



FORM 2

2000 CENSUS OF  
POPULATION AND HOUSING  
COMMON 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

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

Page 1

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"/>	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"/>	HH MEMBERS <input type="text"/>
RESULT OF VISIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MALES <input type="text"/>
NEXT VISIT				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"/>	1 Completed 2 Partly Completed 3 Refused 4 Postponed 5 SAQ 6 Household Not Around/No Respondent 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.

ENUMERATOR  
(SIGNATURE OVER PRINTED NAME)

DATE ACCOMPLISHED

TEAM SUPERVISOR  
(SIGNATURE OVER PRINTED NAME)

DATE REVIEWED

**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**

Page 2

	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 <sup>st</sup> Family <input type="radio"/> 2 <sup>nd</sup> Family <input type="radio"/> 3 <sup>rd</sup> Family <input type="radio"/> 4 <sup>th</sup> Family & so forth	<input type="radio"/> No Family <input type="radio"/> 1 <sup>st</sup> Family <input type="radio"/> 2 <sup>nd</sup> Family <input type="radio"/> 3 <sup>rd</sup> Family <input type="radio"/> 4 <sup>th</sup> Family & so forth	<input type="radio"/> No Family <input type="radio"/> 1 <sup>st</sup> Family <input type="radio"/> 2 <sup>nd</sup> Family <input type="radio"/> 3 <sup>rd</sup> Family <input type="radio"/> 4 <sup>th</sup> Family & so forth	<input type="radio"/> No Family <input type="radio"/> 1 <sup>st</sup> Family <input type="radio"/> 2 <sup>nd</sup> Family <input type="radio"/> 3 <sup>rd</sup> Family <input type="radio"/> 4 <sup>th</sup> 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"/> MM YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM YYYY
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			
P8 Is _____ an overseas worker? <i>[For persons below 10 years old, mark No]</i>	<input type="radio"/> YES <input type="radio"/> NO			
P9 What is _____'s marital status? <i>[Please cross out one of the selections]</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			
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, Kankansay, 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"/>
	CITY/MUNICIPALITY	CITY/MUNICIPALITY	CITY/MUNICIPALITY	CITY/MUNICIPALITY
	PROVINCE	PROVINCE	PROVINCE	PROVINCE

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



#### HOUSEHOLD SIZE

1. Are there more than 5 members in this household?  
[Please cross out one of the selections below]

- YES (Please use another booklet)  
 NO

2. 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

#### DEMOGRAPHIC INFORMATION FOR ALL PERSONS

Page 3

	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>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 <sup>st</sup> Family <input type="radio"/> 2 <sup>nd</sup> Family <input type="radio"/> 3 <sup>rd</sup> Family <input type="radio"/> 4 <sup>th</sup> Family & so forth	<input type="radio"/> No Family <input type="radio"/> 1 <sup>st</sup> Family <input type="radio"/> 2 <sup>nd</sup> Family <input type="radio"/> 3 <sup>rd</sup> Family <input type="radio"/> 4 <sup>th</sup> Family & so forth	<input type="radio"/> No Family <input type="radio"/> 1 <sup>st</sup> Family <input type="radio"/> 2 <sup>nd</sup> Family <input type="radio"/> 3 <sup>rd</sup> Family <input type="radio"/> 4 <sup>th</sup> Family & so forth	<input type="radio"/> No Family <input type="radio"/> 1 <sup>st</sup> Family <input type="radio"/> 2 <sup>nd</sup> Family <input type="radio"/> 3 <sup>rd</sup> Family <input type="radio"/> 4 <sup>th</sup> Family & so forth
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	MM YYYY	MM YYYY	MM YYYY	MM YYYY
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#### FOR PERSONS 5 YEARS OLD AND OVER

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P23 RESIDENCE 5 YEARS AGO In what city/municipality did _____ reside on May 1, 1995? Foreign Country 0007 Same City/Municipality 0006 Unknown 0009 <i>If another city/municipality, specify city/municipality and province</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY/MUNICIPALITY	CITY/MUNICIPALITY	CITY/MUNICIPALITY	CITY/MUNICIPALITY	
PROVINCE	PROVINCE	PROVINCE	PROVINCE	

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: