

3B

POPULATION CENSUS QUESTIONS

GENERAL INSTRUCTIONS:

1. WRITE THE DETAILED ANSWER/DESCRIPTION ON THE LINES PROVIDED.
2. WRITE THE NUMBER OR CODE CORRESPONDING TO THE ANSWER IN THE BOX/ES.
3. REFER TO THE CODES FOR ITEM P2 AT THE BOTTOM OF THIS PAGE.

FOR ALL PERSONS

LINE NUMBER

Name	Relationship to the Household Head	Sex	Date of Birth	Age	Birth Registration		Marital Status
P1	P2	P3	P4	P5	P6	P7	P8
<p><i>Who is the head of this household? Who are the persons usually residing here as of May 1, 2020?</i></p> <p>ORDER OF LISTING:</p> <ul style="list-style-type: none"> • Head • Spouse of the head • Never-married children of the head/spouse, from the oldest to the youngest • Ever-married children of the head/spouse and their families, from the oldest to the youngest • Other relatives of the head • Nonrelatives of the head 	<p><i>What is _____'s relationship to the head of this household?</i></p>	<p><i>Is _____ male or female?</i></p> <p>1 Male 2 Female</p>	<p><i>In what month and year was _____ born?</i></p> <p>Month (MM) Year (YYYY)</p>	<p><i>What is _____'s age as of his/her last birthday?</i></p>	<p><i>Was _____'s birth registered with the Local Civil Registry Office?</i></p> <p>1 Yes 2 No 3 Don't know</p>	<p><i>Has _____ ever had a copy of his/her birth certificate?</i></p> <p>1 Yes 2 No 3 Don't know</p>	<p><i>Is _____ single, married, common law/live-in, widowed, or divorced/separated/annulled?</i></p> <p>1 Single 2 Married 3 Common-law/Live-in 4 Widowed 5 Divorced/Separated/Annulled 6 Unknown</p> <p>FOR CHILDREN "0" TO "9" YEARS OLD, WRITE CODE "1" (SINGLE) IN THE BOX.</p>

1	<p>LAST NAME _____</p> <p>FIRST NAME _____</p>	<p>SPECIFY</p> <p><input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/></p> <p>MM</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YYYY</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
2	<p>LAST NAME _____</p> <p>FIRST NAME _____</p>	<p>SPECIFY</p> <p><input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/></p> <p>MM</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YYYY</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
3	<p>LAST NAME _____</p> <p>FIRST NAME _____</p>	<p>SPECIFY</p> <p><input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/></p> <p>MM</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YYYY</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
4	<p>LAST NAME _____</p> <p>FIRST NAME _____</p>	<p>SPECIFY</p> <p><input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/></p> <p>MM</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YYYY</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
5	<p>LAST NAME _____</p> <p>FIRST NAME _____</p>	<p>SPECIFY</p> <p><input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/></p> <p>MM</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YYYY</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
6	<p>LAST NAME _____</p> <p>FIRST NAME _____</p>	<p>SPECIFY</p> <p><input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/></p> <p>MM</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YYYY</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>

CHECK FOR PERSONS NOT YET LISTED

INDICATOR FOR ADDITIONAL BOOKLET

CODES FOR ITEM P2 - RELATIONSHIP TO THE HOUSEHOLD HEAD

Are there other persons in this household who were not yet listed, such as infants, small children, elderly persons, and overseas workers?

- 1 Yes, ADD TO THE LIST.
- 2 None

ARE THERE MORE THAN SIX (6) MEMBERS IN THIS HOUSEHOLD?

- 1 Yes, USE ADDITIONAL BOOKLET.
- 2 No

- | | | | |
|--------------------|------------------|-------------------|--------------------|
| 01 Head | 09 Grandson | 15 Brother | 21 Nephew |
| 02 Spouse | 10 Granddaughter | 16 Sister | 22 Niece |
| 03 Son | 11 Father | 17 Brother-in-law | 23 Boarder |
| 04 Daughter | 12 Mother | 18 Sister-in-law | 24 Domestic helper |
| 05 Stepson | 13 Father-in-law | 19 Uncle | 25 Other relative |
| 06 Stepdaughter | 14 Mother-in-law | 20 Aunt | 26 Nonrelative |
| 07 Son-in-law | | | |
| 08 Daughter-in-law | | | |

POPULATION CENSUS QUESTIONS

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GENERAL INSTRUCTIONS: 1. WRITE THE ANSWER/DETAILED DESCRIPTION ON THE LINES PROVIDED.
 2. WRITE THE NUMBER OR CODE CORRESPONDING TO THE ANSWER IN THE BOX/ES.
 3. REFER TO THE CODE BOOK FOR THE CODES IN ITEMS P9, P11, AND P12.

LINE NUMBER

FOR ALL PERSONS				FOR ALL PERSONS 5 YEARS OLD AND OVER					
Religious Affiliation	Citizenship		Ethnicity	Functional Difficulty					
P9	P10	P11	P12	P13					
What is _____'s religious affiliation?	Is _____ a citizen of the Philippines? 1 YES, Filipino citizen 2 YES, Filipino with dual citizenship 3 NO IF CODE "1", GO TO ITEM P12.	What country/ other country is _____ a citizen of?	What is _____'s ethnicity by descent/ blood relation/ consanguinity? Is he/she a/an _____? MENTION THE PREDOMINANT/ COMMON INDIGENOUS PEOPLES (IP) OR NON-IP GROUPS IN THE AREA.	The following questions ask about difficulties a person may have doing certain activities because of a HEALTH PROBLEM. Does _____ have any difficulty/problem in...?					
				a	b	c	d	e	f
				Seeing, even if wearing glasses	Hearing, even if using hearing aid	Walking or climbing steps	Remembering or concentrating	Self-caring (such as washing all over or dressing)	Communicating using his/her usual (customary) language
				MENTION THESE CATEGORIES:					
				1 – NO, no difficulty	2 – YES, some difficulty	3 – YES, a lot of difficulty	4 – Cannot do it at all		
1	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	SPECIFY <input style="width: 30px; height: 15px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS

3D

POPULATION CENSUS QUESTIONS

GENERAL INSTRUCTIONS: 1. WRITE THE ANSWER/DETAILED DESCRIPTION ON THE LINES PROVIDED.
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 3. REFER TO THE CODE BOOK FOR THE CODES IN ITEMS P14, P15, AND P19.

LINE NUMBER

FOR ALL PERSONS 5 YEARS OLD AND OVER

FOR ALL PERSONS 5 TO 24 YEARS OLD

FOR ALL PERSONS 15 YEARS OLD AND OVER

Residence of Mother at the Time of Birth of the Household Member

Residence Five (5) Years Ago

Literacy

Highest Grade/Year Completed

School Attendance

Place of School

Overseas Worker

P14

P15

P16

P17

P18

P19

P20

In what province and city/municipality did _____'s mother reside at the time of _____'s birth?

In what province and city/municipality did _____ reside on May 1, 2015?

Can _____ read and write a simple message in any language or dialect?

What is the highest grade/year completed by _____?

Did _____ attend school at anytime from June 2019 to May 2020?

In what province and city/municipality did _____ attend school?

Is _____ an overseas worker?

1 Yes
2 No

REFER TO THE CODES AT THE BOTTOM OF THIS PAGE, EXCEPT FOR THE CODES FOR SPECIFIC COURSES.

1 Yes
2 No

IF NO, GO TO ITEM P20.

1	PROVINCE	PROVINCE	<input type="checkbox"/>	SPECIFY	<input type="checkbox"/>	PROVINCE	<input type="checkbox"/>
	CITY/MUNICIPALITY	CITY/MUNICIPALITY		CITY/MUNICIPALITY			
	PROV CITY/MUN	PROV CITY/MUN		PROV CITY/MUN			
	PROVINCE	PROVINCE		PROVINCE			
	CITY/MUNICIPALITY	CITY/MUNICIPALITY		CITY/MUNICIPALITY			
	PROV CITY/MUN	PROV CITY/MUN		PROV CITY/MUN			
2	PROVINCE	PROVINCE	<input type="checkbox"/>	SPECIFY	<input type="checkbox"/>	PROVINCE	<input type="checkbox"/>
	CITY/MUNICIPALITY	CITY/MUNICIPALITY		CITY/MUNICIPALITY			
	PROV CITY/MUN	PROV CITY/MUN		PROV CITY/MUN			
	PROVINCE	PROVINCE		PROVINCE			
	CITY/MUNICIPALITY	CITY/MUNICIPALITY		CITY/MUNICIPALITY			
	PROV CITY/MUN	PROV CITY/MUN		PROV CITY/MUN			
3	PROVINCE	PROVINCE	<input type="checkbox"/>	SPECIFY	<input type="checkbox"/>	PROVINCE	<input type="checkbox"/>
	CITY/MUNICIPALITY	CITY/MUNICIPALITY		CITY/MUNICIPALITY			
	PROV CITY/MUN	PROV CITY/MUN		PROV CITY/MUN			
	PROVINCE	PROVINCE		PROVINCE			
	CITY/MUNICIPALITY	CITY/MUNICIPALITY		CITY/MUNICIPALITY			
	PROV CITY/MUN	PROV CITY/MUN		PROV CITY/MUN			
4	PROVINCE	PROVINCE	<input type="checkbox"/>	SPECIFY	<input type="checkbox"/>	PROVINCE	<input type="checkbox"/>
	CITY/MUNICIPALITY	CITY/MUNICIPALITY		CITY/MUNICIPALITY			
	PROV CITY/MUN	PROV CITY/MUN		PROV CITY/MUN			
	PROVINCE	PROVINCE		PROVINCE			
	CITY/MUNICIPALITY	CITY/MUNICIPALITY		CITY/MUNICIPALITY			
	PROV CITY/MUN	PROV CITY/MUN		PROV CITY/MUN			
5	PROVINCE	PROVINCE	<input type="checkbox"/>	SPECIFY	<input type="checkbox"/>	PROVINCE	<input type="checkbox"/>
	CITY/MUNICIPALITY	CITY/MUNICIPALITY		CITY/MUNICIPALITY			
	PROV CITY/MUN	PROV CITY/MUN		PROV CITY/MUN			
	PROVINCE	PROVINCE		PROVINCE			
	CITY/MUNICIPALITY	CITY/MUNICIPALITY		CITY/MUNICIPALITY			
	PROV CITY/MUN	PROV CITY/MUN		PROV CITY/MUN			
6	PROVINCE	PROVINCE	<input type="checkbox"/>	SPECIFY	<input type="checkbox"/>	PROVINCE	<input type="checkbox"/>
	CITY/MUNICIPALITY	CITY/MUNICIPALITY		CITY/MUNICIPALITY			
	PROV CITY/MUN	PROV CITY/MUN		PROV CITY/MUN			
	PROVINCE	PROVINCE		PROVINCE			
	CITY/MUNICIPALITY	CITY/MUNICIPALITY		CITY/MUNICIPALITY			
	PROV CITY/MUN	PROV CITY/MUN		PROV CITY/MUN			

CODES FOR ITEM P17 – HIGHEST GRADE/YEAR COMPLETED

00000 No grade completed

K TO 12 PROGRAM

PRESCHOOL
 01000 Kindergarten
ELEMENTARY
 11100 Grade 1
 12100 Grade 2
 13100 Grade 3
 14100 Grade 4
 15100 Grade 5
 16100 Grade 6 graduate

K TO 12 PROGRAM

JUNIOR HIGH SCHOOL
 24100 Grade 7
 24200 Grade 8
 24300 Grade 9
 24400 Grade 10 graduate
SENIOR HIGH SCHOOL
 IF GRADE 11 COMPLETER
 OR GRADE 12 GRADUATE,
 SPECIFY GRADE LEVEL
 AND TRACK/STRAND

OLD CURRICULUM

PRESCHOOL
 02000 Preschool
ELEMENTARY
 11000 Grade 1
 12000 Grade 2
 13000 Grade 3
 14000 Grade 4
 15000 Grade 5
 16000 Grade 6
 17000 Grade 6 graduate
 18000 Grade 7 graduate

OLD CURRICULUM

HIGH SCHOOL
 21000 1st Year
 22000 2nd Year
 23000 3rd Year
 24000 4th Year
 25000 High school graduate

INCLUSIVE/SPECIAL NEEDS EDUCATION PROGRAM
 10002 Elementary
 24002 High School

CONTINUING/SECOND-CHANCE EDUCATION PROGRAM
 10003 Elementary
 24003 High School

POST SECONDARY
 48880 Post secondary undergraduate
 IF GRADUATE OF POST SECONDARY,
 SPECIFY COURSE.

SHORT-CYCLE TERTIARY EDUCATION PROGRAM
 58880 Short-cycle tertiary undergraduate
 IF GRADUATE OF SHORT-CYCLE
 TERTIARY, SPECIFY COURSE.

COLLEGE
 68100 1st Year
 68200 2nd Year
 68300 3rd Year
 68400 4th Year
 68500 5th Year
 68600 6th Year
 IF COLLEGE GRADUATE,
 SPECIFY COURSE.

POST BACCALAUREATE
 78880 Master's degree undergraduate
 IF GRADUATE OF MASTER'S DEGREE,
 SPECIFY COURSE.

88880 Doctorate degree undergraduate
 IF GRADUATE OF DOCTORAL DEGREE,
 SPECIFY COURSE

POPULATION CENSUS QUESTIONS

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 3. REFER TO THE CODE BOOK FOR THE CODES IN ITEM P24.

LINE NUMBER

FOR ALL PERSONS 15 YEARS OLD AND OVER

FOR ALL FEMALE PERSONS 15 TO 49 YEARS OLD

P21	P22	P23	P24	Fertility Indicators			
				P25	P26	P27	P28
During the past 12 months, what was _____'s usual activity/occupation? IF THE ANSWER IN ITEM P21 IS STUDENT, HOUSEKEEPER, DEPENDENT OR ENGAGED IN OTHER NON-GAINFUL ACTIVITY, GO TO ITEM P25. LEAVE THE BOXES BLANK.	In what kind of business or industry did _____ work during the past 12 months? LEAVE THE BOXES BLANK.	What kind of worker is _____? MENTION THE CATEGORIES AT THE BOTTOM.	In what province and city/ municipality did _____ work during the past 12 months?	How many children have been born alive to _____? IF NONE, WRITE "00" AND GO TO ITEM P28.	From among the children who have been born alive to _____, how many are still living?	From among the children who have been born alive to _____, how many were born alive from May 1, 2019 to April 30, 2020?	What was _____'s age at first marriage? IF THE ANSWER IN ITEM P8 (MARITAL STATUS) IS CODE "1" (SINGLE), LEAVE ITEM P28 BLANK.

1	SPECIFY <input type="text"/>	SPECIFY <input type="text"/>	SPECIFY <input type="text"/>	PROVINCE <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	SPECIFY <input type="text"/>	SPECIFY <input type="text"/>	SPECIFY <input type="text"/>	PROVINCE <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	SPECIFY <input type="text"/>	SPECIFY <input type="text"/>	SPECIFY <input type="text"/>	PROVINCE <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	SPECIFY <input type="text"/>	SPECIFY <input type="text"/>	SPECIFY <input type="text"/>	PROVINCE <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	SPECIFY <input type="text"/>	SPECIFY <input type="text"/>	SPECIFY <input type="text"/>	PROVINCE <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	SPECIFY <input type="text"/>	SPECIFY <input type="text"/>	SPECIFY <input type="text"/>	PROVINCE <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CODES FOR ITEM P23 – CLASS OF WORKER

REMARKS

- | | |
|--|---|
| 1 Worked for private household (domestic services) – PHH | 5 Employer in own farm or business – EMP |
| 2 Worked for private business/enterprise/farm – PVT | 6 Worked with pay in own family-operated farm or business – PAID |
| 3 Worked for government/ government corporation – GOV | 7 Worked without pay in own family-operated farm or business – UNPAID |
| 4 Self-employed without any paid employee – SELF | |

3F

HOUSING/HOUSEHOLD CENSUS QUESTIONS

GENERAL INSTRUCTIONS: 1. WRITE THE NUMBER OR CODE CORRESPONDING TO THE ANSWER IN THE BOX/ES.
2. WRITE THE ANSWER/DETAILED DESCRIPTION ON THE LINE PROVIDED FOR "OTHERS, SPECIFY" IN ITEMS B1 AND B3 TO B6 AND H2.

ITEMS B1 TO B4 AND B7 ARE TO BE ANSWERED THROUGH OBSERVATION. IF DOUBTFUL, ASK THE RESPONDENT.

CODE

B1 Type of building

- | | |
|---------------------------------|---|
| 1 Single house | 6 Commercial/industrial/agricultural (e.g. office, factory, barn) |
| 2 Duplex | 7 Institutional living quarter (e.g. hotel, hospital, convent, jail) |
| 3 Apartment/accessoria/rowhouse | 8 Other types of building (e.g. bus/trailer, boat, tent),
SPECIFY _____ GO TO ITEM H5. |
| 4 Condominium/condotel | 9 None (e.g. homeless, cart), END INTERVIEW. |
| 5 Other multi-unit residential | |

B2 Number of floors of the building

- | | |
|---|---------------------|
| 1 One floor (e.g. bungalow, including basement/
mezzanine floor) | 4 Four floors |
| 2 Two floors | 5 Five to 10 floors |
| 3 Three floors | 6 11 floors or more |

B3 Construction materials of the roof

- | | |
|--|---|
| 1 Galvanized iron/aluminum | 5 Cogon/nipa/anhaw |
| 2 Concrete/clay tile | 6 Asbestos |
| 3 Half galvanized iron and half concrete | 7 Makeshift/salvaged/improvised materials |
| 4 Wood/bamboo | 8 Others, SPECIFY _____ |

B4 Construction materials of the outer walls

- | | |
|--|--|
| 01 Concrete/brick/stone | 06 Asbestos |
| 02 Wood | 07 Glass |
| 03 Half concrete/brick/stone and half wood | 08 Makeshift/salvaged/improvised materials |
| 04 Galvanized iron/aluminum | 09 Others, SPECIFY _____ |
| 05 Bamboo/sawali/cogon/nipa | 10 None |

B5 Finishing materials of the floor of the housing unit

- | | |
|-------------------------------|-------------------------|
| 1 Ceramic tile/marble/granite | 5 Vinyl/carpet tile |
| 2 Cement/brick/stone | 6 Linoleum |
| 3 Wood plank | 7 Others, SPECIFY _____ |
| 4 Wood tile/parquet | 8 None |

B6 Construction materials of the floor of the housing unit

- | | |
|------------------|---|
| 1 Concrete | 5 Earth/sand/mud |
| 2 Wood | 6 Makeshift/salvaged/improvised materials |
| 3 Coconut lumber | 7 Others, SPECIFY _____ |
| 4 Bamboo | |

B7 State of repair of the building

- | | |
|--------------------------------------|-----------------------------------|
| 1 Needs no repair/needs minor repair | 4 Under renovation/being repaired |
| 2 Needs major repair | 5 Under construction (ongoing) |
| 3 Dilapidated/condemned | 6 Unfinished construction |

B8 Year building was built

When was this building built?

- | | |
|----------------|--------------------|
| 01 2020 | 07 2001 – 2010 |
| 02 2019 | 08 1991 – 2000 |
| 03 2018 | 09 1981 – 1990 |
| 04 2017 | 10 1980 or earlier |
| 05 2016 | 11 Don't know |
| 06 2011 – 2015 | |

D1 Floor area of the housing unit

What is the estimated floor area of this housing unit?

- | | |
|---|--|
| 01 Less than 5 sq.m. or Less than 54 sq.ft. | 07 70 – 89 sq.m. or 749 – 963 sq.ft. |
| 02 5 – 9 sq.m. or 54 – 107 sq.ft. | 08 90 – 119 sq.m. or 964 – 1,286 sq.ft. |
| 03 10 – 19 sq.m. or 108 – 209 sq.ft. | 09 120 – 149 sq.m. or 1,287 – 1,609 sq.ft. |
| 04 20 – 29 sq.m. or 210 – 317 sq.ft. | 10 150 – 199 sq.m. or 1,610 – 2,147 sq.ft. |
| 05 30 – 49 sq.m. or 318 – 532 sq.ft. | 11 200 sq.m. and over or 2,148 sq.ft. and over |
| 06 50 – 69 sq.m. or 533 – 748 sq.ft. | |

H1 Tenure status of the housing unit/lot

What is the tenure status of the housing unit and lot occupied by this household?

- 1 Own or owner-like possession of the house and lot
- 2 Own house, rent lot
- 3 Own house, rent-free lot with consent of owner
- 4 Own house, rent-free lot without consent of owner
- 5 Rent house/room, including lot, GO TO ITEM H4
- 6 Rent-free house and lot with consent of owner, GO TO ITEM H5
- 7 Rent-free house and lot without consent of owner, GO TO ITEM H5

H2 Acquisition of the housing unit

How did this household acquire this housing unit?

- 1 Inherited, GO TO ITEM H5
- 2 Gift, GO TO ITEM H5
- 3 Company benefit, GO TO ITEM H5
- 4 Purchased
- 5 Others, SPECIFY _____, GO TO ITEM H5

HOUSING/HOUSEHOLD CENSUS QUESTIONS

3G

- GENERAL INSTRUCTIONS:**
1. WRITE THE NUMBER OR CODE CORRESPONDING TO THE ANSWER IN THE BOX/ES.
 2. WRITE THE ANSWER/DETAILED DESCRIPTION ON THE LINE PROVIDED FOR "OTHERS, SPECIFY" IN ITEMS H3 AND H5 TO H11.

	CODE																		
<p>H3 Source of financing of the housing unit <i>Did this household avail of the following sources of financing in the construction/purchase of this housing unit?</i> WRITE CODE "1" IF THE ANSWER IS "YES"; OTHERWISE, WRITE CODE "2" IF THE ANSWER IS "NO". THEN GO TO ITEM H5.</p> <p>a) Own resources/interest-free loans from relatives/friends _____</p> <p>b) Government assistance, PAG-IBIG, GSIS, SSS, LBP, and others _____</p> <p>c) Private bank/foundation/cooperative _____</p> <p>d) Employer assistance _____</p> <p>e) Private persons _____</p> <p>f) Others, SPECIFY _____</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>																		
<p>H4 Monthly rental of the housing unit <i>How much is the monthly rental of this housing unit?</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1 PhP 500 or less</td> <td style="width: 33%;">4 PhP 1,501 – 2,000</td> <td style="width: 33%;">7 PhP 6,001 – 7,500</td> </tr> <tr> <td>2 PhP 501 – 1,000</td> <td>5 PhP 2,001 – 4,000</td> <td>8 PhP 7,501 – 10,000</td> </tr> <tr> <td>3 PhP 1,001 – 1,500</td> <td>6 PhP 4,001 – 6,000</td> <td>9 PhP 10,001 and over</td> </tr> </table>	1 PhP 500 or less	4 PhP 1,501 – 2,000	7 PhP 6,001 – 7,500	2 PhP 501 – 1,000	5 PhP 2,001 – 4,000	8 PhP 7,501 – 10,000	3 PhP 1,001 – 1,500	6 PhP 4,001 – 6,000	9 PhP 10,001 and over	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>									
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<p>H5 Usual manner of kitchen garbage disposal <i>How does this household usually dispose kitchen garbage such as leftover food, peeling of fruits and vegetables, fish and chicken entrails, and others?</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1 Picked up by garbage truck</td> <td style="width: 33%;">4 Composting</td> <td style="width: 33%;">7 Others, SPECIFY _____</td> </tr> <tr> <td>2 Dumping in individual pit (not burned)</td> <td>5 Burying</td> <td></td> </tr> <tr> <td>3 Burning</td> <td>6 Feeding to animals</td> <td></td> </tr> </table>	1 Picked up by garbage truck	4 Composting	7 Others, SPECIFY _____	2 Dumping in individual pit (not burned)	5 Burying		3 Burning	6 Feeding to animals		<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>									
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<p>H6 Kind of toilet facility <i>What type of toilet facility does this household use?</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">01 Flush to piped sewer system</td> <td style="width: 33%;">06 Ventilated improved latrine</td> <td style="width: 33%;">11 Hanging toilet/hanging latrine</td> </tr> <tr> <td>02 Flush to septic tank</td> <td>07 Pit latrine with slab</td> <td>12 No facility/bush/field</td> </tr> <tr> <td>03 Flush to pit latrine</td> <td>08 Pit latrine without slab/open pit</td> <td>13 Others, SPECIFY _____</td> </tr> <tr> <td>04 Flush to open drain</td> <td>09 Composting toilet</td> <td></td> </tr> <tr> <td>05 Flush to unknown depository/place</td> <td>10 Bucket/pail system</td> <td></td> </tr> </table>	01 Flush to piped sewer system	06 Ventilated improved latrine	11 Hanging toilet/hanging latrine	02 Flush to septic tank	07 Pit latrine with slab	12 No facility/bush/field	03 Flush to pit latrine	08 Pit latrine without slab/open pit	13 Others, SPECIFY _____	04 Flush to open drain	09 Composting toilet		05 Flush to unknown depository/place	10 Bucket/pail system		<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			
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<p>H8 Fuel for cooking <i>What type of fuel does this household use most of the time for cooking?</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 Electricity</td> <td style="width: 50%;">5 Wood</td> </tr> <tr> <td>2 Kerosene (gaas)</td> <td>6 Others, SPECIFY _____</td> </tr> <tr> <td>3 Liquefied petroleum gas (LPG)</td> <td>7 None</td> </tr> <tr> <td>4 Charcoal</td> <td></td> </tr> </table>	1 Electricity	5 Wood	2 Kerosene (gaas)	6 Others, SPECIFY _____	3 Liquefied petroleum gas (LPG)	7 None	4 Charcoal		<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>										
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<p>H11 Land ownership <i>Does any member of this household own the following...?</i> WRITE CODE "1" IF THE ANSWER IS "YES"; OTHERWISE, WRITE CODE "2" IF THE ANSWER IS "NO".</p> <p>a) Other residential land/s _____</p> <p>b) Agricultural land/s _____</p> <p>c) Agricultural land/s acquired through Comprehensive Agrarian Reform Program, as an agrarian reform beneficiary _____</p> <p>d) Other land/s, SPECIFY _____</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>																		

