






CPH FORM 4				REPUBLIC OF THE PHILIPPINES						4A	
Approval Number : PSA-1962-04		Expiry Date : 31 December 2020		PHILIPPINE STATISTICS AUTHORITY							
OBLIGATION TO PROVIDE INFORMATION: Section 25 of Republic Act 10625 (Obligation to Provide Information) stipulates that all respondents whether natural or legal persons are required to provide truthful and complete information to all statistical inquiries or surveys conducted by the Philippine Statistics Authority (PSA).		 INSTITUTIONAL POPULATION QUESTIONNAIRE				CONFIDENTIALITY: The PSA adheres and commits to the confidentiality of information as stipulated in Section 26 of RA 10625 (Confidentiality of Information) and Section 8 of RA 10173 (Confidentiality). All data obtained herein shall be held strictly confidential, and will not be used for taxation, investigation or law enforcement purposes.					
<p>Dear Sir/Madam:</p> <p>The Philippine Statistics Authority (PSA) is conducting the 2020 Census of Population and Housing (2020 CPH) to gather data on the demographic, socioeconomic, and housing characteristics of all persons, households, and institutional living quarters (ILQ) in all barangays nationwide. These data will be used by government planners, policy makers, and administrators in formulating their social and economic development plans, policies, and programs.</p> <p>The conduct of the 2020 CPH is in accordance with Republic Act (RA) No. 10625 (Philippine Statistical Act of 2013), which authorizes the PSA to prepare and conduct periodic censuses on population, housing, and other sectors of economy. Batas Pambansa Blg. 72 and Executive Order No. 352 also stipulate the conduct of a census of population and housing every ten (10) years.</p> <p>Section 25 of RA 10625, states that all respondents whether natural or legal persons are obliged to provide TRUTHFUL AND COMPLETE ANSWERS to the 2020 CPH. Hence, we are requesting you to please answer all the questions that will be asked by our census interviewer. Rest assured that the data that you will furnish in this census shall be considered PRIVILEGED COMMUNICATION and as such shall be inadmissible as evidence in any proceeding. Provisions on CONFIDENTIALITY OF INFORMATION are stipulated in Section 26 of RA 10625 and Section 4 of Commonwealth Act No. 591.</p> <p>Moreover, please be informed that Section 4(e) of RA 10173 (Data Privacy Act of 2012) states that data privacy does not apply to "information necessary in order to carry out the functions of public authority which includes the processing of personal data for the performance by the independent agencies of their constitutionally and statutorily mandated functions."</p> <p>We appreciate your utmost cooperation and support for the success of the 2020 CPH.</p> <p>Thank you very much.</p> <p> CLAIRE DENNIS S. MAPA, Ph.D. Undersecretary National Statistician and Civil Registrar General</p>											
CERTIFICATION		GEOGRAPHIC IDENTIFICATION									
I hereby certify that the data set forth herein were personally obtained/reviewed by me and in accordance with the instructions given by the PSA.		BOOKLET <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BOOKLETS									
_____ ENUMERATOR SIGNATURE OVER PRINTED NAME		PROVINCE <input type="text"/> <input type="text"/>									
_____ DATE ACCOMPLISHED (mm/dd)		CITY/MUNICIPALITY <input type="text"/> <input type="text"/>									
_____ TEAM SUPERVISOR SIGNATURE OVER PRINTED NAME		BARANGAY <input type="text"/> <input type="text"/> <input type="text"/>									
_____ DATE REVIEWED (mm/dd)		ENUMERATION AREA NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
_____ CAS/ACAS SIGNATURE OVER PRINTED NAME		BUILDING SERIAL NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
_____ DATE REVIEWED (mm/dd)		INSTITUTIONAL SERIAL NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
_____ CO/RSSO/PSO SUPERVISOR SIGNATURE OVER PRINTED NAME		TYPE OF INSTITUTIONAL LIVING QUARTER (SEE CODES ON PAGE 4D) <input type="text"/> <input type="text"/>									
_____ DATE REVIEWED (mm/dd)		NAME OF THE INSTITUTIONAL LIVING QUARTER <input type="text"/>									
		NAME OF RESPONDENT <input type="text"/> LAST NAME <input type="text"/> FIRST NAME <input type="text"/>									
		DESIGNATION OF RESPONDENT <input type="text"/>									
		ADDRESS <input type="text"/>									
		HOUSE/BUILDING NUMBER AND STREET OR SITIO/PUROK NAME <input type="text"/>									
INTERVIEW RECORD											
VISIT NUMBER	1	2	3	SUMMARY OF VISIT							
DATE MONTH/DAY	<input type="text"/> <input type="text"/> (mm/dd)	<input type="text"/> <input type="text"/> (mm/dd)	<input type="text"/> <input type="text"/> (mm/dd)	NUMBER OF VISIT/S MADE <input type="text"/>							
TIME BEGAN HOUR:MINUTE	<input type="text"/> <input type="text"/> AM/PM	<input type="text"/> <input type="text"/> AM/PM	<input type="text"/> <input type="text"/> AM/PM	RESULT OF FINAL VISIT * <input type="text"/>							
TIME ENDED HOUR:MINUTE	<input type="text"/> <input type="text"/> AM/PM	<input type="text"/> <input type="text"/> AM/PM	<input type="text"/> <input type="text"/> AM/PM	TOTAL MEMBERS IN THE INSTITUTIONAL LIVING QUARTER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
RESULT OF VISIT	<input type="text"/>	<input type="text"/>	<input type="text"/>	NUMBER OF MALES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
CODES FOR THE RESULT OF VISIT				NUMBER OF FEMALES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
1 COMPLETED *				ENUMERATOR'S CODE <input type="text"/> <input type="text"/> <input type="text"/>							
2 NOT YET COMPLETED (FOR CALLBACK)				MODE OF DATA COLLECTION <input type="text"/>							
3 ENTIRE INSTITUTIONAL POPULATION IS ABSENT/AWAY DURING THE ENUMERATION PERIOD *				1 PAPER AND PENCIL PERSONAL INTERVIEW (PAPI)							
				2 SELF-ADMINISTERED QUESTIONNAIRE (SAQ)							
				3 COMPUTER-ASSISTED PERSONAL INTERVIEW (CAPI)							
APPOINTMENT FOR NEXT VISIT											
VISIT NUMBER	1	2	3								
DATE MONTH/DAY	<input type="text"/> <input type="text"/> (mm/dd)	<input type="text"/> <input type="text"/> (mm/dd)	<input type="text"/> <input type="text"/> (mm/dd)								
TIME HOUR:MINUTE	<input type="text"/> <input type="text"/> AM/PM	<input type="text"/> <input type="text"/> AM/PM	<input type="text"/> <input type="text"/> AM/PM								

LINE NUMBER	4B								
	POPULATION CENSUS QUESTIONS								
	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 CODES FOR ITEM P2 AT THE BOTTOM OF THIS PAGE; THE CODE BOOK FOR THE CODES IN ITEM P9.								
	FOR ALL PERSONS								
	Name	Residence Status	Sex	Date of Birth	Age	Birth Registration		Marital Status	Religious Affiliation
	P1	P2	P3	P4	P5	P6	P7	P8	P9
	Who are the persons residing in this institutional living quarter (ILQ) as of May 1, 2020?	What is _____'s position or residence status in this ILQ?	Is _____ male or female? 1 Male 2 Female	In what month and year was _____ born? Month (MM) Year (YYYY)	What is _____'s age as of his/her last birthday?	Was _____'s birth registered with the Local Civil Registry Office? 1 Yes 2 No 3 Don't know	Has _____ ever had a copy of his/her birth certificate? 1 Yes 2 No 3 Don't know	Is _____ single, married, common law/live-in, widowed, or divorced/separated/annulled? 1 Single 2 Married 3 Common-law/Live-in 4 Widowed 5 Divorced/Separated/Annulled 6 Unknown FOR CHILDREN "0" TO "9" YEARS OLD, WRITE CODE "1" (SINGLE) IN THE BOX.	What is _____'s religious affiliation?
	1	LAST NAME FIRST NAME	SPECIFY 	<div>MM</div> <div>YYYY</div>					SPECIFY
	2	LAST NAME FIRST NAME	SPECIFY 	<div>MM</div> <div>YYYY</div>					SPECIFY
	3	LAST NAME FIRST NAME	SPECIFY 	<div>MM</div> <div>YYYY</div>					SPECIFY
4	LAST NAME FIRST NAME	SPECIFY 	<div>MM</div> <div>YYYY</div>					SPECIFY 	
5	LAST NAME FIRST NAME	SPECIFY 	<div>MM</div> <div>YYYY</div>					SPECIFY 	
6	LAST NAME FIRST NAME	SPECIFY 	<div>MM</div> <div>YYYY</div>					SPECIFY 	
7	LAST NAME FIRST NAME	SPECIFY 	<div>MM</div> <div>YYYY</div>					SPECIFY 	
8	LAST NAME FIRST NAME	SPECIFY 	<div>MM</div> <div>YYYY</div>					SPECIFY 	
INDICATOR FOR ADDITIONAL BOOKLET			CODES FOR ITEM P2 - RESIDENCE STATUS						
ARE THERE MORE THAN EIGHT (8) MEMBERS IN THIS INSTITUTIONAL LIVING QUARTER? 1 Yes, USE ADDITIONAL BOOKLET. 2 No			01 Manager, director, person-in-charge 02 Staff member/employee, including physician and nurse 03 Officer/enlisted man, trainee 04 Officer/crew member in a merchant vessel 05 Priest, seminarian, nun, postulant 06 Lodger or boarder 07 Patient in hospital, sanitarium, and others 08 Ward in home for the aged, orphanage, welfare institution, and others. 09 Prisoner/detainee 10 Others, SPECIFY _____						

LINE NUMBER	POPULATION CENSUS QUESTIONS										4C
	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 P11 AND P12.										
	FOR ALL PERSONS			FOR ALL PERSONS 5 YEARS OLD AND OVER							
	Citizenship		Ethnicity	Functional Difficulty						Highest Grade/ Year Completed	
	P10	P11	P12	P13						P17	
	Is _____ a citizen of the Philippines?	What country/ other country is _____ a citizen of?	What is _____'s ethnicity by descent/ blood relation/ consanguinity?	The following questions ask about difficulties a person may have doing certain activities because of a HEALTH PROBLEM. Does _____ have any difficulty/problem...?						What is the highest grade/year completed by _____?	
	1 YES, Filipino citizen 2 YES, Filipino with dual citizenship 3 NO		Is he/she a/an _____?	a	b	c	d	e	f		
				Seeing, even if wearing glasses	Hearing, even if using hearing aid	Walking or climbing steps	Remembering or concentrating	(With self-care 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										REFER TO THE CODES ON PAGE 4D, EXCEPT FOR SPECIFIC COURSES.
	1	<div><div></div></div>	<div>SPECIFY</div> <div><div></div><div></div><div></div></div>	<div>SPECIFY</div> <div><div></div><div></div><div></div></div>	<div>a</div> <div><div></div></div>	<div>b</div> <div><div></div></div>	<div>c</div> <div><div></div></div>	<div>d</div> <div><div></div></div>	<div>e</div> <div><div></div></div>	<div>f</div> <div><div></div></div>	<div>SPECIFY</div> <div><div></div><div></div><div></div><div></div><div></div></div>
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7	<div><div></div></div>	<div>SPECIFY</div> <div><div></div><div></div><div></div></div>	<div>SPECIFY</div> <div><div></div><div></div><div></div></div>	<div></div> <div><div></div></div>	<div></div> <div><div></div></div>	<div></div> <div><div></div></div>	<div></div> <div><div></div></div>	<div></div> <div><div></div></div>	<div></div> <div><div></div></div>	<div>SPECIFY</div> <div><div></div><div></div><div></div><div></div><div></div></div>	
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REMARKS											

4D		INSTITUTIONAL POPULATION DEFINITION																																																																																	
Institutional population comprises of persons who are found living in institutional living quarters (ILQ). They may have their own families or households elsewhere but at the time of the census, they are committed or confined in institutions, or they live in ILQs and are usually subject to a common authority or management, or are bound by either a common public objective or a common personal interest.																																																																																			
CODES FOR THE TYPE OF INSTITUTIONAL LIVING QUARTER																																																																																			
01 Hotel, motel, lodging house, dormitory, and others 02 Hospital and nurses' home 03 Welfare institution 04 Corrective and penal institution 05 Convent, nunnery, seminary, and boarding school		06 Military camp and station 07 Logging, mining, and construction/public works camp 08 Oceangoing and interisland/coastal vessel 09 Refugee camp 10 Other, SPECIFY, _____																																																																																	
CODES FOR ITEM P17 - HIGHEST GRADE/YEAR COMPLETED																																																																																			
00000 No grade completed																																																																																			
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