



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

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.	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.	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: