SHORT-FORM QUESTIONNAIRE (2010 Brazilian Census)

XXXXXXXXX for enumeration area in indigenous land

1

1	DENTIFICATION - LIST OF ADDRESSES (CNEFE)
2 FOR OCCUPIED PER	MANENT PRIVATE HOUSING UNITS - HOUSING CHARACTERISTICS
2.01 – THIS HOUSING UNIT IS: 1- OWNED BY A RESIDENT - ALREADY PAID 2 - OWNED BY A RESIDENT - BEING PAID 3 - RENTED Go to 2.02	4 - LENT BY EMPLOYER 5 - LENT BY OTHER MEANS 6 - OTHER CONDITION
2.02 – HOW MANY BATHROOMS ARE THERE IN THIS (Including those located outside or in the property)	S HOUSING UNIT, EXCLUSIVELY USED BY RESIDENTS?
1 - BATHROOMS WITH SHOWER (OR E AND TOILET	(If 0 (zero), go to 2.03. Otherwise, go to 2.04)
(If 9 or more than 9, enter 9. If there is not any, enter 0	
2.03 – DOES THIS HOUSING UNIT HAVE A TOILET OF (Surrounded by walls of any material) 1 - YES (Go to 2.04)	R HOLE FOR THE PHYSIOLOGICAL NEEDS, INCLUDING TOILETS LOCATED OUTSIDE OR IN THE PROPERTY? Depending on the part of the country, a toilet is called by different names 2 - NO (Go to 2.05)
2.04 – THE BATHROOM OR TOILET DRAIN IS CONNE	
1 - PUBLIC SEWER SYSTEM	3 - RUDIMENTARY CESSPIT 5 - RIVER, LAKE OR SEA
2 - SEPTIC TANK	4 - DITCH 6 - OTHER SEWAGE SYSTEM
	Go to 2.05
2 - WELL OR SPRING IN PROPERTY 3 - WELL OR SPRING OUTSIDE PROPERTY 4 - WATER TANKER TRUCK 5 - RAINWATER STORED IN CISTERN 6 - RAINWATER STORED IN ANOTHER WAY 7 - RIVERS, LAKES AND CREEKS 8 - OTHER 9 - WELL OR SPRING IN INDIGENOUS SETTL 10 - WELL OR SPRING OUTSIDE INDIGENOU 2.06 - THE SOLID WASTE IN THIS HOUSING UNIT IS: 1 - TAKEN BY WASTE COLLECTION SERVICE 2 - STORED IN DUMPSTERS 3 - BURNED (in the property)	Go to 2.06
4 - BURRIED (in the property)	Go to 2.07
2.07 - DOES THIS HOUSING UNIT HAVE ENERGY SU 1 - YES, FROM A DISTRIBUTION COMPANY Go to 2.08 2.08 - IS THERE AN ENERGY METER IN THE HOUSIN 1 - YES, FOR EXCLUSIVE USE	2 - YES, FROM OTHER SOURCES Skip to 3.01
Go to 3	.01
3 FOR PRIVATE H	OUSING UNITS - INTERNATIONAL EMIGRATION
3.01 - WAS ANY PERSON WHO USED TO LIVE WITH 1 - YES (Go to 3.02)	YOU, LIVING IN ANOTHER COUNTRY ON JULY 31, 2010?
3.02 - NAME Go to 3.03 Go to 3.04 Go to 3.04	3.04 - YEAR OF BIRTH 3.05 - YEAR OF LAST DEPARTURE TO LIVE IN ANOTHER COUNTRY Go to 3.05 3.06 - COUNTRY OF RESIDENCE ON JULY 31, 2010 Go to 3.05 IN ANOTHER COUNTRY Go to 3.06 Combo box with a list of countries (entering 3 characters) Go to 4.01 I I I year I

	Vear	vear	
	year	your	

4 INFORMATION ON RESIDENTS 3								
FOR PRIVATE HOUSING UNITS AND COLLECTIVE LIVING QUARTERS								
	4.01 - HOW MANY PEOPLE WERE LIVING IN THIS HOUSING UNIT ON JULY 31, 2010?	Go to 4.02						
	FOR PRIVATE HOUSING UNITS							
	4.02 – THIS HOUSEHOLD IS UNDER THE RESPONSIBILITY OF: (Responsible person is that one acknowledged for the other residents of the household) 1 - ONLY ONE PERSON							
	2 - MORE THAN ONE PERSON Go to 5.01							
5	5 LIST OF RESIDENTS ON JULY 31, 2010							
	At the end of the list of residents, the enumerator must check the responsible person of the household. Then, the system will open a list of relationships structions with the responsible person. After item 5.02 is completed, the system will order residents by their codes of relation with the reference person and, finally, will attribute a sequence order number to each resident.	Combo box for before opening the list for item 5.02 Enumerator, read for the interviewee: "In order to fill in the list of relationships, it is necessary to indicate a resident as the responsible person, vho must be so acknowledged by the other residents."						
5.01 -	NAME OF RESIDENT 5.02 - WHAT IS THE RELATIONSHIP WITH THE RESPONSIBLE PERSON OF THE HOUSEHOLD?	5.03 - ORDER NUMBER						
	OF THE HOUSEHOLD? PERSON 1 - NAME CODE RELATIONSHIP WITH RESPONSIBLE PERSON 1 - RESPONSIBLE PERSON 2 - HUSBAND / WIFE OR PARTNER OF DIFFERENT SEX 3 - PARTNER OF THE SAME SEX 4 - SONVDAUGHTER OF RESPONSIBLE AND HUSBAND/WIFE 5 - SONVDAUGHTER ONLY OF RESPONSIBLE PERSON 6 - STEPSON STEPDAUGHTER 7 - SON-IN-LAW OR DAUGHTER-IN-LAW 8 - FATHER, MOTHER, STEPFATHER OR STEPMOTHER 9 - FATHER-IN-LAW / MOTHER-IN-LAW 10 - GRANDSON / GRANDDAUGHTER 11 - GREAT-GRANDSON / GREAT-GRANDDAUGHTER 12 - BROTHER OR SISTER 13 - GRANDFATHER OR SISTER 13 - GRANDFATHER OR GRANDMOTHER 14 - OTHER RELATIVE 15 - NON-PAYING UNRELATED RESIDENT 16 - HOUSEMATE 17 - ROOMER G0 to 5.02 G0 to 5.03 G0 to 5.03 G0 to 5.03 G0 to 5.03 G0 to 5.04 G0 to 5.05 G0 to	1 2 Go to 6.00 N						
	WERE ALL THE RESIDENTS, INCLUDING THE ABSENTS, ELDERLY AND CHILDREN LISTED?							
	1 - YES (go to 6.01) 2 - NO (GO BACK TO THE LIST FOR INCLUSION)							
6	RESIDENT CHARACTERISTICS							
	6.00 - NAME	Go to 6.01						
	6.01 - SEX1 - MALE go to 6.022 - FEMALE							
	6.02 - WHAT IS YOUR MONTH AND YEAR OF BIRTH? (Open combo box of month: January to December) If month or year is blank, go to 6.03 6.021 - MONTH 6.022 - YEAR							
	6.03 - WHAT WAS YOUR AGE ON JULY 31, 2010? (Open combo box of month: 0 - 11) 6.031 - 1 YEAR OR OVER YEARS 6.032 - UNDER 1 YEAR MONTHS Go to 6.04							
	6.04 - YOUR COLOR OR RACE IS: 1 - WHITE 2 - BLACK 3 - YELLOW 4 - BROWN (IF INDIGENOUS LAND AND CODE, 1 TO 4, IN THIS ITEM, GO TO 6.05.) (IF NO INDIGENOUS LAND AND CODE, 1 TO 4, IN THIS ITEM: A) IF AGED 10 YEARS OR UNDER - SKIP TO 6.10 B) IF AGED 10 YEARS OR OVER, SKIP TO 6.11)	4 5 - INDIGENOUS (Skip to 6.06)						

6.05 - DO YOU	U CONSIDER YOURSELF INDIGENOUS?				
	1 - YES (Go to 6.06)	2 - NO	<u>1</u>		
		A) IF AGED 10 YE	ARS OR UNDER - SKIP TO 6.10		
		B) IF AGED 10 YE	ARS OR OVER, SKIP TO 6.11)		
]
6.06 - WHAT I	IS YOUR ETHNIC GROUP OR PEOPLE YOU BELON	G TO? Oper	n combo box of ethnic group	(entering 3 characters)	
]
6.07 - DO YOU					
	1 - YES (Go to 6.08)	2 - NO	(Skip to 6.09)		
6.08 - WHICH (SPEC	!? ∶IFY THE INDIGENOUS LANGUAGE(S) SPOKEN - UP TO T\	WO ENTRIES)	Open combo box o	f language (entering 2 characters)	
6.081					
6.083					
6.09 - DO YOU	U SPEAK PORTUGUESE IN THE HOUSING UNIT? (I	ncluding the use of sign lar	nguage)		
	1 - YES	2 - NO			
	A) IF AGED 10 YEARS OR UNDER - G	O TO 6.10			
	B) IF AGED 10 YEARS OR OVER, SKIP				
	FOR RESIDEN	TS AGED 10 OR UNDER]
6.10 - HAS YO	OUR BIRTH BEEN REGISTERED? (Mark the first	st suitable choice)			7
1 - YE	ES, AS A BIRTH CERTIFICATE AT REGISTRY OFFIC	E			
2 - YE	ES, AS A CERTIFICATE OF LIVE BIRTH AT MATERN	ITY/HOSPITAL			
	ES, AS AN ADMINISTRATIVE REGISTRATION OF IN		(Only for self-reportedly ind	igenous people)	
4 - NC					
	OT KNOWN				
		(FR. 00 TO 0 44			
	IF AGED 5 YEARS OR ON OTHERWISE, GO TO 6.13				
		EDUCATION]
	FC	DR RESIDENTS AGED 5 (DR OVER		1
					1
6.11 - CAN YO	OU READ AND WRITE?				
	1 - YES				
		2 - NO			
	IF AGED 10 YEARS OR OVER, GO TO OTHERWISE, SKIP TO 6.13				
	OTHERWISE, SKIP TO 6.13				1
	OTHERWISE, SKIP TO 6.13	6.12]
6.12 - WHAT	OTHERWISE, SKIP TO 6.13 FOR RESIDEN WAS YOUR OVERALL MONTHLY INCOME, IN JULY	6.12 INCOME ITS AGED 10 OR OVER 2010?]
(ALL TH	OTHERWISE, SKIP TO 6.13 FOR RESIDEN WAS YOUR OVERALL MONTHLY INCOME, IN JULY IE INCOME FROM WORK AND OTHER SOURCES MUST BE CONSID	6.12 INCOME ITS AGED 10 OR OVER 20107 ERED)		IONE	
(ALL TH	OTHERWISE, SKIP TO 6.13 FOR RESIDEN WAS YOUR OVERALL MONTHLY INCOME, IN JULY HE INCOME FROM WORK AND OTHER SOURCES MUST BE CONSIDI WASH, PRODUCTS AND GOODS	6.12 INCOME ITS AGED 10 OR OVER 2010? CRED) 2 - ONLY BENEFI (Housing, feeding, training		IONE	
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entify the one who mation; the order number st be recorded in the system.)