

र्मण.रेष. पर्येग.म.र्ह्मेग्रा.जय. ४भ.मैग।

Royal Government of Bhutan



Confidential

ন ব্রুলানী ঐ র্রুন মান্দ ট্রেমান্ত্রী মান্ত্রী মান্ত্র মান্তর বিষয় বিষ

Dzongkhag		Dzongkhag (DISTRICT)	Stru	ucture No.		
Gewog/Town		Gewog/Town	Cen	isus House No.		
		Chiwog/Block	Hou	isehold No.		
	V.	/illage	Тур	e of Household (Wr	te one approp	oriate code)
	. Programme E	Enumeration Area	1. 2.			
				Transient		
No. of Visit (V) 1 2 3	Enumerator's Name			Signature	Date :	/05/2005
Completed (🗸)	Supervisor's Name			Signature	Date :	

Use	Use the following type of numeric characters in writing:													
0	1	2	3	Ч	5	6	7	8	9					

(I) TOTAL MEMBERS PRESENT ON CENSUS NIGHT

(II) TOTAL MEMBERS ABSENT OUT OF COUNTRY

FORM PHCB-2B: HOUSEHOLD MEMBERS LIST

PERSON	NAME OF HOUSEHOLD MEMBERS	RELATIONSHIP	SEX	AGE	MEMBER STATUS	MEI	MBERS ABSENT		DURATION ABSENT
Circle nembers	Write the full name, starting with the household head, followed by members present, members absent and visiturs	Relationship to head of the	(1) Male -	-Write age in	(1) Member present (2) Member absent (3) Visitor/guest	Within Bhutan	Outside Bhutan	CODE	Write the duration absent in
ualifying PHCB-2C	Visitors 2	household (See code below)	(2) Female	completed years	(8) Visitor/gyest If [1] or [3] GO TO NEXT MEMBER	Mention Dzongkhag, Gewog/Town	Mention Country	For Office use	completed numbers of months
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
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]		1 200 00	<u> </u>	i Sirus					1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
ODES FO	R COLUMN 3: (01) Head (02) Spouse (03) Son (04) Daughter (14) Grand daughter (15) Son-in-law (16) Daug	· (05) Father (06) Moti ghter-in-law (17) Fath	her (07) Broth er-in-law (18)	er (08) Sister Mother-in-lav	(09) Niece (10) Nephew v (19) Brother-in-law (20	(11) Grand father (12) Grand mother (13) Gra Sister-in-law (21) Other family relatives (22)	and son) Non relatives		
			SEMALE!			oparulassi gesponis een besniik roo belikkinse 1,5 kin Wilause 201 (000 tel T		MALE	FEMALE

(III) TOTAL VISITORS ON CENSUS NIGHT

(IV) TOTAL { (I) + (II) + (III) }

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FORM PHCB-2C: INDIVIDUAL MEMBER DETAILS

PART A: GENERAL DEMOGRAPHIC CHARACTERISTICS AND MIGRATION

FOR PERSONS OF ALL AGES

								OF ALL AGES					
PERSON NUMBER	NAME OF HOUSEHOLD MEMBER	MARITAL STATUS	RELIGION	SPOKEN LANG	UAGE	DISAE	BILITY	PLACE OF BIRTH		DURATION OF STAY	PREVIOUS RESIDENCE		REASON FOR MIGRATION
Copy Person Number from Form PHCB-2B	Write the name of the member exactly as in PHCB-2B.	(1) Single (2) Married (3) Widowed (4) Divorced (5) Separated (6) Living together	(1) Buddhism (2) Hinduism (3) Other	Write the language mainly spoken by the person in the household. (For babies and speech disabled write '99'.)	For office use	Physical disat (1) In seeir (2) In spea (3) In hear (4) In movi (5) Mental	oility ng king ing ng	born within Bhutan and name of country if born outside Bhutan.	For office use	Duration of stay in the current gewog/town? Write in completed years; if less than one year write "00")	Write the name of Dzongkhag, gewog/town if born within Bhutan and name of country if born outside Bhutan.	CODE For office	Reason for change of residence (Enter Code from list below)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
												333	000000000000000000000000000000000000000

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FORM PHCB - 2C: INDIVIDUAL MEMBER DETAILS

PART B: EDUCATION AND EMPLOYMENT

EMPLOYMENT AND INCOME (FOR PERSONS AGE 15 AND OVER)

	EDUC	CATION (PERS	ONS 6 YEARS A	ND OVER)			EMPLO	MENT AND	D INCOME (FOR PE	RSONS AGE 15 AND OV	/ER)		
PERSON NO.	Can read & write in any language	Attended School/Institute	Highest grade completed	Attended traditional/ nonformal/self learning	Worked in the past one week?	Sector of Employment	Main Occupation in week	the past one	Employment status	Reason for not working	Professional Skills		Main source of income
Copy Person Number from Form PHCB-2C (Part A)	(1) Yes (2) No	(1) Now (2) Past (3) Never GO TO 19	(00) No grade (01) Grade 1 	Write number of years completion in traditional/ nonformal education, if did not attend, write '99'	Worked for cash or kind at least one hour in the past one week. (1) Yes (2) No GO TO 25	(01) Agriculture (02) Mining/Quarrying (03) Manufacturing (04) Electricfly/gas/water (05) Construction (06) Retail/Wholesale Trade (07) Hote/Resturant (08) Transport/Commun. (09) Finance/Insurrance (10) Public admn/security (11) Education (12) Health services (13) Others (Specify)	Examples: Primary Teacher Dentist Electrical Engineer Auto Mechanic Farmer Clerk Computer Operator Goldsmith Blacksmith Mask Dancer etc.	For office use	(01) Employer (02) Paid Employee (03) Own-account worker (04) Unpaid family worker (05) Others (Specify)	(01) No job (02) Absent from work (03) Waiting for work (04) Looking for work (05) Waiting for seasonal work (06) Taking care of home (07) all health (08) Studying (09) Disabled (10) Old age (11) Doesn't want to work	Examples: Teaching Dentistry Electrical Engineering Auto Mechanic Farming Clerk Computer Operator Goldsmith Blacksmith Mask Dancer etc. No skill	CODE Fol- office use	(01) Salary/wage (02) Own enterprise (03) Farming (04) Property (05) Pension (06) Stipend (07) Remittances (08) Livestock (09) Weaving (10) Other sources (11) No income
(15)	16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
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FORM PHCB-2C: INDIVIDUAL MEMBER DETAILS

PART C: FERTILITY OF WOMEN AGE 15-49 YEARS (NOTE: PART C: Fill in for all women aged 15-49 years including institutional households and transient population)

PERSON	NAME						TOTAL NUM		THS AND BIRTH ATTENDANCE			
NUMBER	NAME	CAEN DEFINERED				N HER LIFETII	ИE		NUMBER OF C	HILDREN BOF	RN IN PAST 12	MONTHS
Copy Person Number from Form PHCB- 2C (PART A)	Write the full name of the woman	Ever given birth in her lifetime	born to th	live children e woman in fe time	1994 S. T. L.	y are living?	How man	y are dead?	Any delivery in the past 12 months?	Number of c	children born	Did trained health professional attend during delivery?
		(1) Yes (2) No GO TO NEXT WOMAN	Male	Female	Male	Female	Male	Female	(1) Yes (2) No GO TO NEXT WOMAN	Male	Female	(1) Yes (2) No
(1)	(2)	(3)		(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)

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FORM PHCB-2D: HOUSEHOLD INFORMATION

PART A: HOUSING CONDITIONS AND FACILITIES (NOTE : Part A: Need not be filled in for institutional households and transient population)

Cirlcle the relevant options

APPROACH ROAD	WALL MATERIAL	ROOF MATERIAL	HOUSE OCCUPATION STATUS	NUMBER OF ROOMS	LIGHTING	COOKING FUEL	TOILET FACILITY	DRINKING WATER SOURCE	VISIT TO HEALTH FACILITY	COMUNICATION MEDIA FACILITIES	OWNERSHIP/ ASSETS	HAPPINESS
Distance of household from the nearest motorable road head	Main construction material of the wall	Construction material of roof	On what basis does the household occupy this house?	No. of rooms occupied by household (excluding bathroom, toilet and storeroom)	Main Source of Lighting	Circle Two Main Cooking Fuel	Toilet facility in use	Main source of drinking water supply	Did any household member attend a health facility in the past one year?	Communication facilities + available in the household	Does the household own the following anywhere?	Are you happy?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
(1) less than 30 minutes	(1) Concrete/ Brick/Stone	(1) Concrete/ Brick/Stone	(1) Owner occupied	(1) One room	(1) Electricity	(1) Electricity	(1) Independent flush toilet inside house	(1) Piped water within house	(1) Yes	(1) Road/ Tape player	(1) Land/plot	(1) Yes
(2) 30 minutes - 1 hour	(2) CGI/Metal	(2) CGI/Metal	(2) Rented Govt. House	(2) Two rooms	(2) Kerosene	(2) Kerosene	(2) Independent flush toilet outside house	(2) Piped water outside house	(2) No	(2) TV/Video	(2) House/building	(2) No
(3) 1 - 2 hours	(3) Mud	(3) Mud	(3) Rented private house	(3) Three rooms	(3) Firewood	(3) Firewood	(3) Shared flush toilet outside house	(3) Spring/ river/ pond	(1) Too tar	(3) Telephone (land line)	(3) Livestock	
(4) 2 - 3 hours	(4) Wood	(4) Wood	(4) Rent free private house	(4) Four rooms	(4) Solar	(4) Solar	(4) VIDP latrine outside house	(4) Rain water	(2) No need	(4) Mobile phone	(4) Business	
(5) 3 - 4 hours	(5) Straw/ leaves	(5) Straw/ leaves	(5) Rent free govt. house	(5) Five rooms	(5) LPG	(5) LPG	(5) Long drop latrine inside house	(5) Tube well	(3) No faith	(5) Computer	(5) Vehicle	
(6) 4 - 5 hours	(6) Bamboo	(6) Bamboo	(6) Others (Specify)	(6) Six rooms	(6) Personal generator	(6) Others (Specify)	(6) Pit latrine	(6) Others (Specify)	(4) No time	(6) Internet	(6) Fridge	
(7) 5 - 6 hours	(7) Others (Specify)	(7) Slate		(7) Seven rooms	(7) Candle		(7) No toilet facility		(5) No money	(7) Others (Specify)	(7) Washing macine	
(8) More than 6 hours		(8) Others (Specify)		(8) Eight or more rooms	(8) Others (Specify)		(8) Others (Specify)		(6) Prefer home treatment		(8) Machinery	
									(7) Transport problem		(9) Others (Specify)	
												

Use	the fo	ilowir	ng typ	e of n	ımeric	char	acters	in wri	ting:
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FORM PHCB-2D: HOUSEHOLD INFORMATION

PART B: PARTICULARS OF THE DECEASED IN PAST 12 MONTHS (NOTE: PART B: Need not be filled in for institutional households and transient population)

SL. NO. Write serial number	NAME OF DECEASED Write the full name of the deceased	SEX (1) Male (2) Female	RELATIONSHIP Relationship of the deceased to the household head (Use code)	AGE OF DEATH Write the age at time of death in completed years/months/days.	OCCUPATION Write the Occupation at time of death COLUMN	CODE Nature of ill accident that the dear (Enter code)	ILLNESS AT DEATH	FOR WOMEN 15-49 WHO DIED	
							Nature of illness or accident that caused the death (Enter code from the list below)	Did the woman die while pregnant, during delivery or within 42 days after giving birth? (1) YES (2) NO	If "Yes" in Col. 9, mention the health professional who attended her before death? (Enter code from the list below)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
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CODES FOR COLUMN 8 : NATURE OF ILLNESS AND ACCIDENTS

(01) Fever (02) Diarrhoea (03) Heart Disease (04) Stomach related (05) Measles (06) Pneumonia (07) Cancer (08) Pregnancy related (09) Malaria (10) Road accident (11) Drowning (12) Accident at work (13) Natural calamity (14) Animal/insect bite (15) Suicide (16) Other accidents (17) Vollence (18) Others (specify)

CODES FOR COLUMN 10: HEALTH PROFESSIONAL

(1) Doctor (2) Nurse (3) Midwife (4) Others (5) None

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