







Table (3) Info on household members with disabilities (Answer no. 2 for Quest. 17 in Table 1)

Handicapped Individual Code	Type of Disability			Reason of Disability		
	1. Blind 2. Blind in 1 eye 3. Deaf 4. Mute 5. Deaf & Mute	6. Mentally Disabled 7. Lost 1 hand or both 8. Lost 1 leg or both	9. Polio 10. Partial or Full Paralysis 11. Other Disabilities (specify)	1. Born with 2. Birth defect 3. Epidemic 4. Other diseases 5. Mental/Physical abuse	6. Injury/Accident 7. Aging 8. Others 9. Does not know	
<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Table (4) Data on Individuals Outside the Country

Question	1. Yes	2. No	If (Yes) how many by gender		
			Male	Female	Total
1. Is there any member of this household staying outside the country temporarily for a any other reason?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. No. of members staying abroad, and countries where they are staying	No.	<input type="text"/>	Country _____	<input type="text"/>	<input type="text"/>
	No.	<input type="text"/>	Country _____	<input type="text"/>	<input type="text"/>
	No.	<input type="text"/>	Country _____	<input type="text"/>	<input type="text"/>
	No.	<input type="text"/>	Country _____	<input type="text"/>	<input type="text"/>
3. Is there a neighboring household entirely residing abroad?	No. of its members	<input type="text"/>	Country _____	<input type="text"/>	<input type="text"/>

Summary Info:

6 Years or more											Connection to Public Utilities												
Individual status towards work					Nature of work						Marital Status						Water Utility		Electricity		Sewage Authority		
Underage	Works	Unemployed worked before	Recently unemployed	Outside Labor Force	Underage	Permanent	Temporary	Seasonal	Casual	Job Stability	Underage	Never Married	Contractually married	Married	Divorced	Widow (er)	Connected	Not connected	Connected	Not connected	Connected	Not connected	
<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"/>	<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"/>

\* Has any household member been suffering from a physical, medical, or mobility problem for a long period (6 months or more) that prevents from independently performing daily life activities easily?