

THE CENTRAL CENSUS STEERING COMMITTEE

POPULATION AND HOUSING CENSUS QUESTIONNAIRE

TIME : 00.00 A.M. APRIL 01, 2009
(SHORT FORM)



SAMPLE DIGITS TO FILL INTO BOX

0 1 2 3 4 5 6 7 8 9

PLACE "X" INTO THE SMALL BOX TO INDICATE THE RESPECTIVE ANSWER

RESULTS	CERTIFICATION
NUMBER OF USUAL RESIDENTS IN THIS SET OF QUESTIONNAIRE: <input type="text"/>	FULL NAME <input type="text"/> SIGNATURE <input type="text"/>
NUMBER OF MALES: <input type="text"/>	HOUSEHOLD HEAD/RESPONDENT <input type="text"/>
NUMBER OF FEMALES: <input type="text"/>	ENUMERATOR <input type="text"/>
THIS IS SET <input type="text"/> IN <input type="text"/> SETS OF THE HOUSEHOLD	TEAM SUPERVISOR <input type="text"/>

ALL INFORMATION HEREIN WILL BE KEPT STRICTLY CONFIDENTIAL

IDENTIFICATION	
PROVINCE/CITY: <input type="text"/>	URBAN/RURAL: <input type="text"/> (URBAN = 1; RURAL = 2)
DISTRICT/QUARTER/TOWN/PROVINCIAL CITY: <input type="text"/>	HOUSEHOLD NUMBER: <input type="text"/>
COMMUNE/WARD/DISTRICT TOWN: <input type="text"/>	FULL NAME OF HOUSEHOLD HEAD: <input type="text"/>
ENUMERATION AREA (EA) NUMBER: <input type="text"/>	ADDRESS OF THE HOUSEHOLD: <input type="text"/>
NAME OF EA: <input type="text"/>	

PART I: POPULATION INFORMATION

QUESTION/FILTER	NAME AND SERIAL NUMBER	
	SERIAL N ^o 1	SERIAL N ^o 2
1. FULL NAME OF EACH PERSON USUALLY RESIDING IN THE HOUSEHOLD, STARTING WITH THE HOUSEHOLD HEAD. APPLICATION OF INTERVIEW PROCESS FOR DETERMINATION OF USUAL RESIDENTS	<input type="text"/>	<input type="text"/>
2. What is [NAME]'s relationship to household head? L	HOUSEHOLD HEAD1 <input type="checkbox"/> SPOUSE.....2 <input type="checkbox"/> NATURAL CHILD3 <input type="checkbox"/> GRANDCHILD4 <input type="checkbox"/> PARENT5 <input type="checkbox"/> OTHER RELATIVE6 <input type="checkbox"/>	SPOUSE 2 <input type="checkbox"/> NATURAL CHILD 3 <input type="checkbox"/> GRANDCHILD 4 <input type="checkbox"/> PARENT 5 <input type="checkbox"/> OTHER RELATIVE 6 <input type="checkbox"/>
3. Is [NAME] male or female?	MALE...1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/>	MALE...1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/>
4. In what solar month and year was [NAME] born?	MONTH <input type="text"/> YEAR <input type="text"/> Q6 ←	MONTH <input type="text"/> YEAR <input type="text"/> Q6 ←
5. What is [NAME]'s age as of his/her last birthday? (IF AGE IS 95 YEARS OR MORE, WRITE '95')	AGEI <input type="text"/>	AGEI <input type="text"/>
6. To what ethnic group does [NAME] belong? L	KINH.....1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="text"/> NAME OF ETHNIC GROUP <input type="text"/>	KINH 1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="text"/> NAME OF ETHNIC GROUP <input type="text"/>

SERIAL N ^o 3	SERIAL N ^o 4	SERIAL N ^o 5	SERIAL N ^o 6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SPOUSE.....2 <input type="checkbox"/> NATURAL CHILD.....3 <input type="checkbox"/> GRANDCHILD4 <input type="checkbox"/> PARENT5 <input type="checkbox"/> OTHER RELATIVE6 <input type="checkbox"/>	SPOUSE.....2 <input type="checkbox"/> NATURAL CHILD3 <input type="checkbox"/> GRANDCHILD4 <input type="checkbox"/> PARENT5 <input type="checkbox"/> OTHER RELATIVE6 <input type="checkbox"/>	SPOUSE.....2 <input type="checkbox"/> NATURAL CHILD3 <input type="checkbox"/> GRANDCHILD4 <input type="checkbox"/> PARENT5 <input type="checkbox"/> OTHER RELATIVE6 <input type="checkbox"/>	SPOUSE.....2 <input type="checkbox"/> NATURAL CHILD3 <input type="checkbox"/> GRANDCHILD4 <input type="checkbox"/> PARENT5 <input type="checkbox"/> OTHER RELATIVE6 <input type="checkbox"/>
MALE...1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/>	MALE...1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/>	MALE...1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/>	MALE...1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/>
MONTH <input type="text"/> YEAR <input type="text"/> Q6 ←	MONTH <input type="text"/> YEAR <input type="text"/> Q6 ←	MONTH <input type="text"/> YEAR <input type="text"/> Q6 ←	MONTH <input type="text"/> YEAR <input type="text"/> Q6 ←
AGEI <input type="text"/>	AGEI <input type="text"/>	AGEI <input type="text"/>	AGEI <input type="text"/>
KINH1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="text"/> NAME OF ETHNIC GROUP <input type="text"/>	KINH.....1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="text"/> NAME OF ETHNIC GROUP <input type="text"/>	KINH 1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="text"/> NAME OF ETHNIC GROUP <input type="text"/>	KINH.....1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="text"/> NAME OF ETHNIC GROUP <input type="text"/>

QUESTION/FILTER	SERIAL N° 1	SERIAL N° 2
7. Does [NAME] follow any faith/religion? IF YES: What is [NAME]'s faith/religion? L	YES 1 <input type="checkbox"/> NAME OF RELIGION <input type="text"/> NO 2 <input type="checkbox"/>	YES 1 <input type="checkbox"/> NAME OF RELIGION <input type="text"/> NO 2 <input type="checkbox"/>
8. CHECK: IF THE RESPONDENT WAS BORN BEFORE 4/2004 (5 YEARS AND OVER) → Q 12; OTHERWISE → ASK THE NEXT		
12. At present, has [NAME] been attending, ever attended or never attended schools?	ATTENDING 1 <input type="checkbox"/> EVER ATTENDED 2 <input type="checkbox"/> NEVER ATTENDED 3 <input type="checkbox"/> Q16 ←	ATTENDING 1 <input type="checkbox"/> EVER ATTENDED 2 <input type="checkbox"/> NEVER ATTENDED 3 <input type="checkbox"/> Q16 ←
13. What is the highest grade of education/training [NAME] is attending or has attained? ABBREVIATION: TRADE VOC. SCHOOL - TRADE VOCATIONAL SCHOOL VOC. SCHOOL - VOCATIONAL SCHOOL F	PRE-SCHOOL 00 <input type="checkbox"/> Q16 ← PRIMARY 01 <input type="checkbox"/> LOWER SECONDARY 02 <input type="checkbox"/> SHORT TERM TRAINING 03 <input type="checkbox"/> HIGHER SECONDARY 04 <input type="checkbox"/> TRADE VOC. SCHOOL 05 <input type="checkbox"/> VOC. SCHOOL 06 <input type="checkbox"/> TRADE COLLEGE 07 <input type="checkbox"/> COLLEGE 08 <input type="checkbox"/> UNIVERSITY 09 <input type="checkbox"/> MASTER 10 <input type="checkbox"/> DOCTOR 11 <input type="checkbox"/>	PRE-SCHOOL 00 <input type="checkbox"/> Q16 ← PRIMARY 01 <input type="checkbox"/> LOWER SECONDARY 02 <input type="checkbox"/> SHORT TERM TRAINING 03 <input type="checkbox"/> HIGHER SECONDARY 04 <input type="checkbox"/> TRADE VOC. SCHOOL 05 <input type="checkbox"/> VOC. SCHOOL 06 <input type="checkbox"/> TRADE COLLEGE 07 <input type="checkbox"/> COLLEGE 08 <input type="checkbox"/> UNIVERSITY 09 <input type="checkbox"/> MASTER 10 <input type="checkbox"/> DOCTOR 11 <input type="checkbox"/>
14. What is the highest grade/year of education/training [NAME] is attending or has completed at the above-mentioned grade? (GRADE IS CONVERTED INTO 12-YEAR GENERAL EDUCATION LEVEL)	GRADE/YEAR <input type="text"/>	GRADE/YEAR <input type="text"/>
15. CHECK Q 13: IF Q 13 = 1 → Q 16; OTHERWISE → Q 17		
16. At present, can [NAME] read, write?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>

SERIAL N° 3	SERIAL N° 4	SERIAL N° 5	SERIAL N° 6
YES 1 <input type="checkbox"/> NAME OF RELIGION <input type="text"/> NO 2 <input type="checkbox"/>	YES 1 <input type="checkbox"/> NAME OF RELIGION <input type="text"/> NO 2 <input type="checkbox"/>	YES 1 <input type="checkbox"/> NAME OF RELIGION <input type="text"/> NO 2 <input type="checkbox"/>	YES 1 <input type="checkbox"/> NAME OF RELIGION <input type="text"/> NO 2 <input type="checkbox"/>
8. CHECK: IF THE RESPONDENT WAS BORN BEFORE 4/2004 (5 YEARS AND OVER) → Q 12; OTHERWISE → ASK THE NEXT			
ATTENDING 1 <input type="checkbox"/> EVER ATTENDED 2 <input type="checkbox"/> NEVER ATTENDED 3 <input type="checkbox"/> Q16 ←	ATTENDING 1 <input type="checkbox"/> EVER ATTENDED 2 <input type="checkbox"/> NEVER ATTENDED 3 <input type="checkbox"/> Q16 ←	ATTENDING 1 <input type="checkbox"/> EVER ATTENDED 2 <input type="checkbox"/> NEVER ATTENDED 3 <input type="checkbox"/> Q16 ←	ATTENDING 1 <input type="checkbox"/> EVER ATTENDED 2 <input type="checkbox"/> NEVER ATTENDED 3 <input type="checkbox"/> Q16 ←
PRE-SCHOOL 00 <input type="checkbox"/> Q16 ← PRIMARY 01 <input type="checkbox"/> LOWER SECONDARY 02 <input type="checkbox"/> SHORT TERM TRAINING 03 <input type="checkbox"/> HIGHER SECONDARY 04 <input type="checkbox"/> TRADE VOC. SCHOOL 05 <input type="checkbox"/> VOC. SCHOOL 06 <input type="checkbox"/> TRADE COLLEGE 07 <input type="checkbox"/> COLLEGE 08 <input type="checkbox"/> UNIVERSITY 09 <input type="checkbox"/> MASTER 10 <input type="checkbox"/> DOCTOR 11 <input type="checkbox"/>	PRE-SCHOOL 00 <input type="checkbox"/> Q16 ← PRIMARY 01 <input type="checkbox"/> LOWER SECONDARY 02 <input type="checkbox"/> SHORT TERM TRAINING 03 <input type="checkbox"/> HIGHER SECONDARY 04 <input type="checkbox"/> TRADE VOC. SCHOOL 05 <input type="checkbox"/> VOC. SCHOOL 06 <input type="checkbox"/> TRADE COLLEGE 07 <input type="checkbox"/> COLLEGE 08 <input type="checkbox"/> UNIVERSITY 09 <input type="checkbox"/> MASTER 10 <input type="checkbox"/> DOCTOR 11 <input type="checkbox"/>	PRE-SCHOOL 00 <input type="checkbox"/> Q16 ← PRIMARY 01 <input type="checkbox"/> LOWER SECONDARY 02 <input type="checkbox"/> SHORT TERM TRAINING 03 <input type="checkbox"/> HIGHER SECONDARY 04 <input type="checkbox"/> TRADE VOC. SCHOOL 05 <input type="checkbox"/> VOC. SCHOOL 06 <input type="checkbox"/> TRADE COLLEGE 07 <input type="checkbox"/> COLLEGE 08 <input type="checkbox"/> UNIVERSITY 09 <input type="checkbox"/> MASTER 10 <input type="checkbox"/> DOCTOR 11 <input type="checkbox"/>	PRE-SCHOOL 00 <input type="checkbox"/> Q16 ← PRIMARY 01 <input type="checkbox"/> LOWER SECONDARY 02 <input type="checkbox"/> SHORT TERM TRAINING 03 <input type="checkbox"/> HIGHER SECONDARY 04 <input type="checkbox"/> TRADE VOC. SCHOOL 05 <input type="checkbox"/> VOC. SCHOOL 06 <input type="checkbox"/> TRADE COLLEGE 07 <input type="checkbox"/> COLLEGE 08 <input type="checkbox"/> UNIVERSITY 09 <input type="checkbox"/> MASTER 10 <input type="checkbox"/> DOCTOR 11 <input type="checkbox"/>
GRADE/YEAR <input type="text"/>	GRADE/YEAR <input type="text"/>	GRADE/YEAR <input type="text"/>	GRADE/YEAR <input type="text"/>
15. CHECK Q 13: IF Q 13 = 1 → Q 16; OTHERWISE → Q 17			
YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>

PART 3: HOUSING INFORMATION

43. HOUSEHOLD HAS THE DWELLING OR NOT	44. Is your household sharing the dwelling with others? IF YES: WRITE SHARED INFORMATION OF THE DWELLING INTO THE REPRESENTATIVE HOUSEHOLD	45. Is the dwelling of your household the apartment building or the single detached house?	47. How many square meters is the total floor space of the house/ flat?
YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> RESULTS ←	NO 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> → THIS IS THE REPRESENTATIVE HH 1 <input type="checkbox"/> BE RECORDED WITH OTHER HH.. 2 <input type="checkbox"/> NAME OF HEAD OF REP. HH <input type="text"/> RESULTS ←	COMBINATION OF OBSERVATION TO RECORD APARTMENT BUILDING 1 <input type="checkbox"/> SINGLE DETACHED HOUSE 2 <input type="checkbox"/>	<input type="text"/> FLOOR SPACE (m ²)

48. What is the main construction material of the pier (or the pivot or the load-bearing wall)?	49. What is the main construction material of the roof?	50. What is the main construction material of the outer walls?	51. What year was the dwelling started using?
CONCRETE 1 <input type="checkbox"/> BRICK/STONE 2 <input type="checkbox"/> STEEL/IRON/DURABLE WOOD ³ <input type="checkbox"/> WOOD OF LOW QUALITY/BAMBOO ⁴ <input type="checkbox"/> OTHER 5 <input type="checkbox"/> (SPECIFY)	CONCRETE 1 <input type="checkbox"/> TILE (CEMENT, TERRA-COTTA) ² <input type="checkbox"/> SLAB (CEMENT, METAL) 3 <input type="checkbox"/> LEAF/STRAW/OIL PAPER 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/> (SPECIFY)	CONCRETE 1 <input type="checkbox"/> BRICK/STONE 2 <input type="checkbox"/> WOOD/METAL 3 <input type="checkbox"/> CLAY/STRAW 4 <input type="checkbox"/> WATTLE/PLYWOOD 5 <input type="checkbox"/> OTHER 6 <input type="checkbox"/> (SPECIFY)	BEFORE 1975 1 <input type="checkbox"/> FROM 1975 TO 1999 2 <input type="checkbox"/> FROM 2000 TO NOW 3 <input type="checkbox"/> 200 <input type="text"/> NOT STATED 4 <input type="checkbox"/>