

LONG FORM QUESTIONNAIRE (2010 Brazilian Census)

XXXXXXX for enumeration
area in indigenous land

1	IDENTIFICATION - LIST OF ADDRESSES (CNEFE)
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2	FOR OCCUPIED PERMANENT PRIVATE HOUSING UNITS - HOUSING CHARACTERISTICS
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2.01 – THIS HOUSING UNIT IS:

- | | |
|---|--|
| <input type="checkbox"/> 1 - OWNED BY A RESIDENT - ALREADY PAID | <input type="checkbox"/> 4 - LENT BY EMPLOYER |
| <input type="checkbox"/> 2 - OWNED BY A RESIDENT - BEING PAID | <input type="checkbox"/> 5 - LENT BY OTHER MEANS |
| <input type="checkbox"/> 3 - RENTED | <input type="checkbox"/> 6 - OTHER CONDITION |
- 2.011 - RENTAL PRICE R\$ _____,00 (Create combo box with rent range)

Go to 2.02

2.02 – PREDOMINANT MATERIAL OF THIS HOUSING UNIT OUTSIDE WALLS IS:

- | | |
|---|---|
| <input type="checkbox"/> 1 - MASONRY – WITH COATING | <input type="checkbox"/> 6 - REUSED WOOD |
| <input type="checkbox"/> 2 - MASONRY – WITHOUT COATING | <input type="checkbox"/> 7 - STRAW |
| <input type="checkbox"/> 3 - APPROPRIATE WOOD FOR CONSTRUCTION (PREPARED) | <input type="checkbox"/> 8 - OTHER MATERIAL |
| <input type="checkbox"/> 4 - COATED STUCCO | <input checked="" type="checkbox"/> 9 - NO WALL |
| <input type="checkbox"/> 5 - UNCOATED STUCCO | |

Go to 2.03

2.03 – HOW MANY ROOMS ARE THERE IN THIS HOUSING UNIT? (Including bathroom and kitchen)

Combo

Go to 2.04

(Do not consider rooms: corridors, open porches, garages and other compartments for non-residential purposes.)

2.04 – HOW MANY ROOMS ARE USED AS BEDROOMS BY RESIDENTS OF THIS HOUSING UNIT?

Go to 2.05

2.05 – HOW MANY BATHROOMS ARE THERE IN THIS HOUSING UNIT, EXCLUSIVELY USED BY RESIDENTS?

(Including those located outside or in the property)

BATHROOM WITH SHOWER (OR BATHTUB) AND TOILET

(If 9 or more than 9, enter 9. If there is not any, enter 0 (zero))

(If 0 (zero) go to 2.06. Otherwise, go to 2.07)

2.06 – DOES THIS HOUSING UNIT HAVE A TOILET OR HOLE FOR THE PHYSIOLOGICAL NEEDS, INCLUDING THE TOILETS LOCATED OUTSIDE OR IN THE PROPERTY?

(Surrounded by walls of any material)

Combo: Depending on the part of the country, a toilet is called by different names.

1 - YES (Go to 2.07)

2 - NO (Go to 2.08)

2.07 – THE BATHROOM OR TOILET DRAIN IS CONNECTED TO:

- | | | |
|--|--|--|
| <input type="checkbox"/> 1 - PUBLIC SEWER SYSTEM | <input type="checkbox"/> 3 - RUDIMENTARY CESSPIT | <input type="checkbox"/> 5 - RIVER, LAKE OR SEA |
| <input type="checkbox"/> 2 - SEPTIC TANK | <input type="checkbox"/> 4 - DITCH | <input type="checkbox"/> 6 - OTHER SEWAGE SYSTEM |

Go to 2.08

2.08 – THE FORM OF WATER SUPPLY USED IN THIS HOUSING UNIT IS:

- | |
|---|
| <input type="checkbox"/> 1 - PUBLIC WATER SUPPLY SYSTEM |
| <input type="checkbox"/> 2 - WELL OR SPRING IN PROPERTY |
| <input type="checkbox"/> 3 - WELL OR SPRING OUTSIDE PROPERTY |
| <input type="checkbox"/> 4 - WATER TANKER TRUCK |
| <input type="checkbox"/> 5 - RAINWATER STORED IN CISTERN |
| <input type="checkbox"/> 6 - RAINWATER STORED IN ANOTHER WAY |
| <input type="checkbox"/> 7 - RIVERS, LAKES AND CREEKS |
| <input type="checkbox"/> 8 - OTHER |
| <input checked="" type="checkbox"/> 9 - WELL OR SPRING IN INDIGENOUS SETTLEMENT |
| <input checked="" type="checkbox"/> 10 - WELL OR SPRING OUTSIDE INDIGENOUS SETTLEMENT |

Go to 2.09

2.09 - DOES THIS HOUSING UNIT HAVE PIPED WATER?

1 - YES, AT LEAST IN ONE ROOM

2 - YES, ONLY IN THE LAND OR PROPERTY

3 - NO

Go to 2.10

2.10 – THE SOLID WASTE IN THIS HOUSING UNIT IS:

- | | |
|---|---|
| <input type="checkbox"/> 1 - COLLECTED DIRECTLY BY PUBLIC OR PRIVATE SERVICES | <input type="checkbox"/> 5 - THROWN AWAY ON VACANT LOTS OR PUBLIC AREAS |
| <input type="checkbox"/> 2 - STORED IN DUMPSTERS | <input type="checkbox"/> 6 - THROWN AWAY IN RIVER, LAKE OR SEA |
| <input type="checkbox"/> 3 - BURNED (in the property) | <input type="checkbox"/> 7 - OTHER |
| <input type="checkbox"/> 4 - BURIED (in the property) | |

Go to 2.11

2.11 - DOES THIS HOUSING UNIT HAVE ENERGY SUPPLY?

1 - YES, FROM A DISTRIBUTION COMPANY 2 - YES, FROM OTHER SOURCES 3 - NO

Go to 2.12 Skip to 2.13

2.12 - IS THERE AN ENERGY METER IN THIS HOUSING UNIT?

1 - YES, FOR EXCLUSIVE USE 2 - YES, FOR COMMON USE 3 - NO

Go to 2.13

DOES THIS HOUSING UNIT HAVE:

2.13 - RADIO (also as part of a sound equipment)? 1 - YES Go to 2.14 2 - NO

2.14 - TELEVISION? 1 - YES Go to 2.15 2 - NO

2.15 - WASHING MACHINE? (Do not consider semi-automatic models) 1 - YES Go to 2.16 2 - NO

2.16 - REFRIGERATOR? 1 - YES Go to 2.17 2 - NO

2.17 - MOBILE TELEPHONE? 1 - YES Go to 2.18 2 - NO

2.18 - FIXED TELEPHONE LINE? 1 - YES Go to 2.19 2 - NO

2.19 - PERSONAL COMPUTER? 1 - YES Go to 2.20 2 - NO - Skip to 2.21

2.20 - PERSONAL COMPUTER WITH ACCESS TO INTERNET? 1 - YES Go to 2.21 2 - NO

2.21 - MOTORCYCLE FOR PRIVATE USE? 1 - YES Go to 2.22 2 - NO

2.22 - AUTOMOBILE FOR PRIVATE USE? 1 - YES Go to 3.01 2 - NO

3 FOR PRIVATE HOUSING UNITS - INTERNATIONAL EMIGRATION

3.01 - WAS ANY PERSON WHO USED TO LIVE WITH YOU LIVING IN ANOTHER COUNTRY ON JULY 31, 2010?

1 - YES (Go to 3.02) 2 - NO (Skip to 4.01)

3.02 - NAME Go to 3.03	3.03 - SEX 1 - M 2 - F Go to 3.04	3.04 - YEAR OF BIRTH Go to 3.05	3.05 - YEAR OF LAST DEPARTURE TO LIVE IN ANOTHER COUNTRY Go to 3.06	3.06 - COUNTRY OF RESIDENCE ON JULY 31, 2010 Combo box with a list of countries (entering 3 characters) Go to 4.01
<input type="text"/>	<input type="text"/>	<input type="text"/> year	<input type="text"/> year	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> year	<input type="text"/> year	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> year	<input type="text"/> year	<input type="text"/>

INFORMATION ON RESIDENTS

4 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 Go to 5.01

2 - MORE THAN ONE PERSON

5 LIST OF RESIDENTS ON JULY 31, 2010

Programming instructions

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 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, who 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
PERSON 1 - NAME <input type="text"/>	CODE <input type="text"/> RELATIONSHIP WITH RESPONSIBLE PERSON 1 - RESPONSIBLE PERSON	1
PERSON 2 - NAME <input type="text"/>	<input type="text"/> 2 - HUSBAND / WIFE OR PARTNER OF DIFFERENT SEX	2
	<input type="text"/> 3 - PARTNER OF THE SAME SEX	
	<input type="text"/> 4 - SON/DAUGHTER OF RESPONSIBLE AND HUSBAND/WIFE	
	<input type="text"/> 5 - SON/DAUGHTER ONLY OF RESPONSIBLE PERSON	
	<input type="text"/> 6 - STEPSON/ STEPDAUGHTER	
	<input type="text"/> 7 - SON-IN-LAW OR DAUGHTER-IN-LAW	
	<input type="text"/> 8 - FATHER, MOTHER, STEPFATHER OR STEPMOTHER	
	<input type="text"/> 9 - FATHER-IN-LAW / MOTHER-IN-LAW	
	<input type="text"/> 10 - GRANDSON / GRANDDAUGHTER	
	<input type="text"/> 11 - GREAT-GRANDSON / GREAT-GRANDDAUGHTER	
	<input type="text"/> 12 - BROTHER OR SISTER	
	<input type="text"/> 13 - GRANDFATHER OR GRANDMOTHER	
	<input type="text"/> 14 - OTHER RELATIVE	
	<input type="text"/> 15 - NON-PAYING UNRELATED RESIDENT	
	<input type="text"/> 16 - HOUSEMATE	
	<input type="text"/> 17 - ROOMER	
	<input type="text"/> 18 - DOMESTIC SERVANT	
	<input type="text"/> 19 - RELATIVE OF DOMESTIC SERVANT	
	<input type="text"/> 20 - INDIVIDUAL IN A COLLECTIVE LIVING QUARTER	
Go to 5.02	Go to 5.03	Go to 6.00
<input type="checkbox"/> CHECK THE END OF THE LIST OF RESIDENTS		
(AFTER THIS ITEM HAS BEEN CHECKED, OPEN THIS QUESTION)		
WERE ALL THE RESIDENTS, INCLUDING THE ABSENT, ELDERLY AND CHILDREN, LISTED?		
<input type="checkbox"/> 1 - YES (Go to 6.01)	<input type="checkbox"/> 2 - NO (GO BACK TO THE LIST FOR INCLUSION).	

6 RESIDENT CHARACTERISTICS

6.00 - NAME _____ Go to 6.01

6.01 - SEX
 1 - MALE Go to 6.02 2 - FEMALE

6.02 - WHAT IS YOUR MONTH AND YEAR OF BIRTH?
(Open combo box of month: January to December)
6.021 - MONTH 6.022 - YEAR
If month or year is blank, go to 6.03
If month and year are filled in, skip to 6.04

6.03 - WHAT WAS YOUR AGE ON JULY 31, 2010?
6.031 - 1 YEAR OR OVER years Go to 6.04
6.032 - UNDER 1 YEAR MONTHS (Open combo box of month: 0 - 11)

6.04 - IS YOUR MOTHER ALIVE? (Consider only the biological mother)
 1 - YES, AND SHE IS RESIDENT OF THIS HOUSEHOLD (Go to 6.05)
 2 - YES, AND SHE IS RESIDENT OF ANOTHER HOUSEHOLD (Skip to 6.06)
 3 - NO
 4 - NOT KNOWN
6.05 - NAME OF THE RESIDENT'S MOTHER Go to 6.06
(Open combo box with the list of residents to identify the person's mother)
(The order number of this person must be recorded in the system)

6.06 - YOUR COLOR OR RACE IS:
 1 - WHITE 2 - BLACK 3 - YELLOW 4 - BROWN 5 - INDIGENOUS (Skip to 6.08)
(If Indigenous land and codes 1 to 4 in this item, go to 6.07)
(Otherwise, skip to 6.12)

6.07 - DO YOU CONSIDER YOURSELF INDIGENOUS?
 1 - YES (Go to 6.08) 2 - NO (Skip to 6.12)

6.08 - WHAT ETHNIC GROUP OR PEOPLE DO YOU BELONG TO?
Open combo box of ethnic group (entering 3 characters)
_____ Go to 6.09

6.09 - DO YOU SPEAK INDIGENOUS LANGUAGE IN THE HOUSING UNIT? (Including the use of sign language)
 1 - YES (Go to 6.10) 2 - NO (Skip to 6.11)

6.10 - WHICH?
(SPECIFY THE INDIGENOUS LANGUAGE(S) SPOKEN - UP TO TWO ENTRIES)
6.101 _____
6.103 _____ Open combo box of language (entering 2 characters)
Go to 6.11

6.11 - DO YOU SPEAK PORTUGUESE IN THE HOUSING UNIT? (Including the use of sign language)
 1 - YES Go to 6.12 2 - NO

6.12 - WHAT IS YOUR RELIGION OR CULT?
Open combo box of religion (entering 4 characteres)

(If you are under 10 years, go to 6.13. Otherwise, skip to 6.14)

FOR RESIDENTS AGED 10 OR UNDER

6.13 - HAS YOUR BIRTH BEEN REGISTERED? (Mark the first suitable choice)
 1 - YES, AS A BIRTH CERTIFICATE AT REGISTRY OFFICE
 2 - YES, AS A CERTIFICATE OF LIVE BIRTH AT HOSPITAL / MATERNITY
 3 - YES, AS AN ADMINISTRATIVE REGISTRATION OF INDIGENOUS BIRTH (Only for self-reportedly indigenous people)
 4 - NO
 5 - NOT KNOWN Go to 6.14

DISABILITY - FOR ALL RESIDENTS

6.14 - DO YOU HAVE PERMANENT DIFFICULTY IN SEEING?
(IF YOU WEAR GLASSES OR CONTACT LENSES, UNDERGO EVALUATION WHILE WEARING THEM)
 1 - YES, CANNOT DO IT AT ALL 3 - YES, SOME DIFFICULTY
 2 - YES, GREAT DIFFICULTY Go to 6.15 4 - NO

6.15 - DO YOU HAVE PERMANENT DIFFICULTY IN HEARING?

(IF YOU WEAR A HEARING AID, UNDERGO EVALUATION WHILE WEARING IT)

1 - YES, CANNOT DO IT AT ALL

2 - YES, GREAT DIFFICULTY

Go to 6.16

3 - YES, SOME DIFFICULTY

4 - NO

6.16 - DO YOU HAVE PERMANENT DIFFICULTY IN WALKING OR CLIMBING STAIRS?

(IF YOU USE A PROSTHESIS, CANE OR ASSISTIVE DEVICE, UNDERGO EVALUATION WHILE USING IT)

1 - YES, CANNOT DO IT AT ALL

2 - YES, GREAT DIFFICULTY

Go to 6.17

3 - YES, SOME DIFFICULTY

4 - NO

6.17 - DO YOU HAVE ANY PERMANENT MENTAL / INTELLECTUAL DISABILITY THAT LIMITS YOU IN YOUR DAILY ACTIVITIES, SUCH AS WORKING, GOING TO SCHOOL OR PLAYING?

1 - YES

2 - NO

Go to 6.18

INTERNAL AND INTERNATIONAL MIGRATION

6.18 - WERE YOU BORN IN THIS MUNICIPALITY?

1 - YES, AND HAVE ALWAYS LIVED IN IT

(if 5 or older, skip to 6.27.
Otherwise, skip to 6.28)

2 - YES, BUT HAVE LIVED IN ANOTHER MUNICIPALITY

OR FOREIGN COUNTRY
(Skip to 6.23)

3 - NO

(Go to 6.19)

6.19 - WERE YOU BORN IN THIS FEDERATION UNIT (STATE)?

1 - YES, AND HAVE ALWAYS LIVED IN IT

(Skip to 6.24)

2 - YES, BUT HAVE LIVED IN ANOTHER FEDERATION UNIT OR FOREIGN COUNTRY

(Skip to 6.23)

3 - NO

(Go to 6.20)

6.20 - WHAT IS YOUR NATIONALITY?

1 - NATIVE BRAZILIAN

(Skip to 6.22)

2 - NATURALIZED BRAZILIAN

(Go to 6.21)

3 - FOREIGNER

(Go to 6.21)

6.21 - IN WHAT YEAR DID YOU MOVE TO BRAZIL?

/ / YEAR

Go to 6.22

6.22 - WHAT IS YOUR FEDERATION UNIT (STATE) OR FOREIGN COUNTRY OF BIRTH?

1 - FEDERATION UNIT

Open combo box of federation unit

2 - FOREIGN COUNTRY

Open combo box of foreign country

(entering 3 characters)

6.221 - FEDERATION UNIT

6.223 - FOREIGN COUNTRY

Go to 6.23

6.23 - FOR HOW LONG HAVE YOU LIVED UNINTERRUPTEDLY IN THIS FEDERATION UNIT (STATE)?

(IF LESS THAN 1 YEAR, ENTER ZERO)

/ /
NUMBER OF YEARS

Go to 6.24

6.24 - FOR HOW LONG HAVE YOU LIVED UNINTERRUPTEDLY IN THIS MUNICIPALITY?

(IF LESS THAN 1 YEAR, ENTER ZERO)

/ /
NUMBER OF YEARS

(If for less than 10 years, go to 6.25.
If for 10 years or more and if you are 5 years old or over, skip to 6.27.
Otherwise, skip to 6.28)

6.25 - IN WHICH FEDERATION UNIT (STATE) AND MUNICIPALITY OR FOREIGN COUNTRY HAD YOU LIVED BEFORE MOVING TO THIS MUNICIPALITY?

1 - FEDERATION UNIT / MUNICIPALITY

2 - FOREIGN COUNTRY

6.251 - FEDERATION UNIT

Open combo box of federation unit

6.255 - FOREIGN COUNTRY

Open combo box of foreign country (entering 3 characters)

6.253 - MUNICIPALITY

Open combo box of municipalities for the selected federation unit (entering 3 characters)

(If for less than 6 years and if you are 5 years old or over in item 6.24, go to 6.26.
If for 6 years or more and if you are 5 years old or over in item 6.24, skip to 6.27.
If you are under 5 years old, skip to 6.28)

6.26 - IN WHICH FEDERATION UNIT AND MUNICIPALITY OR FOREIGN COUNTRY WERE YOU LIVING ON JULY 31, 2010?

1 - FEDERATION UNIT / MUNICIPALITY

2 - FOREIGN COUNTRY

Open combo box of federation unit

6.261 - FEDERATION UNIT

6.265 - FOREIGN COUNTRY

Open combo box of foreign country (entering 3 characters)

6.263 - MUNICIPALITY

Open combo box of municipality for the selected federation unit (entering 3 characters)

(If you are 5 years or over, go to 6.27. Otherwise, skip to 6.28)

FOR RESIDENTS AGED 5 OR OVER

6.27 - CAN YOU READ AND WRITE?

1 - YES

Go to 6.28

2 - NO

FOR ALL RESIDENTS

6.28 - ARE YOU CURRENTLY ATTENDING SCHOOL OR NURSERY?

1 - YES, PUBLIC

(Go to 6.29)

3 - NO, BUT I HAVE ATTENDED BEFORE (Skip to 6.33)

2 - YES, PRIVATE

4 - NO, I HAVE NEVER ATTENDED (If you are 10 years or over, skip to 6.37. Otherwise, skip to 6.70)

FOR RESIDENT CURRENTLY ATTENDING SCHOOL OR NURSERY

6.29 - WHICH COURSE ARE YOU ATTENDING?

01 - DAY NURSERY

02 - PRE-SCHOOL (KINDERGARTEN)

03 - LITERACY CLASS

04 - YOUTH AND ADULT LITERACY

05 - REGULAR BASIC EDUCATION

Go to 6.30

06 - YOUTH AND ADULT BASIC EDUCATION

Skip to 6.36

07 - REGULAR UPPER SECONDARY EDUCATION

Skip to 6.31

08 - YOUTH AND ADULT UPPER SECONDARY EDUCATION

Skip to 6.36

09 - HIGHER EDUCATION

Skip to 6.32

10 - HIGHER EDUCATION SPECIALIZATION (AT LEAST 360 HOURS)

11 - MASTER DEGREE

Skip to 6.35

12 - DOCTORATE (PhD)

6.30 - WHAT GRADE ARE YOU ATTENDING?

01 - FIRST

05 - FIFTH

09 - NINTH

02 - SECOND

06 - SIXTH

10 - NON-GRADED COURSE

03 - THIRD

07 - SEVENTH

04 - FOURTH

08 - EIGHTH

Skip to 6.36

6.31 - WHAT GRADE ARE YOU ATTENDING?

1 - FIRST

4 - FOURTH

2 - SECOND

5 - NON-GRADED COURSE

3 - THIRD

Skip to 6.36

6.32 - HAVE YOU FINISHED ANOTHER HIGHER EDUCATION COURSE?

1 - YES (Skip to 6.35)

2 - NO (Skip to 6.36)

6.33 - WHAT WAS THE HIGHEST LEVEL COURSE YOU HAVE ATTENDED?

01 - DAY NURSERY, PRE-SCHOOL (KINDERGARTEN), LITERACY CLASS

02 - YOUTH AND ADULT LITERACY

03 - FORMER PRIMARY EDUCATION

04 - FORMER LOWER SECONDARY EDUCATION

Go to 6.34

REGULAR BASIC EDUCATION { 05 - (FROM THE FIRST TO THE FOURTH GRADE)
 06 - (FIFTH GRADE)
 07 - (FROM THE SIXTH TO THE NINTH GRADE)

(IF 10 YEARS OR OVER, SKIP TO 6.37.
 IF UNDER 10 YEARS, SKIP TO 6.70)

08 - YOUTH AND ADULT BASIC EDUCATION

09 - FORMER UPPER SECONDARY EDUCATION

10 - REGULAR OR YOUTH AND ADULT UPPER SECONDARY EDUCATION

(Go to 6.34)

11 - HIGHER EDUCATION

12 - HIGHER EDUCATION SPECIALIZATION (AT LEAST 360 HOURS)

13 - MASTER DEGREE

14 - DOCTORATE (PhD)

6.34 - HAVE YOU CONCLUDED THIS COURSE?

1 - YES 2 - NO

(IF CODES 12; 13 OR 14 IN ITEM 6.33, GO TO 6.35)

(IF CODE 11 IN ITEM 6.33 AND CODE 1 IN THIS ITEM, GO TO 6.35)

(IF CODE 11 IN ITEM 6.33 AND CODE 2 IN THIS ITEM, SKIP TO 6.37)

(IF CODES FROM 01 TO 10 IN ITEM 6.33 AND YOU ARE 10 YEARS OR OVER, SKIP TO 6.37)

(IF CODES FROM 01 TO 10 IN ITEM 6.33 AND YOU ARE UNDER 10 YEARS, SKIP TO 6.70)

6.35 - WHICH WAS THE HIGHEST LEVEL YOU HAVE CONCLUDED?

1 - HIGHER EDUCATION

2 - MASTER DEGREE

3 - DOCTORATE (PhD)

Open combo box of courses (entering 5 characters)

6.351 - HIGHER EDUCATION

6.353 - MASTER DEGREE

6.355 - DOCTORATE (PhD)

(If code 1 or 2 in item 6.28, go to 6.36. Otherwise, skip to 6.37)

COMMUTING (FOR PEOPLE WHO ATTEND SCHOOL OR NURSERY)

6.36 - IN WHICH MUNICIPALITY AND FEDERATION UNIT OR FOREIGN COUNTRY DO YOU STUDY?

1 - THIS MUNICIPALITY (If you are 10 years or over, skip to 6.37. Otherwise, skip to 6.70)

2 - ANOTHER MUNICIPALITY

3 - FOREIGN COUNTRY

Open combo box of country

6.361 - FEDERATION UNIT

Open combo box of federation unit

6.365 - FOREIGN COUNTRY

(entering 3 characteres)

6.363 - MUNICIPALITY

Open combo box of municipality for the selected federation unit
 (entering 3 characteres)

(If you are 10 years or over, go to 6.37. Otherwise, skip to 6.70)

NUPTIALITY

FOR RESIDENTS AGED 10 OR OVER

6.37 - DO YOU LIVE WITH A SPOUSE OR PARTNER?

1 - YES

(If woman in an indigenous area, go to 6.38)

(If woman, in a non-indigenous area, and relationship with the reference person from 04 to 19, go to 6.38.

Otherwise, skip to 6.39)

NO {

2 - BUT HAVE LIVED (Go to 6.40)

3 - HAVE NEVER LIVED (Go to 6.40)

6.38 - NAME OF SPOUSE OR PARTNER

(Open combo box with the list of residents
 to identify the spouse or partner)
 (The order number of this person
 must be recorded in the system)

6.39 - TYPE OF UNION:

1 - CIVIL AND RELIGIOUS MARRIAGE

3 - ONLY RELIGIOUS MARRIAGE

2 - ONLY CIVIL MARRIAGE

Go to 6.40

4 - CONSENSUAL UNION

6.40 - WHAT IS YOUR MARITAL STATUS?

1 - MARRIED

3 - DIVORCED

5 - SINGLE

2 - JUDICIALLY SEPARATED

4 - WIDOWED

Go to 6.41

IN THE WEEK OF JULY 25-31, 2010, FOR AT LEAST 1 HOUR:

6.41 - DID YOU WORK IN SOME PAYED ACTIVITY: FOR CASH, PRODUCTS, GOODS OR BENEFITS?

Combo box help BENEFITS: HOUSING, FEEDING, TRAINING, ETC

1 - YES (Skip to 6.45) 2 - NO (Go to 6.42)

IN THE WEEK OF JULY 25-31, 2010:

6.42 - DID YOU HAVE ANY PAYED WORK FROM WHICH YOU WERE TEMPORARILY AWAY?

Combo box help (DUE TO: VACATIONS, LEAVE, VOLUNTARY ABSENCE, STRIKE, DISEASE, BAD WEATHER CONDITIONS, ETC)

1 - YES (Skip to 6.45) 2 - NO (Go to 6.43)

IN THE WEEK OF JULY 25-31, 2010, FOR AT LEAST 1 HOUR:

6.43- DID YOU HAVE ANY KIND OF WORK WITHOUT PAYMENT, LIKE HELPING ANOTHER MEMBER OF HOUSEHOLD WHO IS PAID FOR THIS WORK?

1 - YES (Skip to 6.45) 2 - NO (Go to 6.44)

IN THE WEEK OF JULY 25-31, 2010, FOR AT LEAST 1 HOUR:

6.44 - DID YOU WORK IN ANY AGRICULTURAL, ANIMAL BREEDING OR FISHING ACTIVITIES FOR ONLY HOUSEHOLD MEMBERS CONSUMPTION?
HOUSEHOLD MEMBERS?

Combo box help INCLUDING HUNTING AND VEGETAL EXTRACTION

1 - YES (Skip to 6.46) 2 - NO (Go to 6.54)

6.45 - HOW MANY JOBS DID YOU HAVE?

1 - ONE 2 - TWO OR MORE

Go to 6.46

Questions 6.46 to 6.49 refer to the only or main job that the person had in the reference week.

ATTENTION - Criteria to define the main job in the reference week:

- 1 - Highest amount of hours worked per week;
- 2 - Highest usual monthly income;
- 3 - Job that the person had for the longest period of time.

6.46 - WHAT WAS YOUR OCCUPATION IN THE JOB?

Go to 6.47

6.47 - WHAT WAS THE MAIN ACTIVITY OF THE ENTERPRISE (BUSINESS, FIRM, COMPANY, INSTITUTION, ENTITY, ETC.)
IN WHICH YOU WERE EMPLOYED?

(IF CODE 1 IN ITEM 6.44, SKIP TO 6.53. OTHERWISE, GO TO 6.48)

6.48 - YOUR STATUS IN THIS JOB WAS:

- 01 - EMPLOYEE WITH A FORMAL CONTRACT
 - 02 - ARMY, NAVY AND AIR FORCE, POLICE AND FIREMEN MILITARY MEMBER
 - 03 - PUBLIC SECTOR EMPLOYEE
 - 04 - EMPLOYEE WITHOUT A FORMAL CONTRACT
 - 05 - OWN-ACCOUNT WORKER
 - 06 - EMPLOYER (Go to 6.49)
 - 07 - UNPAID WORKER
- (Skip to 6.51)
- (Skip to 6.50)
- } If code 1 in item 6.45, skip to 6.53.
 } If code 2 in item 6.45, skip to 6.50.

11

6.49 - HOW MANY PERSONS DID YOU EMPLOY IN THIS ENTERPRISE?

1 - (1 TO 5 PERSONS) 2 - (6 TO 10 PERSONS) Go to 6.50

6.50 - WERE YOU A CONTRIBUTOR TO A SOCIAL SECURITY INSTITUTE IN ANY JOB WHICH YOU HAD IN THE WEEK OF
JULY 25-31, 2010?

1 - YES, IN THE MAIN JOB 2 - YES, IN ANOTHER JOB 3 - NO

Go to 6.51

6.51 - IN THE MAIN JOB, WHAT WAS YOUR USUAL GROSS MONTHLY INCOME (OR WITHDRAWAL)
IN JULY, 2010?

1 - IN CASH, PRODUCTS OR GOODS 2 - ONLY IN BENEFITS (Housing, feeding, training, etc.) 0 - NONE

6.511 - R\$ _____,00 Open combo box of income range

(IF CODE 1 IN ITEM 6.45, SKIP TO 6.53. IF CODE 2 IN ITEM 6.45, GO TO 6.52)

6.52 - IN OTHER JOBS, WHAT WAS YOUR USUAL GROSS MONTHLY INCOME (OR WITHDRAWAL)
IN JULY, 2010?

1 - IN CASH, PRODUCTS OR GOODS 2 - ONLY IN BENEFITS (Housing, feeding, training, etc.) 0 - NONE

6.521 - R\$ _____,00 Open combo box of income range Go to 6.53

6.53 - IN THE MAIN JOB, HOW MANY HOURS DID YOU USE TO WORK PER WEEK?

HOURS SKIP TO 6.56

6.54 - IN THE PERIOD FROM JULY 02 TO JULY 31, 2010, DID YOU TAKE ANY ACTION TO ACTUALLY FIND A JOB?

1 - YES (Go to 6.55)

2 - NO (Skip to 6.56)

6.55 - IF YOU HAD FOUND A JOB, WOULD YOU HAVE BEEN AVAILABLE TO START WORKING IN THE WEEK OF JULY 25-31, 2010?

1 - YES Go to 6.56

2 - NO

IN JULY, 2010, DID YOU HAVE A USUAL MONTHLY INCOME FROM:

6.56 - RETIREMENT OF OFFICIAL SOCIAL SECURITY INSTITUTE (FEDERAL, STATE OR MUNICIPAL)

1 - YES Go to 6.57

0 - NO

6.57 - SOCIAL PROGRAM FAMILY GRANT (BOLSA-FAMILIA) OR PROGRAM OF ERADICATION OF CHILD LABOR (PETI)?

1 - YES Go to 6.58

0 - NO

6.58 - OTHER SOCIAL PROGRAMS OR TRANSFERS?

1 - YES Go to 6.59

0 - NO

CONTINUOUS CASH BENEFIT (BPC/LOAS), DONATION OR ALLOWANCE OF A NON-RESIDENT, ALIMONY, UNEMPLOYMENT BENEFITS, SCHOLARSHIP, OTHER PROGRAMS, ETC.

6.59 - OTHER SOURCES (SAVINGS INTEREST, FINANCIAL INVESTMENT, RENT, RETIREMENT OF PRIVATE SOCIAL WELFARE, ETC.)

1 - YES

0 - NO

IF FROM ITEMS 6.56 TO 6.59 THERE WAS AT LEAST ONE "YES" ANSWER, GO TO 6.591. OTHERWISE, SEE COMMANDS BELOW

6.591 - WHAT WAS YOUR INCOME IN JULY, 2010?

R\$ _____,00

Open screen and combo box of income range

IF CODE 1 OR 2 IN ITEM 6.45, GO TO 6.60

IF CODE 1 IN ITEM 6.44, GO TO 6.60

OTHERWISE, IF YOU ARE A WOMAN, SKIP TO 6.63. IF YOU ARE A MAN, SKIP TO 6.70

COMMUTING TO WORK

12

6.60 - IN WHICH MUNICIPALITY AND FEDERATION UNIT OR FOREIGN COUNTRY DO YOU WORK?

1 - IN MY OWN HOUSING UNIT (If you are a woman, skip to 6.63. If you are a man, skip to 6.70)

2 - IN THIS MUNICIPALITY, BUT NOT IN MY OWN HOUSING UNIT (Go to 6.61)

3 - IN ANOTHER MUNICIPALITY (Go to 6.601 and 6.603)

4 - IN A FOREIGN COUNTRY (Go to 6.605)

5 - IN MORE THAN ONE MUNICIPALITY OR COUNTRY

6.601 - FEDERATION UNIT
Open combo box of federation unit

6.605 - FOREIGN COUNTRY
Open combo box of country (entering 3 characters)
(If you are a woman, skip to 6.63. If you are a man, skip to 6.70)

6.603 - MUNICIPALITY

(Go to 6.61)

Open combo box of municipality for the selected federation unit (entering 3 characters)

6.61 - DO YOU RETURN HOME FROM WORK EVERY DAY?

1 - YES (Go to 6.62)

2 - NO (If woman, skip to 6.63. If man, skip to 6.70)

6.62 - WHAT IS YOUR USUAL COMMUTE TIME TO WORK?

1 - UP TO 05 MINUTES

4 - FROM 61 TO 120 MINUTES

2 - FROM 06 TO 30 MINUTES

5 - MORE THAN 120 MINUTES

3 - FROM 31 TO 60 MINUTES

(If woman, go to 6.63. If man, skip to 6.70)

FERTILITY

FOR WOMEN AGED 10 OR OVER

6.63 - HOW MANY LIVE BIRTHS DID YOU HAVE UP TO JULY 31, 2010?

1 - LIVE BIRTHS (Go to 6.64) 2 - NONE (Skip to 6.69)

6.631 - MALE 6.632 - FEMALE

6.64 - AMONG THE LIVE BIRTHS, HOW MANY WERE ALIVE ON JULY 31, 2010?

1 - ALIVE CHILDREN ON 07/31/2010 (Go to 6.65) 2 - NOT KNOWN

6.641 - MALE 6.642 - FEMALE

6.65 - WHAT IS THE SEX OF YOUR LAST LIVE BIRTH UNTIL JULY 31, 2010?

1 - MALE (Go to 6.66) 2 - FEMALE

6.66 - WHAT IS THE MONTH AND YEAR OF YOUR LAST LIVE BIRTH UNTIL JULY 31, 2010?

IF YOU DO NOT KNOW, FILL IN ONLY THE BOX FOR PRESUMED AGE.

6.661 - MONTH (Open combo box of month: January to December) 6.662 - YEAR (Go to 6.67) 6.663 - PRESUMED AGE ON 07/31/2010 (Box 6.663 will only be enabled if boxes 6.661 and 6.662 are blank)

6.67 - WAS THIS CHILD ALIVE ON JULY 31, 2010?

1 - YES (Skip to 6.69) 2 - NO (Go to 6.68) 9 - NOT KNOWN (Skip to 6.69)

6.68 - WHAT WAS THE MONTH AND YEAR OF THIS CHILD'S DEATH?

1 - YOU KNOW MONTH AND YEAR OR ONLY YEAR (Open combo box of month: January to December) 2 - NOT KNOWN

6.681 - MONTH 6.682 - YEAR (Go to 6.69)

6.69 - HOW MANY STILLBIRTHS DID YOU HAVE UNTIL JULY 31, 2010?

(SEVEN-MONTH GESTATION OR LONGER WITH NO VITAL SIGN AT DELIVERY. DO NOT INCLUDE MISCARRIAGES)

1 - STILLBIRTHS (Go to 6.691 to 6.693) 2 - NONE (Skip to 6.70) 3 - NOT KNOWN

6.691 - MALE 6.692 - FEMALE 6.693 - TOTAL (Go to 6.70)

(Special command: the system will only enable box 6.693 if item 6.69 has code 1 as its answer and boxes 6.691 and 6.692 are blank)

FOR ALL RESIDENTS

13

6.70 - WHO PROVIDED THE INFORMATION ABOUT THIS PERSON?

1 - THE OWN PERSON (Finish this person's interview) 2 - ANOTHER RESIDENT 3 - A NON-RESIDENT (Finish this person's interview)

6.71 - Name of the other resident (Finish this person's interview)

(Open combo box with a list of residents to identify the one who provided information) (The order number of this person must be recorded in the system)

7

FOR PRIVATE HOUSEHOLDS - MORTALITY

7.01 - FROM AUGUST, 2009, TO JULY, 2010, DID ANY PERSON WHO USED TO LIVE WITH YOU PASS AWAY?

(Including neonates and elderly people)

1 - YES (Go to 7.02) 2 - NO (Finish the interview)

7.02 - NAME Go to 7.03	7.03 - MONTH AND YEAR OF DEATH Go to 7.04	7.04 - SEX 1 - M 2 - F Go to 7.05	7.05 - AGE AT DEATH	
			7.051 - IN YEARS 1 YEAR OR OVER	7.052 - IN MONTHS UNDER 1 YEAR
<input type="text"/>	<input type="text"/> 1 - AUGUST, 2009 <input type="text"/> 2 - SEPTEMBER, 2009 <input type="text"/> <input type="text"/> 11 - JUNE, 2010 <input type="text"/> 12 - JULY, 2010	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>