



**2007 CENSUS OF POPULATION
HOUSEHOLD QUESTIONNAIRE**

AUTHORITY:

Commonwealth Act No. 591 authorizes this census and the National Statistics Office to collect information on the population.

CONFIDENTIALITY:

Section 4 of Commonwealth Act No. 591 states that all information furnished in this form shall be kept **STRICTLY CONFIDENTIAL**.

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

CENSUS AREA SUPERVISOR

(SIGNATURE OVER PRINTED NAME)

DATE REVIEWED

RD/PSO/STAT/DSO/SCO/CO

(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

NUMBER OF VISITS

VISIT 1

VISIT 2

VISIT 3

SUMMARY OF VISIT

DATE OF VISIT
MONTH:DAY

TIME BEGAN
HOUR:MINUTE

TIME ENDED
HOUR:MINUTE

RESULT OF VISIT *
(SEE CODES)

NEXT VISIT

DATE
MONTH:DAY

TIME
HOUR:MINUTE

ENUMERATOR'S CODE

NUMBER OF VISITS MADE

FINAL RESULT OF VISIT *

NUMBER OF HOUSEHOLD MEMBERS

NUMBER OF MALES

NUMBER OF FEMALES

*** CODES FOR RESULT OF VISIT**

- | | |
|--------------------|---|
| 1 Completed | 5 Self-Administered |
| 2 Partly Completed | 6 Household Not Around/No Respondent Around |
| 3 Refused | 7 Others _____ |
| 4 Postponed | 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

PLEASE LIST THE PERSONS OR 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
- Nonrelatives of head

LINE NUMBER	L	Name	For All Persons					
			Relationship to Head	Sex	Date of Birth	Age	Birth Registration	Marital Status
			<i>Who is the head of this household?</i> <i>Who are the persons usually residing here as of August 1, 2007?</i> PLEASE LIST THE PERSONS OR HOUSEHOLD MEMBERS IN THE ORDER SPECIFIED ON PAGE 2A.	<i>What is ____'s relationship to the head of the household?</i> WRITE DESCRIPTION ON THE SPACE PROVIDED. PLEASE SEE CODES ON PAGE 2D.	<i>Is ____ a male or female?</i> 1 Male 2 Female	<i>In what month and year was ____ born?</i> MM Month YYYY Year	<i>What is ____'s age as of his/her last birthday?</i> PLEASE SEE CONVERSION TABLE AT THE BACK COVER OF ENUMERATOR'S MANUAL.	<i>Was ____'s birth registered with the Civil Registrar of the city/ municipality?</i> 1 Yes 2 No 3 Don't Know
P1	P2	P3	P4	P5	P6	P7		
1	L	_____ LAST NAME _____ FIRST NAME	<div><div></div><div></div></div> _____ SPECIFY	<div><div></div><div></div></div> 1 <div><div></div><div></div></div> 2	<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></div><div></div></div> L	<div><div></div><div></div><div></div></div> 1 <div><div></div><div></div><div></div></div> 2 <div><div></div><div></div><div></div></div> 3	<div><div></div><div></div><div></div></div> 1 <div><div></div><div></div><div></div></div> 4 <div><div></div><div></div><div></div></div> 2 <div><div></div><div></div><div></div></div> 5 <div><div></div><div></div><div></div></div> 3 <div><div></div><div></div><div></div></div> 6
		_____ LAST NAME _____ FIRST NAME	<div><div></div><div></div></div> _____ SPECIFY	<div><div></div><div></div></div> 1 <div><div></div><div></div></div> 2	<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></div><div></div></div> L	<div><div></div><div></div><div></div></div> 1 <div><div></div><div></div><div></div></div> 2 <div><div></div><div></div><div></div></div> 3	<div><div></div><div></div><div></div></div> 1 <div><div></div><div></div><div></div></div> 4 <div><div></div><div></div><div></div></div> 2 <div><div></div><div></div><div></div></div> 5 <div><div></div><div></div><div></div></div> 3 <div><div></div><div></div><div></div></div> 6
2	L	_____ LAST NAME _____ FIRST NAME	<div><div></div><div></div></div> _____ SPECIFY	<div><div></div><div></div></div> 1 <div><div></div><div></div></div> 2	<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></div><div></div></div> L	<div><div></div><div></div><div></div></div> 1 <div><div></div><div></div><div></div></div> 2 <div><div></div><div></div><div></div></div> 3	<div><div></div><div></div><div></div></div> 1 <div><div></div><div></div><div></div></div> 4 <div><div></div><div></div><div></div></div> 2 <div><div></div><div></div><div></div></div> 5 <div><div></div><div></div><div></div></div> 3 <div><div></div><div></div><div></div></div> 6
		_____ LAST NAME _____ FIRST NAME	<div><div></div><div></div></div> _____ SPECIFY	<div><div></div><div></div></div> 1 <div><div></div><div></div></div> 2	<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></div><div></div></div> L	<div><div></div><div></div><div></div></div> 1 <div><div></div><div></div><div></div></div> 2 <div><div></div><div></div><div></div></div> 3	<div><div></div><div></div><div></div></div> 1 <div><div></div><div></div><div></div></div> 4 <div><div></div><div></div><div></div></div> 2 <div><div></div><div></div><div></div></div> 5 <div><div></div><div></div><div></div></div> 3 <div><div></div><div></div><div></div></div> 6
3	L	_____ LAST NAME _____ FIRST NAME	<div><div></div><div></div></div> _____ SPECIFY	<div><div></div><div></div></div> 1 <div><div></div><div></div></div> 2	<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></div><div></div></div> L	<div><div></div><div></div><div></div></div> 1 <div><div></div><div></div><div></div></div> 2 <div><div></div><div></div><div></div></div> 3	<div><div></div><div></div><div></div></div> 1 <div><div></div><div></div><div></div></div> 4 <div><div></div><div></div><div></div></div> 2 <div><div></div><div></div><div></div></div> 5 <div><div></div><div></div><div></div></div> 3 <div><div></div><div></div><div></div></div> 6
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4	L	_____ LAST NAME _____ FIRST NAME	<div><div></div><div></div></div> _____ SPECIFY	<div><div></div><div></div></div> 1 <div><div></div><div></div></div> 2	<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></div><div></div></div> L	<div><div></div><div></div><div></div></div> 1 <div><div></div><div></div><div></div></div> 2 <div><div></div><div></div><div></div></div> 3	<div><div></div><div></div><div></div></div> 1 <div><div></div><div></div><div></div></div> 4 <div><div></div><div></div><div></div></div> 2 <div><div></div><div></div><div></div></div> 5 <div><div></div><div></div><div></div></div> 3 <div><div></div><div></div><div></div></div> 6
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5	L	_____ LAST NAME _____ FIRST NAME	<div><div></div><div></div></div> _____ SPECIFY	<div><div></div><div></div></div> 1 <div><div></div><div></div></div> 2	<div><div></div><div></div></div> MM <div></div>			

POPULATION CENSUS QUESTIONS

2C

LINE NUMBER	For 5 to 24 Years Old		For 5 Years Old & Over	For 10 Years Old & Over	For 15 Years Old & Over		LINE NUMBER	
	School Attendance		Place of School	Highest Grade/Year Completed	Overseas Workers	Usual Occupation		Place of Work
	Is _____ currently attending school?	What grade/year is _____ currently attending?	In what city/municipality is _____ attending school?	What is the highest grade/year completed by _____?	Is _____ an overseas worker?	During the past 12 months, what was _____ 's usual activity/occupation?		In what city/municipality did _____ work during the past 12 months?
	1 Yes 2 No	L	0000 Same City/ Municipality 8887 Foreign Country	IF POST SECONDARY OR COLLEGE GRADUATE, SPECIFY THE COURSE ON THE SPACE PROVIDED.	1 Yes 2 No	WRITE DETAILED DESCRIPTION ON THE SPACE PROVIDED. IF STUDENT/ HOUSEKEEPER/ DEPENDENT, DO NOT ASK P14. GO TO NEXT HOUSEHOLD MEMBER.		0000 Same City/ Municipality 8887 Foreign Country
	P8	P9	P10	P11	P12	P13	P14	
1	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<div><div></div><div></div></div> SPECIFY _____	<div><div></div><div></div><div></div><div></div></div> PROV CITY/MUN CITY/MUNICIPALITY _____ PROVINCE _____	<div><div></div><div></div></div> SPECIFY _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<div><div></div><div></div><div></div></div> SPECIFY _____	<div><div></div><div></div><div></div><div></div></div> PROV CITY/MUN CITY/MUNICIPALITY _____ PROVINCE _____	1
2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<div><div></div><div></div></div> SPECIFY _____	<div><div></div><div></div><div></div><div></div></div> PROV CITY/MUN CITY/MUNICIPALITY _____ PROVINCE _____	<div><div></div><div></div></div> SPECIFY _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<div><div></div><div></div><div></div></div> SPECIFY _____	<div><div></div><div></div><div></div><div></div></div> PROV CITY/MUN CITY/MUNICIPALITY _____ PROVINCE _____	2
3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<div><div></div><div></div></div> SPECIFY _____	<div><div></div><div></div><div></div><div></div></div> PROV CITY/MUN CITY/MUNICIPALITY _____ PROVINCE _____	<div><div></div><div></div></div> SPECIFY _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<div><div></div><div></div><div></div></div> SPECIFY _____	<div><div></div><div></div><div></div><div></div></div> PROV CITY/MUN CITY/MUNICIPALITY _____ PROVINCE _____	3
4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<div><div></div><div></div></div> SPECIFY _____	<div><div></div><div></div><div></div><div></div></div> PROV CITY/MUN CITY/MUNICIPALITY _____ PROVINCE _____	<div><div></div><div></div></div> SPECIFY _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<div><div></div><div></div><div></div></div> SPECIFY _____	<div><div></div><div></div><div></div><div></div></div> PROV CITY/MUN CITY/MUNICIPALITY _____ PROVINCE _____	4
5	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<div><div></div><div></div></div> SPECIFY _____	<div><div></div><div></div><div></div><div></div></div> PROV CITY/MUN CITY/MUNICIPALITY _____ PROVINCE _____	<div><div></div><div></div></div> SPECIFY _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<div><div></div><div></div><div></div></div> SPECIFY _____	<div><div></div><div></div><div></div><div></div></div> PROV CITY/MUN CITY/MUNICIPALITY _____ PROVINCE _____	5
6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<div><div></div><div></div></div> SPECIFY _____	<div><div></div><div></div><div></div><div></div></div> PROV CITY/MUN CITY/MUNICIPALITY _____ PROVINCE _____	<div><div></div><div></div></div> SPECIFY _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<div><div></div><div></div><div></div></div> SPECIFY _____	<div><div></div><div></div><div></div><div></div></div> PROV CITY/MUN CITY/MUNICIPALITY _____ PROVINCE _____	6

REMARKS

L

B1. CONSTRUCTION MATERIALS OF THE ROOF

PLEASE WRITE AN X MARK IN ONE OF THE BOXES BELOW.

☐

1 Galvanized iron/aluminum

☐

2 Tile concrete/clay tile

☐

3 Half galvanized iron and half concrete

☐

4 Wood

☐

5 Cogon/nipa/anhaw

☐

6 Asbestos

☐

7 Makeshift/salvaged/improvised materials

☐

8 Others, _____

SPECIFY

B2. CONSTRUCTION MATERIALS OF THE OUTER WALLS

PLEASE WRITE AN X MARK IN ONE OF THE BOXES BELOW.

☐

01 Concrete/brick/stone

☐

02 Wood

☐

03 Half concrete/brick/stone and half wood

☐

04 Galvanized iron/aluminum

☐

05 Bamboo/sawali/cogon/nipa

☐

06 Asbestos

☐

07 Glass

☐

08 Makeshift/salvaged/improvised materials

☐

09 Others, _____

SPECIFY

☐

10 No walls

H1. TENURE STATUS OF THE LOT

PLEASE WRITE AN X MARK IN ONE OF THE BOXES BELOW.

Do you own or amortize this lot occupied by your household, do you rent it, or do you occupy it rent-free with consent of owner or rent-free without consent of the owner?☐

1 Owned/being amortized/owner-like possession

☐

3 Rent-free with consent of owner

☐

5 Not applicable, _____

SPECIFY

☐

2 Rented

☐

4 Rent-free without consent of owner

**QUESTIONS FOR HOUSEHOLDS IN TEMPORARY RELOCATION AREA****H2. CURRENT RESIDENCE**

IF THE HOUSEHOLD IS RESIDING IN TEMPORARY RELOCATION AREA, WRITE AN X MARK IN THE BOX FOR YES. OTHERWISE, WRITE X IN THE BOX FOR NO.

☐

1 Yes

☐2 No **END INTERVIEW****H3. DATE MOVED TO CURRENT RESIDENCE***When did your household move to the temporary relocation area?*

MM

YYYY

H4. PREVIOUS RESIDENCE*Where was the household's usual place of residence before moving to the temporary relocation area?*IF THE SAME BARANGAY AS THE PRESENT RESIDENCE, WRITE **000** IN THE BOXES FOR BARANGAY.

IF ANOTHER BARANGAY, SPECIFY THE NAME OF BARANGAY, CITY/MUNICIPALITY AND PROVINCE ON THE SPACES PROVIDED.



BARANGAY

CITY/MUNICIPALITY

PROVINCE

IF H4 IS '000', END INTERVIEW.**H5. INTENTION TO RESIDE IN PREVIOUS RESIDENCE***Within one year, does your household intend to reside in _____ (MENTION PREVIOUS RESIDENCE SPECIFIED IN H4)?*☐

1 Yes

☐

2 No

**CODES FOR P2 (RELATIONSHIP TO HOUSEHOLD HEAD)**

01 Head	21 Stepson	31 Grandson	41 Brother	51 Nephew	61 Boarder
02 Spouse	22 Stepdaughter	32 Granddaughter	42 Sister	52 Niece	62 Domestic Helper
03 Son	23 Son-in-law	33 Father	43 Uncle	53 Other relative	
04 Daughter	24 Daughter-in-law	34 Mother	44 Aunt	54 Nonrelative	

CODES FOR P9 (GRADE/YEAR CURRENTLY ATTENDING)* AND P11 (HIGHEST GRADE/YEAR COMPLETED)

00 No Grade Completed 01 Pre-school	Elementary		High School		Post Secondary **		College **	
	21 Grade 1	27 Grade 7	31 1st Year	37 7th Year	41 1st Year	47 7th Year	81 1st Year	87 7th Year
	22 Grade 2	28 Elementary Graduate	32 2nd Year	38 8th Year	42 2nd Year	48 8th Year	82 2nd Year	88 8th Year
	23 Grade 3		33 3rd Year	39 9th Year	43 3rd Year	49 9th Year	83 3rd Year	89 9th Year
	24 Grade 4		34 4th Year	40 10th Year			84 4th Year	90 Post Baccalaureate
	25 Grade 5		35 High School Graduate		** IF GRADUATE, SPECIFY COURSE		85 5th Year	
	26 Grade 6						86 6th Year or Higher	

* CODES '00', '28' AND '35' ARE NOT VALID FOR P9.

90 Post Baccalaureate