



NSCB Approval No. :
NSO-0706-02

Expires on:
March 31, 2008

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	ENUMERATOR'S CODE <input type="text"/>
TIME BEGAN HOUR:MINUTE	<input type="text"/>	<input type="text"/>	<input type="text"/>	NUMBER OF VISITS MADE <input type="text"/>
TIME ENDED HOUR:MINUTE	<input type="text"/>	<input type="text"/>	<input type="text"/>	FINAL RESULT OF VISIT * <input type="text"/>
RESULT OF VISIT * (SEE CODES)	<input type="text"/>	<input type="text"/>	<input type="text"/>	NUMBER OF HOUSEHOLD MEMBERS <input type="text"/>
NEXT VISIT	<input type="text"/>	<input type="text"/>	<input type="text"/>	NUMBER OF MALES <input type="text"/>
DATE MONTH:DAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	NUMBER OF FEMALES <input type="text"/>
TIME HOUR:MINUTE	<input type="text"/>	<input type="text"/>	<input type="text"/>	* CODES FOR RESULT OF VISIT
				1 Completed
				2 Partly Completed
				3 Refused
				4 Postponed
				5 Self-Administered
				6 Household Not Around/No Respondent Around
				7 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

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

POPULATION CENSUS QUESTIONS

LINE NUMBER	Name	For All Persons					Marital Status	
		Relationship to Head	Sex	Date of Birth	Age	Birth Registration		
	<p><i>Who is the head of this household?</i></p> <p><i>Who are the persons usually residing here as of August 1, 2007?</i></p> <p>PLEASE LIST THE PERSONS OR HOUSEHOLD MEMBERS IN THE ORDER SPECIFIED ON PAGE 2A.</p>	<p><i>What is ___'s relationship to the head of the household?</i></p> <p>WRITE DESCRIPTION ON THE SPACE PROVIDED.</p> <p>PLEASE SEE CODES ON PAGE 2D.</p>	<p><i>Is ___ a male or female?</i></p> <p>1 Male 2 Female</p>	<p><i>In what month and year was ___ born?</i></p> <p>MM Month YYYY Year</p>	<p><i>What is ___'s age as of his/her last birthday?</i></p> <p>PLEASE SEE CONVERSION TABLE AT THE BACK COVER OF ENUMERATOR'S MANUAL.</p>	<p><i>Was ___'s birth registered with the Civil Registrar of the city/municipality?</i></p> <p>1 Yes 2 No 3 Don't Know</p>	<p><i>What is ___'s marital status?</i></p> <p><i>Is ___ single, married, widowed, divorced/separated, or in a common-law/live-in arrangement?</i></p> <p>1 Single 2 Married 3 Widowed 4 Divorced/Separated 5 Common-law/Live-in 6 Unknown</p> <p>FOR PERSONS 0 TO 9 YEARS OLD, WRITE AN X MARK IN THE BOX FOR SINGLE.</p>	
	P1	P2	P3	P4	P5	P6		P7
1	<p>_____ LAST NAME</p> <p>_____ FIRST NAME</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p>_____ SPECIFY</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p><input type="checkbox"/> <input type="checkbox"/> MM</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YYYY</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6</p>	
2	<p>_____ LAST NAME</p> <p>_____ FIRST NAME</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p>_____ SPECIFY</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p><input type="checkbox"/> <input type="checkbox"/> MM</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YYYY</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6</p>	
3	<p>_____ LAST NAME</p> <p>_____ FIRST NAME</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p>_____ SPECIFY</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p><input type="checkbox"/> <input type="checkbox"/> MM</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YYYY</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6</p>	
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6	<p>_____ LAST NAME</p> <p>_____ FIRST NAME</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p>_____ SPECIFY</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p><input type="checkbox"/> <input type="checkbox"/> MM</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YYYY</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6</p>	

HOUSEHOLD SIZE

1. Are there any other persons such as small children or infants and overseas workers who were not yet listed?

1 Yes PLEASE ADD IN THE LIST 2 No

2. IF THERE ARE MORE THAN 6 MEMBERS IN THIS HOUSEHOLD, WRITE AN X MARK IN THE BOX FOR YES. OTHERWISE, WRITE X IN THE BOX FOR NO.

1 Yes PLEASE USE ADDITIONAL BOOKLET 2 No

POPULATION CENSUS QUESTIONS

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																							
	<i>Is _____ currently attending school?</i>	<i>What grade/year is _____ currently attending?</i>	<i>In what city/municipality is _____ attending school?</i>	<i>What is the highest grade/year completed by _____?</i>	<i>Is _____ an overseas worker?</i>	<i>During the past 12 months, what was _____'s usual activity/occupation?</i>		<i>In what city/municipality did _____ work during the past 12 months?</i>																							
	1 Yes 2 No IF NO, PLEASE SKIP TO P11.	L PLEASE SEE CODES ON PAGE 2D.	0000 Same City/Municipality 8887 Foreign Country IF ANOTHER CITY/MUNICIPALITY, SPECIFY THE NAME OF CITY/MUNICIPALITY AND PROVINCE ON THE SPACES PROVIDED.	IF POST SECONDARY OR COLLEGE GRADUATE, SPECIFY THE COURSE ON THE SPACE PROVIDED. PLEASE SEE CODES ON PAGE 2D.	1 Yes 2 No L	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 IF ANOTHER CITY/MUNICIPALITY, SPECIFY THE NAME OF CITY/MUNICIPALITY AND PROVINCE ON THE SPACES PROVIDED.																								
	P8	P9	P10	P11	P12	P13	P14																								
1	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<table border="1"> <tr><td> </td><td> </td></tr> </table> SPECIFY _____			<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> PROV CITY/MUN _____ CITY/MUNICIPALITY _____ PROVINCE									<table border="1"> <tr><td> </td><td> </td></tr> </table> SPECIFY _____			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table> SPECIFY _____				<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> PROV CITY/MUN _____ CITY/MUNICIPALITY _____ PROVINCE									1
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REMARKS



2D

HOUSING CENSUS QUESTIONS

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
- 2 Rented
- 3 Rent-free with consent of owner
- 4 Rent-free without consent of owner
- 5 Not applicable, _____
SPECIFY

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	41 1st Year	81 1st Year	82 2nd Year	83 3rd Year	84 4th Year
	22 Grade 2	28 Elementary Graduate	32 2nd Year	42 2nd Year	85 5th Year	86 6th Year or Higher		
	23 Grade 3		33 3rd Year	43 3rd Year				
	24 Grade 4		34 4th Year					
	25 Grade 5		35 High School Graduate					

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

90 Post Baccalaureate