5 Not applicable

H9 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, and others?
WRITE X IN THE BOX.

<input type="checkbox"/> 1 Picked up by garbage truck	<input type="checkbox"/> 5 Burying
<input type="checkbox"/> 2 Dumping in individual pit (not burned)	<input type="checkbox"/> 6 Feeding to animals
<input type="checkbox"/> 3 Burning	<input type="checkbox"/> 7 Others, SPECIFY _____
<input type="checkbox"/> 4 Composting	

H10 Kind of toilet facility
What type of toilet facility does this household use? WRITE X IN THE BOX.

<input type="checkbox"/> 1 Water-sealed, sewer septic tank used exclusively by household	<input type="checkbox"/> 3 Water-sealed, other depository, used exclusively by household
<input type="checkbox"/> 2 Water-sealed, sewer septic tank, shared with other households	<input type="checkbox"/> 4 Water-sealed, other depository, shared with other households

<input type="checkbox"/> 5 Closed pit	<input type="checkbox"/> 7 Others (pail system, and others)
<input type="checkbox"/> 6 Open pit	<input type="checkbox"/> 0 None

H1 TO H11 ARE TO BE ANSWERED BY ALL HOUSEHOLDS.

H1 Fuel for lighting
What type of fuel does this household use for lighting?
WRITE X IN THE BOX.

<input type="checkbox"/> 1 Electricity	<input type="checkbox"/> 4 Oil (vegetable, animal, and others)
<input type="checkbox"/> 2 Kerosene (gaas)	<input type="checkbox"/> 5 Others, SPECIFY _____
<input type="checkbox"/> 3 Liquefied petroleum gas (LPG)	<input type="checkbox"/> 0 None

H2 Fuel for cooking
What kind of fuel does this household use most of the time for cooking? WRITE X IN THE BOX.

<input type="checkbox"/> 1 Electricity	<input type="checkbox"/> 5 Wood
<input type="checkbox"/> 2 Kerosene (gaas)	<input type="checkbox"/> 6 Others, SPECIFY _____
<input type="checkbox"/> 3 Liquefied petroleum gas (LPG)	<input type="checkbox"/> 0 None
<input type="checkbox"/> 4 Charcoal	

H11 Land ownership
Does any member of this household own the following?
WRITE X IN THE BOX.

YES NO

<input type="checkbox"/> a Other residential land/s	<input type="checkbox"/>
<input type="checkbox"/> b Agricultural land/s	<input type="checkbox"/>
<input type="checkbox"/> c Agricultural land/s acquired through CARP, Agrarian Reform Beneficiary	<input type="checkbox"/>
<input type="checkbox"/> d Other land/s	<input type="checkbox"/>

H12 TO H15 HOUSEHOLD CENSUS QUESTIONS

H12 Language/dialect generally spoken at home
What is the language/dialect generally spoken at home by members of this household?

SPECIFY ANSWER ON THE SPACE PROVIDED.

SEE CODEBOOK. _____ SPECIFY

H3 Source of water supply for drinking, cooking, and laundry/bathing
What is the household's main source of water supply for drinking, cooking, and laundry/bathing?
WRITE X IN THE BOX.

Drinking	Cooking	Laundry/Bathing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drinking	Cooking	Laundry/Bathing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H13 Residence five years from now
In what city/municipality does this household intend to reside on May 1, 2015?

PROV CITY/MUN

0000 Same city/municipality

8887 Foreign country

9999 Unknown

IF SAME CITY/MUNICIPALITY, WRITE "SAME" ON THE SPACE PROVIDED.

IF ANOTHER CITY/MUNICIPALITY, SPECIFY CITY/MUNICIPALITY AND PROVINCE.

SEE CODEBOOK.

H14 Presence of household conveniences/devices
Does this household have the following household conveniences/devices in working condition? WRITE X IN THE BOX CORRESPONDING TO THE ANSWER FOR EACH HOUSEHOLD CONVENIENCE/DEVICE.

YES NO	<input type="checkbox"/> a Radio/ radio cassette	YES NO	<input type="checkbox"/> h Refrigerator/ freezer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> b Television set	<input type="checkbox"/>	<input type="checkbox"/> i Cooking range
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> c CD/DVD/VCD player	<input type="checkbox"/>	<input type="checkbox"/> j Washing machine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> d Component/ stereo set	<input type="checkbox"/>	<input type="checkbox"/> k Car/jeep/van
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> e Landline/wireless telephone	<input type="checkbox"/>	<input type="checkbox"/> l Motorcycle/ tricycle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> f Cellular phone	<input type="checkbox"/>	<input type="checkbox"/> m Motorized boat/ banca
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> g Personal computer (desktop, laptop, notebook, netbook, and others)		

REMARKS:

H15 Internet access
Does this household have access to internet?
WRITE X IN THE BOX.

YES NO

<input type="checkbox"/> a From home	<input type="checkbox"/> b From elsewhere
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