



AUTHORITY:
Commonwealth Act No. 591, Batas Pambansa Blg. 72, and Executive Order No. 121 authorize the National Statistics Office (NSO) to conduct and collect information for this census.

CONFIDENTIALITY:
Section 4 of Commonwealth Act No. 591 provides that all information furnished in this questionnaire shall be kept STRICTLY CONFIDENTIAL.

2010 CENSUS OF POPULATION
AND HOUSING
COMMON HOUSEHOLD
QUESTIONNAIRE

NSCB Approval No. NSO-1003-02
Expires on: June 30, 2011

| CERTIFICATION | GEOGRAPHIC IDENTIFICATION |
|--|---|
| <p>I hereby certify that the data set forth herein were personally obtained/reviewed by me and in accordance with the instructions given by the NSO.</p> <p>_____</p> <p style="text-align: center;">ENUMERATOR (SIGNATURE OVER PRINTED NAME)</p> <p>_____</p> <p style="text-align: center;">DATE ACCOMPLISHED</p> <p>_____</p> <p style="text-align: center;">TEAM SUPERVISOR (SIGNATURE OVER PRINTED NAME)</p> <p>_____</p> <p style="text-align: center;">DATE REVIEWED</p> <p>_____</p> <p style="text-align: center;">CAS/ACAS (SIGNATURE OVER PRINTED NAME)</p> <p>_____</p> <p style="text-align: center;">DATE REVIEWED</p> <p>_____</p> <p style="text-align: center;">CO/RO/PO SUPERVISOR (SIGNATURE OVER PRINTED NAME)</p> <p>_____</p> <p style="text-align: center;">DATE REVIEWED</p> | <p style="text-align: right;">BOOKLET <input type="text"/> OF <input type="text"/> BOOKLETS</p> <p>PROVINCE _____</p> <p>CITY/MUNICIPALITY _____</p> <p>BARANGAY _____</p> <p>ENUMERATION AREA NUMBER <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>BUILDING SERIAL NUMBER <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>HOUSING UNIT SERIAL NUMBER <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>HOUSEHOLD SERIAL NUMBER <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>LINE NUMBER OF RESPONDENT <input type="text"/><input type="text"/></p> <p>NAME OF HOUSEHOLD HEAD _____</p> <p style="text-align: right;">LAST NAME, FIRST NAME</p> <p>ADDRESS _____</p> <p style="text-align: right;">HOUSE NUMBER AND STREET NAME OR NAME OF SITIO</p> |

| INTERVIEW RECORD | | | | |
|--|---|---|---|---|
| VISIT NUMBER | VISIT 1 | VISIT 2 | VISIT 3 | SUMMARY OF VISIT |
| DATE OF VISIT MONTH:DAY | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | ENUMERATOR'S CODE <input type="text"/> <input type="text"/> <input type="text"/> |
| TIME BEGAN HOUR:MINUTE | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <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"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | RESULT OF FINAL VISIT * <input type="text"/> |
| RESULT OF VISIT * (SEE CODES FOR RESULT OF VISIT) | <input type="text"/> | <input type="text"/> | <input type="text"/> | NUMBER OF HOUSEHOLD MEMBERS <input type="text"/> <input type="text"/> |
| NEXT VISIT | L | L | L | NUMBER OF MALES <input type="text"/> <input type="text"/> |
| DATE MONTH:DAY | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | NUMBER OF FEMALES <input type="text"/> <input type="text"/> |
| TIME HOUR:MINUTE | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | SAQ INDICATOR 1 Nonsample household without SAQ Instructions 2 Nonsample household with SAQ Instructions 3 Sample household with SAQ Instructions |
| * CODES FOR RESULT OF VISIT | | | | |
| 1 Completed | | 4 Postponed | | |
| 2 Partly completed | | 5 Household is temporarily away/ no respondent around | | |
| 3 Refused | | 6 Others, SPECIFY _____ | | |

| HOUSEHOLD DEFINITION | HOUSEHOLD MEMBERSHIP |
|---|---|
| <p>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.</p> | <p>LIST THE PERSONS OR HOUSEHOLD MEMBERS IN THIS ORDER:</p> <ul style="list-style-type: none"> • Head • Spouse of the head • Never-married children of head/spouse from oldest to the youngest • Ever-married children of head/spouse and their families from oldest to the youngest • Other relatives • Nonrelatives |

2B POPULATION CENSUS QUESTIONS

| LINE NUMBER | For All Persons | | | | | | | |
|-------------|---|--|--|---|--|---|--|--|
| | Name | Relationship to Head | Sex | Date of Birth | Age | Birth Registration | Marital Status | Religious Affiliation |
| | Who is the head of this household? Who are the persons usually residing here as of May 1, 2010? | What is _____'s relationship to the head of the household? | Is _____ male or female? 1 Male 2 Female | In what month and year was _____ born? MM Month YYYY Year | What is _____'s age as of his/her last birthday? | Was _____'s birth registered with the Civil Registry Office? 1 Yes 2 No 3 Don't know | Is _____ single, married, widowed, divorced/separated, or in a common-law/live-in arrangement? 1 Single 2 Married 3 Widowed 4 Divorced/Separated 5 Common-law/Live-in 6 Unknown WRITE X IN THE BOX CORRESPONDING TO THE ANSWER. FOR PERSONS 0 TO 9 YEARS OLD, WRITE X IN THE BOX FOR SINGLE. | What is _____'s religious affiliation? WRITE ANSWER ON THE SPACE PROVIDED. SEE CODEBOOK. |
| | LIST THE PERSONS OR HOUSEHOLD MEMBERS IN THE ORDER SPECIFIED ON PAGE 2A. | WRITE ANSWER ON THE SPACE PROVIDED. SEE CODES AT THE BOTTOM. | WRITE X IN THE BOX. | | WRITE AGE IN THE BOXES. | WRITE X IN THE BOX. | | |
| | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 |

| | | | | | | | | |
|---|-------------------------|---------------------------------|--|---|--|--|---|---------------------------------|
| 1 | LAST NAME FIRST NAME | <input type="text"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="text"/> MM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 | <input type="text"/> SPECIFY |
| 2 | LAST NAME FIRST NAME | <input type="text"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="text"/> MM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 | <input type="text"/> SPECIFY |
| 3 | LAST NAME FIRST NAME | <input type="text"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="text"/> MM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 | <input type="text"/> SPECIFY |
| 4 | LAST NAME FIRST NAME | <input type="text"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="text"/> MM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 | <input type="text"/> SPECIFY |
| 5 | LAST NAME FIRST NAME | <input type="text"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="text"/> MM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 | <input type="text"/> SPECIFY |
| 6 | LAST NAME FIRST NAME | <input type="text"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="text"/> MM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 | <input type="text"/> SPECIFY |
| 7 | LAST NAME FIRST NAME | <input type="text"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="text"/> MM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 | <input type="text"/> SPECIFY |
| 8 | LAST NAME FIRST NAME | <input type="text"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="text"/> MM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 | <input type="text"/> SPECIFY |

| HOUSEHOLD SIZE | CODES FOR P2 – RELATIONSHIP TO HOUSEHOLD HEAD |
|---|--|
| 1. Are there any other persons such as small children, infants, and/or overseas workers who were not yet listed? <input type="checkbox"/> 1 Yes, ADD IN THE LIST. <input type="checkbox"/> 2 No | 2. IF THERE ARE MORE THAN 8 MEMBERS IN THIS HOUSEHOLD, WRITE X IN THE BOX FOR YES. OTHERWISE, WRITE X IN THE BOX FOR NO. <input type="checkbox"/> 1 Yes, USE ADDITIONAL BOOKLET. <input type="checkbox"/> 2 No |

- | | | |
|--------------------|------------------|--------------------|
| 01 Head | 31 Grandson | 55 Nephew |
| 02 Spouse | 32 Granddaughter | 56 Niece |
| 03 Son | 33 Father | 57 Other relative |
| 04 Daughter | 34 Mother | 58 Nonrelative |
| 21 Stepson | 41 Brother | 65 Boarder |
| 22 Stepdaughter | 42 Sister | 66 Domestic helper |
| 23 Son-in-law | 43 Uncle | |
| 24 Daughter-in-law | 44 Aunt | |

POPULATION CENSUS QUESTIONS

| LINE NUMBER | For All Persons | | | For All 5 Years Old and Over | | | For All 10 Years Old and Over | |
|-------------|---|---|---|--|---|---|--|---|
| | Citizenship | | Ethnicity | Disability | Functional Difficulty | Residence 5 Years Ago | Highest Grade/Year Completed | Overseas Worker |
| | Is _____ a citizen of the Philippines? | What country/other country is _____ a citizen of? | What is _____'s ethnicity by blood? Is he/she a/an _____? | Does _____ have any physical or mental disability? | Does _____ have any difficulty/problem in...? | In what city/municipality did _____ reside on May 1, 2005? | What is the highest grade/year completed by _____? | Is _____ an overseas worker? |
| | 1 Yes, (Filipino citizen) 2 Yes, (Filipino with dual citizenship) 3 No WRITE X IN THE BOX. IF CODE "1" SKIP TO P11. | L WRITE ANSWER ON THE SPACE PROVIDED. SEE CODEBOOK. | MENTION THE PREDOMINANT/COMMON IP OR NON-IP GROUPS IN THE AREA. WRITE ANSWER ON THE SPACE PROVIDED. SEE CODEBOOK. | 1 Yes 2 No L WRITE X IN THE BOX. | a Seeing, even when wearing eyeglasses b Hearing, even when using a hearing aid c Walking or climbing steps d Remembering or concentrating e Self-caring (bathing or dressing) f Communicating using his/her usual language WRITE X IN THE BOX CORRESPONDING TO ANSWER FOR EACH DIFFICULTY/PROBLEM. | 0000 Same City/Municipality 8887 Foreign country IF SAME CITY/MUNICIPALITY, WRITE "SAME" ON THE SPACE PROVIDED. IF ANOTHER CITY/MUNICIPALITY, SPECIFY THE NAME OF CITY/MUNICIPALITY AND PROVINCE ON THE SPACES PROVIDED. | WRITE ANSWER ON THE SPACE PROVIDED. IF GRADUATE IN POST SECONDARY OR COLLEGE, SPECIFY THE COURSE. SEE CODES AT THE BOTTOM. | 1 Yes 2 No L WRITE X IN THE BOX. |
| P9 | P10 | P11 | P12 | P13 | P14 | P16 | P19 | |
| 1 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 SPECIFY | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | Yes No Yes No <input type="checkbox"/> <input type="checkbox"/> a <input type="checkbox"/> <input type="checkbox"/> d <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> e <input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> f | PROV CITY/MUN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PROVINCE CITY/MUNICIPALITY | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | |
| 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 SPECIFY | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | Yes No Yes No <input type="checkbox"/> <input type="checkbox"/> a <input type="checkbox"/> <input type="checkbox"/> d <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> e <input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> f | PROV CITY/MUN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PROVINCE CITY/MUNICIPALITY | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | |
| 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 SPECIFY | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | Yes No Yes No <input type="checkbox"/> <input type="checkbox"/> a <input type="checkbox"/> <input type="checkbox"/> d <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> e <input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> f | PROV CITY/MUN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PROVINCE CITY/MUNICIPALITY | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | |
| 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 SPECIFY | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | Yes No Yes No <input type="checkbox"/> <input type="checkbox"/> a <input type="checkbox"/> <input type="checkbox"/> d <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> e <input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> f | PROV CITY/MUN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PROVINCE CITY/MUNICIPALITY | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | |
| 5 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 SPECIFY | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | Yes No Yes No <input type="checkbox"/> <input type="checkbox"/> a <input type="checkbox"/> <input type="checkbox"/> d <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> e <input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> f | PROV CITY/MUN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PROVINCE CITY/MUNICIPALITY | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | |
| 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 SPECIFY | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | Yes No Yes No <input type="checkbox"/> <input type="checkbox"/> a <input type="checkbox"/> <input type="checkbox"/> d <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> e <input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> f | PROV CITY/MUN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PROVINCE CITY/MUNICIPALITY | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | |
| 7 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 SPECIFY | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | Yes No Yes No <input type="checkbox"/> <input type="checkbox"/> a <input type="checkbox"/> <input type="checkbox"/> d <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> e <input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> f | PROV CITY/MUN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PROVINCE CITY/MUNICIPALITY | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | |
| 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 SPECIFY | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | Yes No Yes No <input type="checkbox"/> <input type="checkbox"/> a <input type="checkbox"/> <input type="checkbox"/> d <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> e <input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> f | PROV CITY/MUN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PROVINCE CITY/MUNICIPALITY | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SPECIFY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | |

CODES FOR P16 – HIGHEST GRADE/YEAR COMPLETED

| | Elementary | High school | Post secondary ** | College ** |
|------------------------|-------------------------|--------------------------|--|--------------------------|
| 000 No grade completed | 210 Grade 1 | 310 1 st Year | 410 1 st Year | 810 1 st Year |
| 010 Preschool | 220 Grade 2 | 320 2 nd Year | 420 2 nd Year | 820 2 nd Year |
| | 230 Grade 3 | 330 3 rd Year | 430 3 rd Year | 830 3 rd Year |
| | 240 Grade 4 | 340 4 th Year | | 840 4 th Year |
| | 250 Grade 5 | 350 High school graduate | ** IF GRADUATE IN POST SECONDARY OR COLLEGE, SPECIFY COURSE. | 850 5 th Year |
| | 260 Grade 6 | | | 860 6 th Year |
| | 270 Grade 7 | | | 900 Post baccalaureate |
| | 280 Elementary graduate | | | |

B1 TO B4 ARE TO BE ANSWERED BY MERE OBSERVATION. IF DOUBTFUL, ASK THE RESPONDENT.

B1 Type of building/house

WRITE X IN THE BOX.

- 1 Single house
- 2 Duplex
- 3 Multi-unit residential (three units or more)
- 4 Commercial/industrial/agricultural (office, factory, and others)
- 5 Institutional living quarter (hotel, hospital, and others)
- 6 Other housing units (boat, cave, and others)

B2 Construction materials of the roof

WRITE X IN THE BOX.

- 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 _____

B3 Construction materials of the outer walls

WRITE X IN THE BOX.

- 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

B4 State of repair of the building/house

WRITE X IN THE BOX.

- 1 Needs no repair/needs minor repair
- 2 Needs major repair
- 3 Dilapidated/condemned
- 4 Under renovation/being repaired
- 5 Under construction
- 6 Unfinished construction
- 7 Not applicable

B5 IS TO BE ASKED FROM ANY HOUSEHOLD IN THE BUILDING.**B5 Year building/house was built**

When was this building/house built?
WRITE X IN THE BOX.

- | | |
|---|---|
| <input type="checkbox"/> 01 [2010] | <input type="checkbox"/> 07 [1991 - 2000] |
| <input type="checkbox"/> 02 [2009] | <input type="checkbox"/> 08 [1981 - 1990] |
| <input type="checkbox"/> 03 [2008] | <input type="checkbox"/> 09 [1971 - 1980] |
| <input type="checkbox"/> 04 [2007] | <input type="checkbox"/> 10 [1970 or earlier] |
| <input type="checkbox"/> 05 [2006] | <input type="checkbox"/> 11 [Not applicable] |
| <input type="checkbox"/> 06 [2001 - 2005] | <input type="checkbox"/> 12 [Don't know] |

D1 IS TO BE ASKED FROM ANY HOUSEHOLD IN THE HOUSING UNIT.**D1 Floor area of the housing unit**

What is the estimated floor area of this housing unit?
WRITE X IN THE BOX.

- | | |
|---|---|
| <input type="checkbox"/> 01 [Less than 5 sq. m./ less than 54 sq. ft.] | <input type="checkbox"/> 07 [70 - 89 sq. m./749 - 963 sq. ft.] |
| <input type="checkbox"/> 02 [5 - 9 sq. m./54 - 107 sq. ft.] | <input type="checkbox"/> 08 [90 - 119 sq. m./964 - 1286 sq. ft.] |
| <input type="checkbox"/> 03 [10 - 19 sq. m./108 - 209 sq. ft.] | <input type="checkbox"/> 09 [120 - 149 sq. m./1287 - 1609 sq. ft.] |
| <input type="checkbox"/> 04 [20 - 29 sq. m./210 - 317 sq. ft.] | <input type="checkbox"/> 10 [150 - 199 sq. m./1610 - 2147 sq. ft.] |
| <input type="checkbox"/> 05 [30 - 49 sq. m./318 - 532 sq. ft.] | <input type="checkbox"/> 11 [200 sq. m. and over/ 2148 sq. ft. and over] |
| <input type="checkbox"/> 06 [50 - 69 sq. m./533 - 748 sq. ft.] | <input type="checkbox"/> 12 Not applicable |

H8 IS TO BE ANSWERED BY ALL HOUSEHOLDS.**H8 Tenure status of the lot**

Did you own or amortize this lot occupied by your household or do you rent it, do you occupy it rent-free with consent of owner, or rent-free without consent of owner?
WRITE X IN THE BOX.

- 1 Owned/being amortized
- 2 Rented
- 3 Rent-free with consent of owner
- 4 Rent-free without consent of owner
- 5 Not applicable

REMARKS: