

CPF-2
Date of issue:
1 May 2008
CBS No: 252

Democratic People's Republic of Korea

**2008 Population Census
Questionnaire**

Persons to be enumerated

All Korean citizens in census area who are alive as of 00:01 AM, 1st of October, 2008 will be enumerated.

Confidentiality

All information recorded in this form will be held in strict confidence and will be used only for statistical purposes.

GEOGRAPHIC IDENTIFICATION

Province _____ Enumeration Area No

City(District) / County _____ Dwelling Unit Serial No.

Ri (Up /Gu /Dong) _____ Household Serial No.

Name of Household Head(Institutional Unit) _____ People's Cluster No. _____ Floor _____ No. _____

MODULE 1 HOUSEHOLD AND DWELLING UNIT INFORMATION

| | | |
|--|---|--|
| <p>H1 How many are the members of this household? (Total _____) Male <input type="text"/> <input type="text"/> Female <input type="text"/> <input type="text"/></p> <p>H2 Type of Household 1 Household <input type="checkbox"/> 2 Institutional Living Quarter (Go to Module 2) <input type="checkbox"/></p> <p>H3 What is the class of labor of head of this household? 1 Worker } 2 Officer } Go to H5 <input type="checkbox"/> 3 Farmer } 4 Unable to work due to sickness/retired 5 Household keeper 6 Student</p> <p>H4 What is the previous class of labor of head of this household? 1 Worker <input type="checkbox"/> 2 Officer 3 Farmer 4 Cooperative farmer 6 Cooperative worker</p> <p>H5 What type of dwelling does this household occupy? 1 Single detached house <input type="checkbox"/> 2 Row house 3 Apartment building 4 Others</p> | <p>H6 Does this household have the first right to occupancy of this dwelling unit? 1 Yes <input type="checkbox"/> 2 No</p> <p>H7 What is the total floor area of this dwelling unit? _____ m² <input type="text"/> <input type="text"/> <input type="text"/></p> <p>H8 How many rooms are there in this dwelling unit? (Exclude sitting room, Kitchen) 1 One room <input type="checkbox"/> 2 Two rooms 3 Three rooms 4 Four or more rooms</p> <p>H9 Is there a water tap in this dwelling unit? 1 Yes <input type="checkbox"/> 2 No</p> <p>H10 What is the source of water supply for your household? 1 Piped water into dwelling unit <input type="checkbox"/> 2 Public tap 3 Tube well/borehole with pump 4 Protected waterhole 5 Protected spring 6 Lake, river 7 Others</p> | <p>H11 What kind of toilet facility does your household have access to? 1 Flush toilet, private <input type="checkbox"/> 2 Flush toilet, shared 3 Pit latrine, private 4 Pit latrine, shared 5 No facility</p> <p>H12 What heating system is established in your household? 1 Central or local heating system 2 Electric heating system 3 Electric heating system with others 4 Coal boiler or Briquette hole in this dwelling unit <input type="checkbox"/> 5 Wood hole in this dwelling unit 6 Others</p> <p>H13 What heating system is used by your household? 1 Central or local heating system 2 Electric heating system 3 Electric heating system with others 4 Coal boiler or Briquette hole in this dwelling unit 5 Wood hole in this dwelling unit <input type="checkbox"/> 6 Others</p> <p>H14 Which fuel is used for cooking? 1 Electricity 2 Gas 3 Petroleum 4 Coal 5 Wood <input type="checkbox"/> 6 Others</p> |
|--|---|--|

Enumerator's Name: _____
Signature: _____
Date: _____

Supervisor's Name: _____
Signature: _____
Date: _____

MODULE 2 PERSON INFORMATION

| | | | | |
|----------------------------------|---|---|---|---|
| FOR ALL PERSONS | P1 Who are usual members of this household? (Start with the head of household) | Serial No. <input type="text"/> | Serial No. <input type="text"/> | Serial No. <input type="text"/> |
| | P2 Is ___ currently Registered with this household? | 1 Yes → P4 <input type="checkbox"/> 2 No <input type="checkbox"/> | 1 Yes → P4 <input type="checkbox"/> 2 No <input type="checkbox"/> | 1 Yes → P4 <input type="checkbox"/> 2 No <input type="checkbox"/> |
| | P3 If NO, where is ___ currently registered? (Write correctly the name of Ri/Up/Gu/Dong) | ___ Province <input type="text"/> ___ County <input type="text"/> ___ Ri <input type="text"/> | ___ Province <input type="text"/> ___ County <input type="text"/> ___ Ri <input type="text"/> | ___ Province <input type="text"/> ___ County <input type="text"/> ___ Ri <input type="text"/> |
| | P4 What is ___'s relationship to head of the household? | 1 Head 2 Spouse 3 Children 4 Grandchildren 5 Son-in-law/Daughter-in-law 6 Parent <input type="checkbox"/> 7 Relative 8 Others | 2 Spouse 3 Children 4 Grandchildren 5 Son-in-law/Daughter-in-law 6 Parent <input type="checkbox"/> 7 Relative 8 Others | 2 Spouse 3 Children 4 Grandchildren 5 Son-in-law/Daughter-in-law 6 Parent <input type="checkbox"/> 7 Relative 8 Others |
| | P5 Is ___ male or female? | 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/> | 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/> | 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/> |
| | P6 When was ___ born? How old was he/she at his last birthday? (Enter age in completed years) | Year <input type="text"/> Month <input type="text"/> Age <input type="text"/> | Year <input type="text"/> Month <input type="text"/> Age <input type="text"/> | Year <input type="text"/> Month <input type="text"/> Age <input type="text"/> |
| | P7 What is ___'s nationality? | 1 Korean <input type="checkbox"/> 2 Others <input type="checkbox"/> | 1 Korean <input type="checkbox"/> 2 Others <input type="checkbox"/> | 1 Korean <input type="checkbox"/> 2 Others <input type="checkbox"/> |
| FOR PERSONS 5 YEARS OLD AND OVER | P8 Does ___ have difficulty seeing even if wearing glasses? | 1 No difficulty 2 Yes- some difficulty 3 Yes- a lot of difficulty <input type="checkbox"/> 4 Cannot do at all | 1 No difficulty 2 Yes- some difficulty 3 Yes- a lot of difficulty <input type="checkbox"/> 4 Cannot do at all | 1 No difficulty 2 Yes- some difficulty 3 Yes- a lot of difficulty <input type="checkbox"/> 4 Cannot do at all |
| | P9 Does ___ have difficulty hearing? | 1 No difficulty 2 Yes- some difficulty 3 Yes- a lot of difficulty <input type="checkbox"/> 4 Cannot do at all | 1 No difficulty 2 Yes- some difficulty 3 Yes- a lot of difficulty <input type="checkbox"/> 4 Cannot do at all | 1 No difficulty 2 Yes- some difficulty 3 Yes- a lot of difficulty <input type="checkbox"/> 4 Cannot do at all |
| | P10 Does ___ have difficulty walking or climbing stairs? | 1 No difficulty 2 Yes- some difficulty 3 Yes- a lot of difficulty <input type="checkbox"/> 4 Cannot do at all | 1 No difficulty 2 Yes- some difficulty 3 Yes- a lot of difficulty <input type="checkbox"/> 4 Cannot do at all | 1 No difficulty 2 Yes- some difficulty 3 Yes- a lot of difficulty <input type="checkbox"/> 4 Cannot do at all |
| | P11 Does ___ have difficulty remembering or concentrating? | 1 No difficulty 2 Yes- some difficulty 3 Yes- a lot of difficulty <input type="checkbox"/> 4 Cannot do at all | 1 No difficulty 2 Yes- some difficulty 3 Yes- a lot of difficulty <input type="checkbox"/> 4 Cannot do at all | 1 No difficulty 2 Yes- some difficulty 3 Yes- a lot of difficulty <input type="checkbox"/> 4 Cannot do at all |
| | P12 In which province did ___ reside 5 years ago (30 September 2003)? (If different from current residence, enter name of province, county and whether it was up/gu/dong or a ri) | 1 Same place → P13 <input type="checkbox"/> 2 Other place ___ Province <input type="text"/> ___ County <input type="text"/> 1 Up/Gu/Dong <input type="checkbox"/> 2 Ri | 1 Same place → P13 <input type="checkbox"/> 2 Other place ___ Province <input type="text"/> ___ County <input type="text"/> 1 Up/Gu/Dong <input type="checkbox"/> 2 Ri | 1 Same place → P13 <input type="checkbox"/> 2 Other place ___ Province <input type="text"/> ___ County <input type="text"/> 1 Up/Gu/Dong <input type="checkbox"/> 2 Ri |
| | P13 Can ___ read and write a simple message with understanding? | 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> | 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> | 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> |
| | P14 Is ___ attending pre-school or school? | 1 Yes <input type="checkbox"/> 2 No → P17 <input type="checkbox"/> | 1 Yes <input type="checkbox"/> 2 No → P17 <input type="checkbox"/> | 1 Yes <input type="checkbox"/> 2 No → P17 <input type="checkbox"/> |
| | P15 What level of schooling is ___ presently attending? | 1 Pre-School 2 Primary 3 Secondary P17 4 Post Secondary(<3yrs) 5 Post Secondary(3yrs) <input type="checkbox"/> 6 Tertiary 7 Advanced Tertiary | 1 Pre-School 2 Primary 3 Secondary P17 4 Post Secondary(<3yrs) 5 Post Secondary(3yrs) <input type="checkbox"/> 6 Tertiary 7 Advanced Tertiary | 1 Pre-School 2 Primary 3 Secondary P17 4 Post Secondary(<3yrs) 5 Post Secondary(3yrs) <input type="checkbox"/> 6 Tertiary 7 Advanced Tertiary |
| | P16 Is ___ attending a regular academic curriculum? | 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> | 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> | 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> |
| | P17 What is ___'s highest level of education? | 0 None 1 Pre-School 2 Primary P21 3 Secondary 4 Post Secondary(<3yrs) 5 Post Secondary(3yrs) <input type="checkbox"/> 6 Tertiary 7 Advanced Tertiary | 0 None 1 Pre-School 2 Primary P21 3 Secondary 4 Post Secondary(<3yrs) 5 Post Secondary(3yrs) <input type="checkbox"/> 6 Tertiary 7 Advanced Tertiary | 0 None 1 Pre-School 2 Primary P21 3 Secondary 4 Post Secondary(<3yrs) 5 Post Secondary(3yrs) <input type="checkbox"/> 6 Tertiary 7 Advanced Tertiary |

MODULE 2 PERSON INFORMATION

| | P1 (Insert name and serial number) | Serial No. <input style="width: 20px; height: 20px;" type="text"/> | Serial No. <input style="width: 20px; height: 20px;" type="text"/> | Serial No. <input style="width: 20px; height: 20px;" type="text"/> |
|---|---|--|--|--|
| FOR PERSONS 16 YEARS OLD AND OVER | P18 What kind of educational certificate did ____ receive? | 1 Engineer 2 Asst. Engineer 3 Specialist 4 Jr. Specialist <input style="width: 20px; height: 20px;" type="checkbox"/> | 1 Engineer 2 Asst. Engineer 3 Specialist 4 Jr. Specialist <input style="width: 20px; height: 20px;" type="checkbox"/> | 1 Engineer 2 Asst. Engineer 3 Specialist 4 Jr. Specialist <input style="width: 20px; height: 20px;" type="checkbox"/> |
| | P19 From which school or university did ____ graduate? | _____ school/university _____ field of study <input style="width: 20px; height: 20px;" type="text"/> | _____ school/university _____ field of study <input style="width: 20px; height: 20px;" type="text"/> | _____ school/university _____ field of study <input style="width: 20px; height: 20px;" type="text"/> |
| | P20 Did ____ attain the qualification through full time study? | 1 Yes <input style="width: 20px; height: 20px;" type="checkbox"/> 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> | 1 Yes <input style="width: 20px; height: 20px;" type="checkbox"/> 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> | 1 Yes <input style="width: 20px; height: 20px;" type="checkbox"/> 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> |
| | P21 What has been ____'s usual activity during the last 6 months? | 1 Working 2 Studying 3 Incapacitated 4 Retired 5 Doing Housework 6 Doing nothing <input style="width: 20px; height: 20px;" type="checkbox"/> | 1 Working 2 Studying 3 Incapacitated 4 Retired 5 Doing Housework 6 Doing nothing <input style="width: 20px; height: 20px;" type="checkbox"/> | 1 Working 2 Studying 3 Incapacitated 4 Retired 5 Doing Housework 6 Doing nothing <input style="width: 20px; height: 20px;" type="checkbox"/> |
| | P22 Does ____ usually do any of the following mainly for own consumption during the last 6 months? a. fruit/vegetable gardening b. fishing/ raising livestock /poultry c. gathering firewood d. fetching water e. making handicraft f. Others | a. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> b. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> c. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> d. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> e. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> f. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> | a. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> b. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> c. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> d. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> e. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> f. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> | a. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> b. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> c. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> d. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> e. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> f. 1 Yes 2 No <input style="width: 20px; height: 20px;" type="checkbox"/> |
| | P23 On average, how many hours a day did ____ spend doing these activities during the last week? | 1 None 2 < 1 hour 3 1 – 3 4 4 – 6 5 7 – 8 6 9 and more <i>If P21 is not 1, go to P27</i> <input style="width: 20px; height: 20px;" type="checkbox"/> | 1 None 2 < 1 hour 3 1 – 3 4 4 – 6 5 7 – 8 6 9 and more <i>If P21 is not 1, go to P27</i> <input style="width: 20px; height: 20px;" type="checkbox"/> | 1 None 2 < 1 hour 3 1 – 3 4 4 – 6 5 7 – 8 6 9 and more <i>If P21 is not 1, go to P27</i> <input style="width: 20px; height: 20px;" type="checkbox"/> |
| | <i>If 'Working' in P21:</i> P24 a) What is the name of establishment / enterprise where ____ works? b) What kind of industry is that establishment / enterprise ? <i>(Describe the main products or activities of that establishment)</i> | _____ (establishment/enterprise) _____ (Industry) <input style="width: 20px; height: 20px;" type="text"/> | _____ (establishment/enterprise) _____ (Industry) <input style="width: 20px; height: 20px;" type="text"/> | _____ (establishment/enterprise) _____ (Industry) <input style="width: 20px; height: 20px;" type="text"/> |
| | P25 What is ____'s occupation? <i>(Describe the position or type of work this person does)</i> | _____ <input style="width: 20px; height: 20px;" type="text"/> | _____ <input style="width: 20px; height: 20px;" type="text"/> | _____ <input style="width: 20px; height: 20px;" type="text"/> |
| | P26 What is ____'s class of labor? | 1 Worker 2 Officer 3 Farmer <input style="width: 20px; height: 20px;" type="checkbox"/> | 1 Worker 2 Officer 3 Farmer <input style="width: 20px; height: 20px;" type="checkbox"/> | 1 Worker 2 Officer 3 Farmer <input style="width: 20px; height: 20px;" type="checkbox"/> |
| | P27 What is ____'s marital status? | 1 Single 2 Married 3 Divorced 4 Widowed <input style="width: 20px; height: 20px;" type="checkbox"/> | 1 Single 2 Married 3 Divorced 4 Widowed <input style="width: 20px; height: 20px;" type="checkbox"/> | 1 Single 2 Married 3 Divorced 4 Widowed <input style="width: 20px; height: 20px;" type="checkbox"/> |
| P28 What was ____'s age when he/she married for the first time? | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | |
| FOR FEMALE 15-49 YEARS | P29 Did ____ have a live birth during the past year, that is, from 1 Oct 2007 to 30 Sept 2008? | 1 YES <input style="width: 20px; height: 20px;" type="checkbox"/> 2 NO →Next Person <input style="width: 20px; height: 20px;" type="checkbox"/> | 1 YES <input style="width: 20px; height: 20px;" type="checkbox"/> 2 NO →Next Person <input style="width: 20px; height: 20px;" type="checkbox"/> | 1 YES <input style="width: 20px; height: 20px;" type="checkbox"/> 2 NO →Next Person <input style="width: 20px; height: 20px;" type="checkbox"/> |
| | If "Yes", how many male/female children did ____ give birth during that period? | Male <input style="width: 20px; height: 20px;" type="text"/> (Total____) Female <input style="width: 20px; height: 20px;" type="text"/> | Male <input style="width: 20px; height: 20px;" type="text"/> (Total____) Female <input style="width: 20px; height: 20px;" type="text"/> | Male <input style="width: 20px; height: 20px;" type="text"/> (Total____) Female <input style="width: 20px; height: 20px;" type="text"/> |

MODULE 3 MORTALITY

Did any member of this household die during the period 1 Oct. 2007 to 30 Sept. 2008?

1 YES

2 NO → (Thank the respondent and end the interview for this household)

| | | | | |
|---|--|--|--|--|
| M1 What was/were the name(s) of the household member(s) who died? | Serial No <input type="text"/> <input type="text"/> | Serial No <input type="text"/> <input type="text"/> | Serial No <input type="text"/> <input type="text"/> | Serial No <input type="text"/> <input type="text"/> |
| M2 Sex | 1 Male 2 Female <input type="checkbox"/> | 1 Male 2 Female <input type="checkbox"/> | 1 Male 2 Female <input type="checkbox"/> | 1 Male 2 Female <input type="checkbox"/> |
| M3 When was _____ born? | Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> | Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> | Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> | Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> |
| M4 When did _____ die? | Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> | Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> | Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> | Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> |
| M5 How old was _____ when he/she died? <i>Enter '00' if less than 1 year, '98' if over than 98 years, '99' if age is not known</i> | Completed age <input type="text"/> <input type="text"/> | Completed age <input type="text"/> <input type="text"/> | Completed age <input type="text"/> <input type="text"/> | Completed age <input type="text"/> <input type="text"/> |

For female members who died between ages 15 and 49: (Born during the period 1 Oct. 1958 to 30 Sept. 1993)

| | | | | |
|--|---|---|---|---|
| M6 Was _____ pregnant at the time of her death? | 1 YES → M9 2 NO <input type="checkbox"/> 3 NOT SURE | 1 YES → M9 2 NO <input type="checkbox"/> 3 NOT SURE | 1 YES → M9 2 NO <input type="checkbox"/> 3 NOT SURE | 1 YES → M9 2 NO <input type="checkbox"/> 3 NOT SURE |
| M7 Did _____ die while having abortion or miscarriage or within 42 days of having abortion/miscarriage? | 1 YES → M9 2 NO <input type="checkbox"/> | 1 YES → M9 2 NO <input type="checkbox"/> | 1 YES → M9 2 NO <input type="checkbox"/> | 1 YES → M9 2 NO <input type="checkbox"/> |
| M8 Did _____ die while giving birth or within 42 days of giving birth? | 1 YES 2 NO → M10 <input type="checkbox"/> | 1 YES 2 NO → M10 | 1 YES 2 NO → M10 | 1 YES 2 NO → M10 |
| M9 Where did _____ die? | 1 Home 2 Hospital <input type="checkbox"/> 3 Others | 1 Home 2 Hospital <input type="checkbox"/> 3 Others | 1 Home 2 Hospital <input type="checkbox"/> 3 Others | 1 Home 2 Hospital <input type="checkbox"/> 3 Others |
| M10 Did she have a live birth anytime between 1 Oct. 2007 and the time of death? If "Yes", How many male and female children did she give birth at that time? | 1 YES <input type="checkbox"/> 2 NO → Next Person Male <input type="checkbox"/> (Total____) Female <input type="checkbox"/> | 1 YES <input type="checkbox"/> 2 NO → Next Person Male <input type="checkbox"/> (Total____) Female <input type="checkbox"/> | 1 YES <input type="checkbox"/> 2 NO → Next Person Male <input type="checkbox"/> (Total____) Female <input type="checkbox"/> | 1 YES <input type="checkbox"/> 2 NO → Next Person Male <input type="checkbox"/> (Total____) Female <input type="checkbox"/> |