

2B

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
Who is the head of this household? Who are the persons usually residing here as of May 1, 2020? ORDER OF LISTING: • 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	What is ____'s relationship to the head of this household?	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.

1	_____ LAST NAME _____ FIRST NAME	SPECIFY [] []	[] [] MM [] [] [] [] YYYY	[] [] [] []	[] [] [] []	[] [] [] []	[] [] [] []
2	_____ LAST NAME _____ FIRST NAME	SPECIFY [] []	[] [] MM [] [] [] [] YYYY	[] [] [] []	[] [] [] []	[] [] [] []	[] [] [] []
3	_____ LAST NAME _____ FIRST NAME	SPECIFY [] []	[] [] MM [] [] [] [] YYYY	[] [] [] []	[] [] [] []	[] [] [] []	[] [] [] []
4	_____ LAST NAME _____ FIRST NAME	SPECIFY [] []	[] [] MM [] [] [] [] YYYY	[] [] [] []	[] [] [] []	[] [] [] []	[] [] [] []
5	_____ LAST NAME _____ FIRST NAME	SPECIFY [] []	[] [] MM [] [] [] [] YYYY	[] [] [] []	[] [] [] []	[] [] [] []	[] [] [] []
6	_____ LAST NAME _____ FIRST NAME	SPECIFY [] []	[] [] MM [] [] [] [] YYYY	[] [] [] []	[] [] [] []	[] [] [] []	[] [] [] []

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

POPULATION CENSUS QUESTIONS

2C

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.

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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...? <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:16.6%; text-align:center;">a</th> <th style="width:16.6%; text-align:center;">b</th> <th style="width:16.6%; text-align:center;">c</th> <th style="width:16.6%; text-align:center;">d</th> <th style="width:16.6%; text-align:center;">e</th> <th style="width:16.6%; text-align:center;">f</th> </tr> <tr> <td style="text-align:center;">Seeing, even if wearing glasses</td> <td style="text-align:center;">Hearing, even if using hearing aid</td> <td style="text-align:center;">Walking or climbing steps</td> <td style="text-align:center;">Remembering or concentrating</td> <td style="text-align:center;">Self-caring (such as washing all over or dressing)</td> <td style="text-align:center;">Communicating using his/her usual (customary) language</td> </tr> </table>						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
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																	
					a	b	c	d	e	f												
1	SPECIFY [][][]	[]	SPECIFY [][][]	SPECIFY [][][]	[]	[]	[]	[]	[]	[]												
2	SPECIFY [][][]	[]	SPECIFY [][][]	SPECIFY [][][]	[]	[]	[]	[]	[]	[]												
3	SPECIFY [][][]	[]	SPECIFY [][][]	SPECIFY [][][]	[]	[]	[]	[]	[]	[]												
4	SPECIFY [][][]	[]	SPECIFY [][][]	SPECIFY [][][]	[]	[]	[]	[]	[]	[]												
5	SPECIFY [][][]	[]	SPECIFY [][][]	SPECIFY [][][]	[]	[]	[]	[]	[]	[]												
6	SPECIFY [][][]	[]	SPECIFY [][][]	SPECIFY [][][]	[]	[]	[]	[]	[]	[]												

REMARKS

2D

POPULATION CENSUS QUESTIONS

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FOR ALL PERSONS 5 YEARS OLD AND OVER

FOR ALL PERSONS 15 YEARS OLD AND OVER

LINE NUMBER

Residence of Mother at the Time of Birth of the Household Member	Residence Five (5) Years Ago	Literacy	Highest Grade/Year Completed	Overseas Worker
P14	P15	P16	P17	P20
<i>In what province and city/municipality did ____'s mother reside at the time of ____'s birth?</i>	<i>In what province and city/municipality did ____ reside on May 1, 2015?</i>	<i>Can ____ read and write a simple message in any language or dialect?</i> 1 Yes 2 No	<i>What is the highest grade/year completed by ____ ?</i> REFER TO THE CODES AT THE BOTTOM OF THIS PAGE, EXCEPT FOR THE CODES FOR SPECIFIC COURSES.	<i>Is ____ an overseas worker?</i> 1 Yes 2 No

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

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 17000 Grade 6 graduate 18000 Grade 7 graduate	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
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HOUSING CENSUS QUESTIONS

2E

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.

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 H11. |
| 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. |
| 02 5 – 9 sq.m. | or | 54 – 107 sq.ft. |
| 03 10 – 19 sq.m. | or | 108 – 209 sq.ft. |
| 04 20 – 29 sq.m. | or | 210 – 317 sq.ft. |
| 05 30 – 49 sq.m. | or | 318 – 532 sq.ft. |
| 06 50 – 69 sq.m. | or | 533 – 748 sq.ft. |
| 07 70 – 89 sq.m. | or | 749 – 963 sq.ft. |
| 08 90 – 119 sq.m. | or | 964 – 1,286 sq.ft. |
| 09 120 – 149 sq.m. | or | 1,287 – 1,609 sq.ft. |
| 10 150 – 199 sq.m. | or | 1,610 – 2,147 sq.ft. |
| 11 200 sq.m. and over | or | 2,148 sq.ft. and over |

