

CPH FORM 2



Republic of the Philippines
NATIONAL STATISTICS OFFICE

2A

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 Commonwealth Act No. 591 provides that all information furnished in this questionnaire shall be kept STRICTLY CONFIDENTIAL.

2010 CENSUS OF POPULATION
AND HOUSINGCOMMON HOUSEHOLD
QUESTIONNAIRE

NSCB Approval No. NSO-1003-02

Expires on: June 30, 2011

CERTIFICATION

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.

ENUMERATOR

(SIGNATURE OVER PRINTED NAME)

DATE ACCOMPLISHED

TEAM SUPERVISOR

(SIGNATURE OVER PRINTED NAME)

DATE REVIEWED

CAS/ACAS

(SIGNATURE OVER PRINTED NAME)

DATE REVIEWED

CO/RO/PO SUPERVISOR

(SIGNATURE OVER PRINTED NAME)

DATE REVIEWED

GEOGRAPHIC IDENTIFICATION

BOOKLET OF BOOKLETS

PROVINCE

CITY/MUNICIPALITY

BARANGAY

ENUMERATION AREA NUMBER

BUILDING SERIAL NUMBER

HOUSING UNIT SERIAL NUMBER

HOUSEHOLD SERIAL NUMBER

LINE NUMBER OF RESPONDENT

NAME OF HOUSEHOLD HEAD

LAST NAME, FIRST NAME

ADDRESS

HOUSE NUMBER AND STREET NAME OR NAME OF SITIO

INTERVIEW RECORD

VISIT NUMBER	VISIT 1	VISIT 2	VISIT 3	SUMMARY OF VISIT
DATE OF VISIT MONTH:DAY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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"/> <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	<input type="text"/>	<input type="text"/>	<input type="text"/>	NUMBER OF MALES <input type="text"/> <input type="text"/>
DATE MONTH:DAY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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"/>	SAQ INDICATOR
				1 Nonsample household without SAQ Instructions
				2 Nonsample household with SAQ Instructions
				3 Sample household with SAQ Instructions
				* CODES FOR RESULT OF VISIT
				1 Completed
				4 Postponed
				2 Partly completed
				5 Household is temporarily away/ no respondent around
				3 Refused
				6 Others, SPECIFY

HOUSEHOLD DEFINITION

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.

HOUSEHOLD MEMBERSHIP

LIST THE PERSONS OR HOUSEHOLD MEMBERS IN THIS ORDER:

- 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

2B POPULATION CENSUS QUESTIONS								
LINE NUMBER	For All Persons							
	Name	Relationship to Head	Sex	Date of Birth	Age	Birth Registration	Marital Status	Religious Affiliation
	Who is the head of this household? Who are the persons usually residing here as of May 1, 2010?	What is _____'s relationship to the head of the household?	Is _____ male or female?	In what month and year was _____ born?	What is _____'s age as of his/her last birthday?	Was _____'s birth registered with the Civil Registry Office?	Is _____ single, married, widowed, divorced/separated, or in a common-law/live-in arrangement?	What is _____'s religious affiliation?
	LIST THE PERSONS OR HOUSEHOLD MEMBERS IN THE ORDER SPECIFIED ON PAGE 2A.	WRITE ANSWER ON THE SPACE PROVIDED. SEE CODES AT THE BOTTOM.	1 Male 2 Female WRITE X IN THE BOX.	MM Month YYYY Year	WRITE AGE IN THE BOXES.	1 Yes 2 No 3 Don't know WRITE X IN THE BOX.	1 Single 2 Married 3 Widowed 4 Divorced/Separated 5 Common-law/Live-in 6 Unknown WRITE X IN THE BOX CORRESPONDING TO THE ANSWER. FOR PERSONS 0 TO 9 YEARS OLD, WRITE X IN THE BOX FOR SINGLE.	WRITE ANSWER ON THE SPACE PROVIDED. SEE CODEBOOK.
	P1	P2	P3	P4	P5	P6	P7	P8
1	LAST NAME FIRST NAME	<div><div></div><div></div></div> SPECIFY	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div></div></div> MM <div><div></div><div></div><div></div><div></div></div> YYYY	<div><div></div><div></div><div></div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div>	<div><div></div><div>1</div><div></div><div>4</div></div> <div><div></div><div>2</div><div></div><div>5</div></div> <div><div></div><div>3</div><div></div><div>6</div></div>	<div><div></div><div></div></div> SPECIFY
2	LAST NAME FIRST NAME	<div><div></div><div></div></div> SPECIFY	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div></div></div> MM <div><div></div><div></div><div></div><div></div></div> YYYY	<div><div></div><div></div><div></div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div>	<div><div></div><div>1</div><div></div><div>4</div></div> <div><div></div><div>2</div><div></div><div>5</div></div> <div><div></div><div>3</div><div></div><div>6</div></div>	<div><div></div><div></div></div> SPECIFY
3	LAST NAME FIRST NAME	<div><div></div><div></div></div> SPECIFY	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div></div></div> MM <div><div></div><div></div><div></div><div></div></div> YYYY	<div><div></div><div></div><div></div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div>	<div><div></div><div>1</div><div></div><div>4</div></div> <div><div></div><div>2</div><div></div><div>5</div></div> <div><div></div><div>3</div><div></div><div>6</div></div>	<div><div></div><div></div></div> SPECIFY
4	LAST NAME FIRST NAME	<div><div></div><div></div></div> SPECIFY	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div></div></div> MM <div><div></div><div></div><div></div><div></div></div> YYYY	<div><div></div><div></div><div></div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div>	<div><div></div><div>1</div><div></div><div>4</div></div> <div><div></div><div>2</div><div></div><div>5</div></div> <div><div></div><div>3</div><div></div><div>6</div></div>	<div><div></div><div></div></div> SPECIFY
5	LAST NAME FIRST NAME	<div><div></div><div></div></div> SPECIFY	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div></div></div> MM <div><div></div><div></div><div></div><div></div></div> YYYY	<div><div></div><div></div><div></div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div>	<div><div></div><div>1</div><div></div><div>4</div></div> <div><div></div><div>2</div><div></div><div>5</div></div> <div><div></div><div>3</div><div></div><div>6</div></div>	<div><div></div><div></div></div> SPECIFY
6	LAST NAME FIRST NAME	<div><div></div><div></div></div> SPECIFY	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div></div></div> MM <div><div></div><div></div><div></div><div></div></div> YYYY	<div><div></div><div></div><div></div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div>	<div><div></div><div>1</div><div></div><div>4</div></div> <div><div></div><div>2</div><div></div><div>5</div></div> <div><div></div><div>3</div><div></div><div>6</div></div>	<div><div></div><div></div></div> SPECIFY
7	LAST NAME FIRST NAME	<div><div></div><div></div></div> SPECIFY	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div></div></div> MM <div><div></div><div></div><div></div><div></div></div> YYYY	<div><div></div><div></div><div></div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div>	<div><div></div><div>1</div><div></div><div>4</div></div> <div><div></div><div>2</div><div></div><div>5</div></div> <div><div></div><div>3</div><div></div><div>6</div></div>	<div><div></div><div></div></div> SPECIFY
8	LAST NAME FIRST NAME	<div><div></div><div></div></div> SPECIFY	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div></div></div> MM <div><div></div><div></div><div></div><div></div></div> YYYY	<div><div></div><div></div><div></div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div>	<div><div></div><div>1</div><div></div><div>4</div></div> <div><div></div><div>2</div><div></div><div>5</div></div> <div><div></div><div>3</div><div></div><div>6</div></div>	<div><div></div><div></div></div> SPECIFY
HOUSEHOLD SIZE					CODES FOR P2 – RELATIONSHIP TO HOUSEHOLD HEAD			
1. Are there any other persons such as small children, infants, and/or overseas workers who were not yet listed? <input type="checkbox"/> 1 Yes, ADD IN THE LIST. <input type="checkbox"/> 2 No					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="checkbox"/> 1 Yes, USE ADDITIONAL BOOKLET. <input type="checkbox"/> 2 No			
					01 Head 02 Spouse 03 Son 04 Daughter 21 Stepson 22 Stepdaughter 23 Son-in-law 24 Daughter-in-law 31 Grandson 32 Granddaughter 33 Father 34 Mother 41 Brother 42 Sister 43 Uncle 44 Aunt 55 Nephew 56 Niece 57 Other relative 58 Nonrelative 65 Boarder 66 Domestic helper			

POPULATION CENSUS QUESTIONS

2C

LINE NUMBER	For All Persons				For All 5 Years Old and Over			For All 10 Years Old and Over
	Citizenship		Ethnicity	Disability	Functional Difficulty	Residence 5 Years Ago	Highest Grade/Year Completed	Overseas Worker
	Is _____ a citizen of the Philippines?	What country/other country is _____ a citizen of?	What is _____'s ethnicity by blood? Is he/she a/an _____?	Does _____ have any physical or mental disability?	Does _____ have any difficulty/problem in...?	In what city/municipality did _____ reside on May 1, 2005?	What is the highest grade/year completed by _____?	Is _____ an overseas worker?
	1 Yes, (Filipino citizen) 2 Yes, (Filipino with dual citizenship) 3 No WRITE X IN THE BOX. IF CODE "1" SKIP TO P11.	L WRITE ANSWER ON THE SPACE PROVIDED. SEE CODEBOOK.	MENTION THE PREDOMINANT/COMMON IP OR NON-IP GROUPS IN THE AREA. WRITE ANSWER ON THE SPACE PROVIDED. SEE CODEBOOK.	1 Yes 2 No L WRITE X IN THE BOX.	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 ANSWER FOR EACH DIFFICULTY/PROBLEM.	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.	WRITE ANSWER ON THE SPACE PROVIDED. IF GRADUATE IN POST SECONDARY OR COLLEGE, SPECIFY THE COURSE. SEE CODES AT THE BOTTOM.	1 Yes 2 No J WRITE X IN THE BOX.
	P9	P10	P11	P12	P13	P14	P16	P19
1	<input type="checkbox"/> 1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1	Yes No <input type="checkbox"/> <input type="checkbox"/> a <input type="checkbox"/> <input type="checkbox"/> d	PROV CITY/MUN <input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	SPECIFY	SPECIFY	<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> e	PROVINCE	SPECIFY	<input type="checkbox"/> 2
	<input type="checkbox"/> 3			<input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> f	CITY/MUNICIPALITY			
2	<input type="checkbox"/> 1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1	Yes No Yes No <input type="checkbox"/> <input type="checkbox"/> a <input type="checkbox"/> <input type="checkbox"/> d	PROV CITY/MUN <input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	SPECIFY	SPECIFY	<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> e	PROVINCE	SPECIFY	<input type="checkbox"/> 2
	<input type="checkbox"/> 3			<input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> f	CITY/MUNICIPALITY			
3	<input type="checkbox"/> 1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1	Yes No Yes No <input type="checkbox"/> <input type="checkbox"/> a <input type="checkbox"/> <input type="checkbox"/> d	PROV CITY/MUN <input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	SPECIFY	SPECIFY	<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> e	PROVINCE	SPECIFY	<input type="checkbox"/> 2
	<input type="checkbox"/> 3			<input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> f	CITY/MUNICIPALITY			
4	<input type="checkbox"/> 1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1	Yes No Yes No <input type="checkbox"/> <input type="checkbox"/> a <input type="checkbox"/> <input type="checkbox"/> d	PROV CITY/MUN <input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	SPECIFY	SPECIFY	<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> e	PROVINCE	SPECIFY	<input type="checkbox"/> 2
	<input type="checkbox"/> 3			<input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> f	CITY/MUNICIPALITY			
5	<input type="checkbox"/> 1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1	Yes No Yes No <input type="checkbox"/> <input type="checkbox"/> a <input type="checkbox"/> <input type="checkbox"/> d	PROV CITY/MUN <input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	SPECIFY	SPECIFY	<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> e	PROVINCE	SPECIFY	<input type="checkbox"/> 2
	<input type="checkbox"/> 3			<input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> f	CITY/MUNICIPALITY			
6	<input type="checkbox"/> 1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1	Yes No Yes No <input type="checkbox"/> <input type="checkbox"/> a <input type="checkbox"/> <input type="checkbox"/> d	PROV CITY/MUN <input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	SPECIFY	SPECIFY	<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> e	PROVINCE	SPECIFY	<input type="checkbox"/> 2
	<input type="checkbox"/> 3			<input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> f	CITY/MUNICIPALITY			
7	<input type="checkbox"/> 1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1	Yes No Yes No <input type="checkbox"/> <input type="checkbox"/> a <input type="checkbox"/> <input type="checkbox"/> d	PROV CITY/MUN <input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	SPECIFY	SPECIFY	<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> e	PROVINCE	SPECIFY	<input type="checkbox"/> 2
	<input type="checkbox"/> 3			<input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> f	CITY/MUNICIPALITY			
8	<input type="checkbox"/> 1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1	Yes No Yes No <input type="checkbox"/> <input type="checkbox"/> a <input type="checkbox"/> <input type="checkbox"/> d	PROV CITY/MUN <input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	SPECIFY	SPECIFY	<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> e	PROVINCE	SPECIFY	<input type="checkbox"/> 2
	<input type="checkbox"/> 3			<input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> f	CITY/MUNICIPALITY			

CODES FOR P16 – HIGHEST GRADE/YEAR COMPLETED

	Elementary	High school	Post secondary **	College **
000	No grade completed			810 1 st Year
010	Preschool	310 1 st Year	410 1 st Year	820 2 nd Year
	220 Grade 2	320 2 nd Year	420 2 nd Year	830 3 rd Year
	230 Grade 3	330 3 rd Year	430 3 rd Year	840 4 th Year
	240 Grade 4	340 4 th Year		850 5 th Year
	250 Grade 5	350 High school graduate	** IF GRADUATE IN POST SECONDARY OR COLLEGE, SPECIFY COURSE.	860 6 th Year
	260 Grade 6			900 Post baccalaureate
	270 Grade 7			
	280 Elementary graduate			

2D HOUSING CENSUS QUESTIONS	
B1 TO B4 ARE TO BE ANSWERED BY MERE OBSERVATION. IF DOUBTFUL, ASK THE RESPONDENT.	
B1 Type of building/house WRITE X IN THE BOX. <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> 1 Single house <input type="checkbox"/> 2 Duplex <input type="checkbox"/> 3 Multi-unit residential (three units or more) <input type="checkbox"/> 4 Commercial/industrial/agricultural (office, factory, and others) <input type="checkbox"/> 5 Institutional living quarter (hotel, hospital, and others) <input type="checkbox"/> 6 Other housing units (boat, cave, and others) </div>	B2 Construction materials of the roof WRITE X IN THE BOX. <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> 1 Galvanized iron/aluminum <input type="checkbox"/> 2 Tile concrete/clay tile <input type="checkbox"/> 3 Half galvanized iron and half concrete <input type="checkbox"/> 4 Wood <input type="checkbox"/> 5 Cogon/nipa/anahaw <input type="checkbox"/> 6 Asbestos <input type="checkbox"/> 7 Makeshift/salvaged/improvised materials <input type="checkbox"/> 8 Others, SPECIFY _____ </div>
B3 Construction materials of the outer walls WRITE X IN THE BOX. <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> 01 Concrete/brick/stone <input type="checkbox"/> 02 Wood <input type="checkbox"/> 03 Half concrete/brick/stone and half wood <input type="checkbox"/> 04 Galvanized iron/aluminum <input type="checkbox"/> 05 Bamboo/sawali/cogon/nipa <input type="checkbox"/> 06 Asbestos <input type="checkbox"/> 07 Glass <input type="checkbox"/> 08 Makeshift/salvaged/improvised materials <input type="checkbox"/> 09 Others, SPECIFY _____ <input type="checkbox"/> 10 No walls </div>	B4 State of repair of the building/house WRITE X IN THE BOX. <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> 1 Needs no repair/needs minor repair <input type="checkbox"/> 2 Needs major repair <input type="checkbox"/> 3 Dilapidated/condemned <input type="checkbox"/> 4 Under renovation/being repaired <input type="checkbox"/> 5 Under construction <input type="checkbox"/> 6 Unfinished construction <input type="checkbox"/> 7 Not applicable </div>
B5 IS TO BE ASKED FROM ANY HOUSEHOLD IN THE BUILDING.	
B5 Year building/house was built <i>When was this building/house built?</i> WRITE X IN THE BOX. <div style="display: flex; flex-wrap: wrap; gap: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> 01 [2010] <input type="checkbox"/> 02 [2009] <input type="checkbox"/> 03 [2008] <input type="checkbox"/> 04 [2007] <input type="checkbox"/> 05 [2006] <input type="checkbox"/> 06 [2001 - 2005] </div> <div style="width: 48%;"> <input type="checkbox"/> 07 [1991 - 2000] <input type="checkbox"/> 08 [1981 - 1990] <input type="checkbox"/> 09 [1971 - 1980] <input type="checkbox"/> 10 [1970 or earlier] <input type="checkbox"/> 11 [Not applicable] <input type="checkbox"/> 12 [Don't know] </div> </div>	D1 Floor area of the housing unit <i>What is the estimated floor area of this housing unit?</i> WRITE X IN THE BOX. <div style="display: flex; flex-wrap: wrap; gap: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> 01 [Less than 5 sq. m./less than 54 sq. ft.] <input type="checkbox"/> 02 [5 - 9 sq. m./54 - 107 sq. ft.] <input type="checkbox"/> 03 [10 - 19 sq. m./108 - 209 sq. ft.] <input type="checkbox"/> 04 [20 - 29 sq. m./210 - 317 sq. ft.] <input type="checkbox"/> 05 [30 - 49 sq. m./318 - 532 sq. ft.] <input type="checkbox"/> 06 [50 - 69 sq. m./533 - 748 sq. ft.] </div> <div style="width: 48%;"> <input type="checkbox"/> 07 [70 - 89 sq. m./749 - 963 sq. ft.] <input type="checkbox"/> 08 [90 - 119 sq. m./964 - 1286 sq. ft.] <input type="checkbox"/> 09 [120 - 149 sq. m./1287 - 1609 sq. ft.] <input type="checkbox"/> 10 [150 - 199 sq. m./1610 - 2147 sq. ft.] <input type="checkbox"/> 11 [200 sq. m. and over/2148 sq. ft. and over] <input type="checkbox"/> 12 Not applicable </div> </div>
H8 IS TO BE ANSWERED BY ALL HOUSEHOLDS.	
H8 Tenure status of the lot <i>Did 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> WRITE X IN THE BOX. <div style="display: flex; flex-direction: column; gap: 5px;"> <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 </div>	
REMARKS:	