

PPENDIX D

CP Form 1 September 1, 1995 NSCB Approval No. A0477-R161-PN Expires on May 8, 1996	Republic of the Philippines NATIONAL STATISTICS OFFICE Manila <i>1995 Census of Population</i> LISTING SHEET	Serial Number 698994 Page ____ of ____ pages																																																																																																																																																																																																																																																																																																																																																																										
GEOGRAPHIC IDENTIFICATION Province _____ <input type="text"/> City/Municipality _____ <input type="text"/> Barangay _____ <input type="text"/> EA No. _____ <input type="text"/>	CONFIDENTIALITY This census is authorized by Commonwealth Act No. 591 and Executive Order 121. All information is held strictly CONFIDENTIAL.	CERTIFICATION I hereby certify that the listing of households specified below was completed and the data set forth were obtained by me personally in accordance with the instructions. _____ Signature over printed name of EN _____ Date signed																																																																																																																																																																																																																																																																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Line No.</th> <th rowspan="2">Date of Visit</th> <th rowspan="2">Building Serial Number</th> <th rowspan="2">Housing Unit Serial Number</th> <th rowspan="2">Household Serial Number</th> <th rowspan="2">Institutional Serial Number</th> <th rowspan="2">Name of Household Head or Name/Type of Institution</th> <th rowspan="2">Address</th> <th colspan="3">Population Count</th> <th rowspan="2">Remarks</th> </tr> <tr> <th>Total</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> <td>(5)</td> <td>(6)</td> <td>(7)</td> <td>(8)</td> <td>(9)</td> <td>(10)</td> <td>(11)</td> <td>(12)</td> </tr> <tr><td>01</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>02</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>03</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>04</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>05</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>06</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>07</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>08</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>09</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>11</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>12</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>13</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>14</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>15</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>16</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>17</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>18</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>19</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>21</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>22</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>23</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>24</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>25</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="8" style="text-align: right;">Total No.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="8" style="text-align: right;">Total Household Population</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="8" style="text-align: right;">Total Institutional Population</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Line No.	Date of Visit	Building Serial Number	Housing Unit Serial Number	Household Serial Number	Institutional Serial Number	Name of Household Head or Name/Type of Institution	Address	Population Count			Remarks	Total	Male	Female	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	01												02												03												04												05												06												07												08												09												10												11												12												13												14												15												16												17												18												19												20												21												22												23												24												25												Total No.												Total Household Population												Total Institutional Population												
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1995 Census of Population
HOUSEHOLD QUESTIONNAIRE

CP Form 2
 September 1, 1995

NSCB Approval No.
 A0477-R162-PN

Expires on May 8, 1996

GEOGRAPHIC IDENTIFICATION

Province _____

City/Municipality _____

Barangay _____

Enumeration Area No. _____

Household Serial No. _____

Address _____
(House Number and Street Name or Name of Sitio)

INTERVIEW RECORD

Visit Number	1	2	3	Summary
Date of Visit				Total No. of Visits _____
Time Began				Final Result of Visit _____
Time Ended				Line No. of Respondent _____
Result of Visit				Total HH Members _____
Next Visit:				Total Males _____
Date				Total Females _____
Time				Children Below 15 Yrs. Old _____

Result of Visit

1 Completed 3 Refused 5 SAQ 7 Others, specify _____
 2 Partly Completed 4 Postponed 6 Household Not Around/No Respondent Around

CERTIFICATION

I hereby certify that the enumeration of the household specified below was completed and the data set forth were obtained by me personally in accordance with the instructions.

Signature over printed name of EN _____ Date accomplished _____

Attested to and reviewed by: _____

Signature over printed name of TS _____ Date reviewed _____

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LINE NUMBER	NAME <small>Who is the head of this household? Who are the persons usually residing here as of September 1, 1995?</small>	ALL PERSONS							5 YEARS OLD AND OVER							LINE NUMBER	
		Relationship to Head	Overseas Worker	Age	Sex	Civil Status	Disability	Ethnicity	HGC	Trade Skills	Economic Activity						
		What is ____'s relationship to the household head?	Is ____ an overseas worker?	What was ____'s date of birth?	What is ____'s age as of his/her last birthday?	Is ____ male or female?	What is ____'s civil status?	Does ____ have any problem with his/her eyes, ears, speech, communication, legs, arms or any combination of these impairments?	What type of disability does ____ have?	What is ____'s citizenship?	What is the highest grade completed by ____?	What trade skills does ____ possess?	How was the trade skill acquired?	Is/Was ____ engaged in any economic activity currently/at any time in the past twelve months?	For whom or where does/did ____ work?	In what kind of business or industry is/was ____'s current/last employer engaged in?	
		ENTER CODE. (SEE CODES SHEET)	ENCIRCLE CODE. 1 YES 2 NO	Mo. _____ Yr. _____ Reg? _____	Was ____'s birth registered with the LCR? IF YES, CHECK LINE.	ENTER CODE. 1 MALE 2 FEMALE	ENTER CODE. (SEE CODES SHEET)	ENCIRCLE CODE. 1 YES 2 NO, SKIP TO P10		IF NOT FILIPINO, ENTER "97" IF FILIPINO, ASK: What was ____'s dialect/language spoken at home at earliest childhood?	ENTER CODE. (SEE CODES SHEET)	IF NONE, ENTER "00" AND SKIP TO P14.	ENTER CODE. 1 SCHOOLING/TRAINING 2 EXPERIENCE/APPRENTICESHIP 3 OTHER	ENCIRCLE CODE. 1 YES 2 NO, GO TO THE NEXT HH MEMBER	ENTER CODE. (SEE CODES SHEET)		
	(P1)	(P2)	(P3)	(P4)	(P5)	(P6)	(P7)	(P8)	(P9)	(P10)	(P11)	(P12)	(P13)	(P14)	(P15)	(P16)	
01			1 Y 2 N	Mo. _____ Yr. _____ Reg? _____				1 Y 2 N						1 Y 2 N			01
02			1 Y 2 N	Mo. _____ Yr. _____ Reg? _____				1 Y 2 N						1 Y 2 N			02
03			1 Y 2 N	Mo. _____ Yr. _____ Reg? _____				1 Y 2 N						1 Y 2 N			03
04			1 Y 2 N	Mo. _____ Yr. _____ Reg? _____				1 Y 2 N						1 Y 2 N			04
05			1 Y 2 N	Mo. _____ Yr. _____ Reg? _____				1 Y 2 N						1 Y 2 N			05
06			1 Y 2 N	Mo. _____ Yr. _____ Reg? _____				1 Y 2 N						1 Y 2 N			06
07			1 Y 2 N	Mo. _____ Yr. _____ Reg? _____				1 Y 2 N						1 Y 2 N			07
08			1 Y 2 N	Mo. _____ Yr. _____ Reg? _____				1 Y 2 N						1 Y 2 N			08

Do not include any other persons such as small children or infants that we have not listed?
 YES, ENTER EACH IN QUESTIONNAIRE NO
 YES, USE ANOTHER PAGE NO

APPENDIX E

1995 Census of Population
INSTITUTIONAL POPULATION QUESTIONNAIRE

CP Form 3
September 1, 1995

NSCB Approval No.
AQ477-R163-PN

Expires on May 8, 1996

GEOGRAPHIC IDENTIFICATION

Province _____

City/Municipality _____

Barangay _____

Enumeration Area No. _____

Institutional Living Quarter (ILQ) SN _____

Type of ILQ (SEE CODES) _____

Name of ILQ _____

Address _____
House Number and Street Name or Name of Sitio

INTERVIEW RECORD

Visit Number	1	2	3	Summary
Date of Visit				Total No. of Visits _____
Time Began				Final Result of Visit _____
Time Ended				Line No. of Respondent _____
Result of Visit				Total Members _____
Next Visit:				Total Males _____
Date				Total Females _____
Time				Children Below 15 Yrs. Old _____

Result of Visit

1 Completed 3 Refused 5 SAQ 7 Others, specify _____
2 Partly Completed 4 Postponed 6 No Respondent Around

CERTIFICATION

I hereby certify that the enumeration of the institutional population specified below was completed and the data set forth were obtained by me personally in accordance with the instructions.

Signature over printed name of EN _____ Date accomplished _____

Attested to and reviewed by: _____

Signature over printed name of TS _____ Date reviewed _____

LINE NUMBER	NAME <i>Who are the persons residing in this institutional living quarter as of September 1, 1995?</i> LIST THE NAMES (FAMILY NAME FIRST) OF ALL MEMBERS OF THE INSTITUTIONAL POPULATION IN THE ORDER LISTED IN THE CODES FOR RESIDENCE STATUS.	Residence Status	Age		Sex	Civil Status	Disability	Ethnicity	Highest Grade Completed	Trade Skills		Economic Activity			LINE NUMBER	
		<i>What is _____'s position or status?</i> ENTER CODE (SEE CODES SHEET)	<i>What was _____'s date of birth?</i>	<i>What is _____'s age as of his/her last birthday?</i> <i>Was _____'s birth registered with the LCR? IF YES, CHECK LINE.</i>	<i>Is _____ male or female?</i> ENTER CODE 1 MALE 2 FEMALE	<i>What is _____'s civil status?</i> ENTER CODE (SEE CODES SHEET)	<i>Does _____ have any problem with his/her eyes, ears, speech, communication, legs, arms or any combination of these impairments?</i> ENCIRCLE CODE. 1 YES 2 NO, SKIP TO P9	<i>What type of disability does _____ have?</i>	<i>What is _____'s citizenship?</i> IF NOT FILIPINO, ENTER CODE 97. IF FILIPINO, ASK: "What was _____'s dialect/language spoken at home at earliest childhood?"	<i>What is the highest grade completed by _____?</i> - ENTER CODE (SEE CODES SHEET)	<i>What trade skills does _____ possess?</i>	<i>How was the trade skill acquired?</i> ENTER CODE. 1 SCHOOLING/ TRAINING 2 EXPERIENCE/ APPRENTICESHIP 3 OTHER	<i>Is/Was _____ engaged in any economic activity currently/at any time in the past twelve months?</i>	<i>For whom or where does/old _____ work?</i>		<i>In what kind of business or industry is/was _____'s current/ last employer engaged in?</i>
		(P1)	(P3)	(P4)	(P5)	(P6)	(P7)	(P8)	(P9)	(P10)	(P11)	(P12)	(P13)	(P14)	(P15)	
01			Mo. _____ Yr. _____ Reg? _____				1 Y 2 N					1 Y 2 N				01
02			Mo. _____ Yr. _____ Reg? _____				1 Y 2 N					1 Y 2 N				02
03			Mo. _____ Yr. _____ Reg? _____				1 Y 2 N					1 Y 2 N				03
04			Mo. _____ Yr. _____ Reg? _____				1 Y 2 N					1 Y 2 N				04
05			Mo. _____ Yr. _____ Reg? _____				1 Y 2 N					1 Y 2 N				05
06			Mo. _____ Yr. _____ Reg? _____				1 Y 2 N					1 Y 2 N				06
07			Mo. _____ Yr. _____ Reg? _____				1 Y 2 N					1 Y 2 N				07
08			Mo. _____ Yr. _____ Reg? _____				1 Y 2 N					1 Y 2 N				08
09			Mo. _____ Yr. _____ Reg? _____				1 Y 2 N					1 Y 2 N				09
10			Mo. _____ Yr. _____ Reg? _____				1 Y 2 N					1 Y 2 N				10

Appendix 3 CP Form 2A — Codes Sheet

CP Form 2A (Codes Sheet) 1995 Census of Population

CODES FOR RELATIONSHIP TO HH HEAD			CODES FOR CIVIL STATUS	
01 Head	09 Grandson	17 Nephew	1 Single	
02 Spouse	10 Granddaughter	18 Niece	2 Legally Married	
03 Son	11 Father	19 Other Relative	3 Widowed	
04 Daughter	12 Mother	20 Non-relative	4 Separated/Divorced	
05 Stepson	13 Brother	21 Boarder	5 Common-Law/Unw-in	
06 Stepdaughter	14 Sister	22 Domestic Helper	6 Unknown	
07 Son-in-law	15 Uncle			
08 Daughter-in-law	16 Aunt			

CODES FOR DISABILITY			
01 Cannot see with both eyes - <i>totally blind</i>	(TOT-BLIND)	09 Loss of one or both arms/hands	(NO ARM)
02 Absence of one eye with low vision on the other eye - <i>partially blind</i>	(PART-BLIND)	10 Loss of one or both legs/feet	(NO LEG)
03 Can see form or movement but no details of objects (color, surface, lines)	(LOW VISION)	11 Paralysis of one or both upper extremities	(PARA-ARM)
04 Cannot hear with both ears - <i>totally deaf</i>	(TOT-DEAF)	12 Paralysis of one or both lower extremities	(PARA-LEG)
05 Cannot hear with one ear but with moderate hearing loss on the other ear - <i>partially deaf</i>	(PART-DEAF 1)	13 Paralysis of one arm and one leg	(PARA-COM)
06 Can hear speech but cannot discriminate the words - <i>partially deaf</i>	(PART-DEAF 2)	14 Paralysis of all four limbs - <i>quadriplegic</i>	(QUADRP)
07 Cannot say words - <i>mute</i>	(MUTE)	15 Can learn simple communication, elementary health and safety habit and simple manual skills, but does not progress in functional reading or arithmetic - <i>mental retardation</i>	(RETARDED)
08 Can say words but stammers - includes cleft-palate and hare-lip with speech defect	(SPEECH DEFECT)	16 Mentally ill	(INSANE)
		17 Others, specify, includes multiple disability and other combination of arm-leg impairment/paralysis	(OTHER)

CODES FOR ETHNICITY			
01 Abaknon	20 Hamitikanon	42 Kapampangan	64 Subanon <i>Stocan, Zamba Norte</i>
02 Aburin	21 Ibaloi	43 Kasiguranin	65 Subanon <i>Zamba Norte & Sur</i>
03 Adnanon	22 Ibanag	44 Karingin	
04 Apayao	23 Ifugao	45 Karaga	
05 Bagobo	24 Ikalahan	46 Kalingan	66 Sulod
06 Bajao, Sama Dilaut	25 Itanon	47 Maguindanao	67 Tagbanwa
07 Balangao	26 Ilocano	48 Malaeug	68 Tagalog
08 Bantocanon	27 Ilongot	49 Manobo	69 Tausug
09 Bikol	28 Isanog	50 Mandaya	70 T'boli
10 B'laan	29 Isinai	51 Mangyan	71 Ternateño-Chavacano <i>Ternate, Cavite</i>
11 Boholano	30 Itawis	52 Manobo	72 Tinggilan
12 Bontak	31 Iwajan/Ibayal	53 Maranao	73 Tiruray
13 Butuanon	32 Iyak	54 Masbateño	74 Ubo
14 Caviteño-Chavacano <i>Cavite City</i>	33 Jama Mapun	55 Matbog	75 Waray
15 Cebuano	34 Kaagan	56 Negrito	76 Yakan
16 Cotabateño-Chavacano <i>Cotabato City</i>	35 Kagayanen	57 Palawan	77 Yagad
17 Davao-Chavacano <i>Davao City</i>	36 Kalagan	58 Pangasinan	78 Zamboangeno-Chavacano <i>Zamboanga City</i>
18 Gaddang	37 Kalamnanen	59 Paranan	79 Other Local Dialects
19 Hiligaynon, Ilonggo	38 Kalinga	60 Romblonanon	80 Chinese
	39 Kamayo	61 Sama Dilaya	81 English
	40 Karakanof	62 Sambal	82 Other Foreign Languages
	41 Kankananey	63 Sangir/Sangir	

CODES FOR HIGHEST GRADE COMPLETED		
00 No Grade Completed	High School	College
01 Pre-school	21 1st Year	41 1st Year
Elementary	22 2nd Year	42 2nd Year
11 Grade 1	23 3rd Year	43 3rd Year
12 Grade 2	24 4th Year	44 4th Year
13 Grade 3	25 High School Graduate	45 5th Year
14 Grade 4		46 6th Year
15 Grade 5	Postsecondary	47 College Graduate
16 Grade 6	31 Postsecondary 1 year	
17 Grade 7	32 Postsecondary 2 years	51 Post-Baccalaureate

CP Form 2A (Codes Sheet)

CODES FOR TRADE SKILLS		
Mining, Construction & Related Trades 01 Mining, Shoveling, Stone Cutting & Carving 02 Building Frame Construction & Related Trades 03 Building Construction Finishing & Related Trades 04 Painting & Related Trades Metal Machinery & Related Trades 05 Metal Making, Welding, Sheet-Metal Works, Structural-Metal Preparing & Related Trades 06 Blacksmithing, Tool-Making & Related Trades 07 Machinery Mechanics, Filing & Related Trades 08 Electrical & Electronic Equipment Mechanic & Filing Precision, Handicraft, Printing & Related Trades 09 Precision Works in Metal & Related Trades 10 Pottery, Glass Forming & Related Trades 11 Handicraft Works in Wood, Textile, Leather & Related Materials 12 Printing/Binding & Related Trades	Other Crafts & Related Trades 13 Food & Related Products Processing 14 Wood Treating, Cabinet Making & Related Trades 15 Textile & Garment Trades 16 Leather & Shoemaking Trades Stationary-Plant & Related Operations 17 Mining- & Mineral-Processing Plant Operation 18 Metal-Processing Plant Operation 19 Glass, Ceramics & Related Plant Operation 20 Wood Processing & Papermaking Plant Operation 21 Chemical-Processing Plant Operation 22 Power-Generating & Related Plant Operation 23 Automated Assembly-Line & Industrial Robot Operation Machine Operation & Assembly 24 Metal- & Mineral-Products Processing Machine Operation 25 Chemical Products Machine Operation	26 Rubber & Plastic Products Machine Operation 27 Wood Products Machine Operation 28 Textile & Leather Products Machine Operation 29 Food & Related Products Processing Machine Operation 30 Assembling 31 Other Machine Operation & Assembling Driving & Mobile Machinery Operation 32 Locomotive-Engine Driving & Related Works 33 Motor Vehicle Operation 34 Agricultural & Other Mobile-Plant Operation 35 Ship's Deck Crewing & Related Works Other Skills 36 Physical Science & Engineering Associates Skills 37 Life Science & Health Associate Professional Skill 38 Other Related Associate Professional Skills 39 Clerical Skills 40 Servicing Skills 41 Agricultural & Fishery Skills

CODES FOR CLASS OF WORKER	
1 Worked for private household (domestic services)	5 Employer in own farm or business
2 Worked for private business/ enterprise/firm	6 Worked with pay in own family operated farm or business
3 Worked for government/government corporation	7 Worked without any pay in family operated farm or business
4 Self-employed without any paid employee	

CODES FOR INDUSTRY		
Agriculture, Hunting & Forestry 01 Patay Farming 02 Corn Farming 03 Coconut Farming 04 Banana Farming 05 Sugarcane Farming 06 Farming of Animals 07 Other Agricultural Crops & Services 08 Hunting & Forestry Fishing 09 Fishing Mining & Quarrying 10 Metallic Ore Mining 11 Non-Metallic Mining & Quarrying Manufacturing 12 Food & Beverage Manufacturing	13 Tobacco Manufacturing 14 Textiles, Wearing Apparel, Leather 15 Paper, Publishing & Printing 16 Petroleum, Chemicals, Rubber & Plastic 17 Non-Metallic Mineral Products 18 Basic Metal & Fabricated Metal Products 19 Wood, Cork, Cane, Bamboo 20 Furniture Manufacturing & Repair 21 Machinery 22 Transport Equipment 23 Other Manufacturing Electricity, Gas & Water 24 Electricity, Gas & Water Supply Construction 25 Construction	Trade 26 Wholesale & Retail Trade Services 27 Repair of Motor Vehicles, Personal & Household Goods 28 Restaurants & Hotels 29 Transport Services 30 Post & Communication 31 Financial Intermediaries 32 Real Estate & Renting 33 Other Business Services 34 Government Services 35 Private Education, Health & Social Work 36 Other Community, Social & Personal Service Activities 37 Domestic Services

CODES FOR INSTITUTIONAL LIVING QUARTER	
1 Hotels, Lodging Houses, Dormitories, etc.	6 Military Camps and Stations
2 Hospitals and Nurses' Home	7 Logging, Mining and Construction/Public Work Camps
3 Welfare Institutions	8 Ocean-going and Inland/Coastal Vessels
4 Corrective and Penal Institutions	9 Refugee Camps
5 Convents, Nunneries, Seminaries and Boarding Schools	0 Others, specify.

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