### LONG FORM QUESTIONNAIRE (2010 Brazilian Census)

**IDENTIFICATION - LIST OF ADDRESSES (CNEFE)**

**FOR OCCUPIED PERMANENT PRIVATE HOUSING UNITS - HOUSING CHARACTERISTICS**

#### 2.01 – THIS HOUSING UNIT IS:

- Owner by a resident - already paid
- Owner by a resident - being paid
- Rented
- Lent by employer
- Lent by other means
- Other condition

**2.011 - RENTAL PRICE**

[Create combo box with rent range]

Go to 2.02

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

- Masonry – with coating
- Masonry – without coating
- Appropriate wood for construction (prepared)
- Coated stucco
- Uncoated stucco
- Reused wood
- Straw
- Other material
- No wall

Go to 2.03

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

[Combo]

Go to 2.04

#### 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?

- Bathroom with shower (or bathtub) and toilet
- Bathroom with only toilet
- No bathroom

Go to 2.06

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

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

- Yes (Go to 2.07)
- No (Go to 2.08)

Go to 2.07

#### 2.07 – THE BATHROOM OR TOILET DRAIN IS CONNECTED TO:

- Public sewer system
- Septic tank
- Rudimentary cesspit
- Ditch
- River, lake or sea
- Other sewage system

Go to 2.08

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

- Public water supply system
- Well or spring in property
- Well or spring outside property
- Water tanker truck
- Water stored in cistern
- Rainwater stored in another way
- Rivers, lakes and creeks
- Other

Go to 2.09

#### 2.09 – DOES THIS HOUSING UNIT HAVE PIPED WATER?

- Yes, at least in one room
- Yes, only in the land or property
- No

Go to 2.10

#### 2.10 – THE SOLID WASTE IN THIS HOUSING UNIT IS:

- Collected directly by public or private services
- Stored in dumpsters
- Burned (in the property)
- Throw away on vacant lots or public areas
- Thrown away in river, lake or sea
- Other

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

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

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

2.14 – TELEVISION?  1 - YES  2 - NO
Go to 2.16

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

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

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

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

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

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

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

2.22 – AUTOMOBILE FOR PRIVATE USE?  1 - YES  2 - NO
Go to 2.23

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  3.03 - SEX  3.05 - YEAR OF LAST DEPARTURE TO LIVE IN ANOTHER COUNTRY
1 - M  2 - F

3.06 - COUNTRY OF RESIDENCE ON JULY 31, 2010
Go to 3.06

4.01 – HOW MANY PEOPLE WERE LIVING IN THIS HOUSING UNIT ON JULY 31, 2010?
Go to 4.02

4.02 – THIS HOUSEHOLD IS UNDER THE RESPONSIBILITY OF:
1 - ONLY ONE PERSON  2 - MORE THAN ONE PERSON
Go to 5.01

5.01 - NAME OF RESIDENT  5.02 - WHAT IS THE RELATIONSHIP WITH THE RESPONSIBLE PERSON OF THE HOUSEHOLD?
PERSON 1 - NAME  PERSON 2 - NAME  PERSON N - NAME

5.03 - Order number
1
2

N
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?

(Open combo box of month: 0 - 11)
6.031 - UNDER 1 YEAR MONTHS
6.032 - 1 YEAR OR OVER

Go to 6.04

6.04 - IS YOUR MOTHER ALIVE?

1 - YES, AND SHE IS RESIDENT OF THIS HOUSEHOLD (Go to 6.05)
2 - YES, AND SHE IS RESIDENT OF ANOTHER HOUSEHOLD
3 - NO
4 - NOT KNOWN

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)

6.05 - NAME OF THE RESIDENT’S MOTHER

Go to 6.06

6.06 - YOUR COLOR OR RACE IS:

1 - WHITE
2 - BLACK
3 - YELLOW
4 - BROWN
5 - INDIGENOUS

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

Open combo box of language (entering 2 characters)
(SPECIFY THE INDIGENOUS LANGUAGE(S) SPOKEN - UP TO TWO ENTRIES)

6.10 - WHICH?

6.11 - DO YOU SPEAK PORTUGUESE IN THE HOUSING UNIT? (Including the use of sign language)

1 - YES
2 - NO

Go to 6.12

6.12 - WHAT IS YOUR RELIGION OR CULT?

Open combo box of religion (entering 4 characters)

(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
2 - YES, GREAT DIFFICULTY
3 - YES, SOME DIFFICULTY
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  3 - YES, SOME DIFFICULTY
2 - YES, GREAT DIFFICULTY  Go to 6.16  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  3 - YES, SOME DIFFICULTY
2 - YES, GREAT DIFFICULTY  Go to 6.17  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  3 - NO
Go to 6.18

6.18 - WERE YOU BORN IN THIS MUNICIPALITY?
1 - YES, AND HAVE ALWAYS LIVED IN IT  3 - NO (Go to 6.19)
2 - YES, BUT HAVE LIVED IN ANOTHER MUNICIPALITY OR FOREIGN COUNTRY  (Go to 6.19)
If 5 or older, skip to 6.27. OR FOREIGN COUNTRY  Otherwise, skip to 6.28

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  Open combo box of foreign country (entering 3 characters)
2 - FOREIGN COUNTRY  Go to 6.221

6.221 - FEDERATION UNIT  Open combo box of federation unit (entering 3 characters)
6.223 - FOREIGN COUNTRY

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

6.2255 - FOREIGN COUNTRY

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  3 - FOREIGN COUNTRY
Open combo box of federation unit  Open combo box of foreign country (entering 3 characters)
6.251 - FEDERATION UNIT  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)

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  Open combo box of foreign country (entering 3 characters)
6.261 - FEDERATION UNIT  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)

6.265 - FOREIGN COUNTRY

6.267 - MUNICIPALITY
Open combo box of municipality for the selected federation unit (entering 3 characters)
### 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)
- 2 - YES, PRIVATE
- 3 – NO, BUT I HAVE ATTENDED BEFORE  (Skip to 6.33)
- 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  (Skip to 6.36)
- 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)  (Skip to 6.35)
- 11 - MASTER DEGREE  (Skip to 6.35)
- 12 - DOCTORATE (PhD)

#### 6.30 - WHAT GRADE ARE YOU ATTENDING?
- 01 - FIRST
- 02 - SECOND
- 03 - THIRD
- 04 - FOURTH
- 05 - FIFTH
- 06 - SIXTH
- 07 - SEVENTH
- 08 - EIGHTH
- 09 – NINTH
- 10 – NON-GRADED COURSE

#### 6.31 - WHAT GRADE ARE YOU ATTENDING?
- 1 - FIRST
- 2 - SECOND
- 3 - THIRD
- 4 - FOURTH
- 5 – NON-GRADED COURSE

#### 6.32 - HAVE YOU FINISHED ANOTHER HIGHER EDUCATION COURSE?
- 1 - YES  (Skip to 6.35)
- 2 - NO  (Skip to 6.36)
**FOR RESIDENT WHO IS NOT ATTENDING SCHOOL OR NURSERY, BUT HAS ATTENDED BEFORE**

### 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
- **05** - (FROM THE FIRST TO THE FOURTH GRADE) REGULAR BASIC EDUCATION
- **06** - (FIFTH GRADE)
- **07** - (FROM THE SIXTH TO THE NINTH GRADE)
- **08** - YOUTH AND ADULT BASIC EDUCATION
- **09** - FORMER UPPER SECONDARY EDUCATION
- **10** - REGULAR OR YOUTH AND ADULT UPPER SECONDARY EDUCATION
- **11** - HIGHER EDUCATION
- **12** - HIGHER EDUCATION SPECIALIZATION (AT LEAST 360 HOURS)
- **13** - MASTER DEGREE
- **14** - DOCTORATE (PhD)

**Go to 6.34**

### 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)

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

- **1** - THIS MUNICIPALITY
- **2** - ANOTHER MUNICIPALITY
- **3** - FOREIGN COUNTRY

**Open combo box of country (entering 3 characters)**

**6.361 - FEDERATION UNIT**

**Open combo box of federation unit**

**6.363 - MUNICIPALITY**

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

### 6.37 - DO YOU LIVE WITH A SPOUSE OR PARTNER?

- **1** - YES
- **2** - BUT HAVE LIVED
- **3** - HAVE NEVER LIVED

**Open combo box with the list of residents to identify the spouse or partner**

(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)

**6.38 - NAME OF SPOUSE OR PARTNER**

**6.39 - TYPE OF UNION:**

- **1** - CIVIL AND RELIGIOUS MARRIAGE
- **2** - ONLY CIVIL MARRIAGE
- **3** - ONLY RELIGIOUS MARRIAGE
- **4** - CONSENSUAL UNION

**Go to 6.40**

### 6.40 - WHAT IS YOUR MARITAL STATUS?

- **1** - MARRIED
- **2** - DIVORCED
- **3** - SINGLE

**FOR RESIDENTS AGED 10 OR OVER**

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

- **1** - THIS MUNICIPALITY
- **2** - ANOTHER MUNICIPALITY
- **3** - FOREIGN COUNTRY

**Open combo box of country (entering 3 characters)**

**6.361 - FEDERATION UNIT**

**Open combo box of federation unit**

**6.363 - MUNICIPALITY**

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

### 6.37 - DO YOU LIVE WITH A SPOUSE OR PARTNER?

- **1** - YES
- **2** - BUT HAVE LIVED
- **3** - HAVE NEVER LIVED

**Open combo box with the list of residents to identify the spouse or partner**

(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)

**6.38 - NAME OF SPOUSE OR PARTNER**

**6.39 - TYPE OF UNION:**

- **1** - CIVIL AND RELIGIOUS MARRIAGE
- **2** - ONLY CIVIL MARRIAGE
- **3** - ONLY RELIGIOUS MARRIAGE
- **4** - CONSENSUAL UNION

**Go to 6.40**

### 6.40 - WHAT IS YOUR MARITAL STATUS?

- **1** - MARRIED
- **2** - DIVORCED
- **3** - SINGLE

**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
- **2** - ANOTHER MUNICIPALITY
- **3** - FOREIGN COUNTRY

**Open combo box of country (entering 3 characters)**

**6.361 - FEDERATION UNIT**

**Open combo box of federation unit**

**6.363 - MUNICIPALITY**

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

### 6.37 - DO YOU LIVE WITH A SPOUSE OR PARTNER?

- **1** - YES
- **2** - BUT HAVE LIVED
- **3** - HAVE NEVER LIVED

**Open combo box with the list of residents to identify the spouse or partner**

(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)

**6.38 - NAME OF SPOUSE OR PARTNER**

**6.39 - TYPE OF UNION:**

- **1** - CIVIL AND RELIGIOUS MARRIAGE
- **2** - ONLY CIVIL MARRIAGE
- **3** - ONLY RELIGIOUS MARRIAGE
- **4** - CONSENSUAL UNION

**Go to 6.40**

### 6.40 - WHAT IS YOUR MARITAL STATUS?

- **1** - MARRIED
- **2** - DIVORCED
- **3** - SINGLE
| 2 - JUDICALLY 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 PAID ACTIVITY FOR CASH, PRODUCTS, GOODS OR BENEFITS?

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 PAID WORK FROM WHICH YOU WERE TEMPORARILY AWAY?

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?

1 - YES (Skip to 6.46)  2 - NO (Go to 6.44)

6.45 - HOW MANY JOBS DID YOU HAVE?

1 - ONE  2 - TWO OR MORE

Questions 6.45 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 FIREFIGHTER
03 - PUBLIC SECTOR EMPLOYEE
04 - EMPLOYEE WITHOUT A FORMAL CONTRACT
05 - OWN-ACCOUNT WORKER
06 - EMPLOYER
07 - UNPAID WORKER

Go to 6.49

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

1 - (1 TO 5 PERSONS)  2 - (6 TO 10 PERSONS)  3 - (11 TO 20)  4 - (21 TO 50)  5 - (51 TO 100)  6 - (MORE THAN 100)

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.)  3 - NONE

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.)  3 - NONE

Go to 6.51

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.)  3 - NONE

Go to 6.52

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

1 - (1 TO 5 PERSONS)  2 - (6 TO 10 PERSONS)  3 - (11 TO 20)  4 - (21 TO 50)  5 - (51 TO 100)  6 - (MORE THAN 100)

Go to 6.53
6.63 - HOW MANY LIVE BIRTHS DID YOU HAVE UP TO JULY 31, 2010?

1 - LIVE BIRTHS

3 - NONE (Skip to 6.69)

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

1 - ALIVE CHILDREN ON

2 - NOT KNOWN

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

1 - MALE

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

6.662 - YEAR

6.663 - PRESUMED AGE ON 07/31/2010

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?

6.681 - MONTH

1 - YOU KNOW MONTH AND YEAR OR ONLY YEAR

2 - NOT KNOWN

6.682 - YEAR

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

2 - NONE

3 - NOT KNOWN

6.70 - WHO PROVIDED THE INFORMATION ABOUT THIS PERSON?

1 - THE OWN PERSON

2 - ANOTHER RESIDENT

3 - A NON-RESIDENT (Finish this person's interview)

6.71 - Name of the other resident (The order number of this person must be recorded in the system)

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

1 - YES (Go to 7.02)

2 - NO (Finish the interview)

7.01 - MONTH AND YEAR OF DEATH

7.04 - SEX

1 - M

2 - F

7.05 - AGE AT DEATH

7.051 - IN YEARS

7.052 - IN MONTHS
### 1. **IDENTIFICATION - LIST OF ADDRESSES (CNEF)**

#### 2. FOR OCCUPIED PERMANENT PRIVATE HOUSING UNITS - HOUSING CHARACTERISTICS

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.01</strong> - THIS HOUSING UNIT IS:</td>
<td>1 - OWNED BY A RESIDENT - ALREADY PAID</td>
</tr>
<tr>
<td></td>
<td>2 - OWNED BY A RESIDENT - BEING PAID</td>
</tr>
<tr>
<td></td>
<td>3 - RENTED</td>
</tr>
<tr>
<td><strong>2.011</strong> - RENTAL PRICE</td>
<td>(Create combo box with rent range)</td>
</tr>
</tbody>
</table>

Go to 2.02

| **2.02** - PREDOMINANT MATERIAL OF THIS HOUSING UNIT OUTSIDE WALLS IS: | 1 - MASONRY – WITH COATING | 5 - UNCOATED STUCCO |
| 2 - MASONRY – WITHOUT COATING | 6 - REUSED WOOD |
| 3 - APPROPRIATE WOOD FOR CONSTRUCTION (PREPARED) | 7 - STRAW |
| 4 - COATED STUCCO | 8 - OTHER MATERIAL |

Go to 2.03

| **2.03** - HOW MANY ROOMS ARE THERE IN THIS HOUSING UNIT? | (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 | 1 - YES (Go to 2.07) |
| | 2 - NO (Go to 2.08) |

Go to 2.06

| **2.06** - DOES THIS HOUSING UNIT HAVE A TOILET OR HOLE FOR THE PHYSIOLOGICAL NEEDS, INCLUDING THE TOILETS LOCATED OUTSIDE OR IN THE PROPERTY? |
| | 1 - YES | 2 - NO |

Go to 2.07

| **2.07** - THE BATHROOM OR TOILET DRAIN IS CONNECTED TO: | 1 - PUBLIC SEWER SYSTEM | 3 - RUDIMENTARY CESSPIT |
| 2 - SEPTIC TANK | 4 - DITCH |
| 5 - RIVER, LAKE OR SEA | 6 - OTHER SEWAGE SYSTEM |

Go to 2.08

| **2.08** - THE FORM OF WATER SUPPLY USED IN THIS HOUSING UNIT IS: | 1 - PUBLIC WATER SUPPLY SYSTEM |
| 2 - WELL OR SPRING IN PROPERTY | 3 - WELL OR SPRING OUTSIDE PROPERTY |
| 4 - WATER TANKER TRUCK | 5 - RAINWATER STORED IN CISTERN |
| 6 - RAINWATER STORED IN OTHER WAY | 7 - RIVERS, LAKES AND CREEKS |
| 8 - OTHER | 9 - WELL OR SPRING IN INDIGENOUS SETTLEMENT |
| 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 |

Go to 2.10

| **2.10** - THE SOLID WASTE IN THIS HOUSING UNIT IS: | 1 - COLLECTED DIRECTLY BY PUBLIC OR PRIVATE SERVICES |
| 2 - STORED IN DUMPSTERS | 3 - BURIED (in the property) |
| 4 - BURIED (in the property) | 5 - THROWN AWAY ON VACANT LOTS OR PUBLIC AREAS |
| 6 - THROWN AWAY IN RIVER, LAKE OR SEA |

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

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

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

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

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

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

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

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

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

2.21 – MOBILE TELEPHONE FOR PRIVATE USE?
1 - YES  2 - NO
Go to 2.22

2.22 – AUTOMOBILE FOR PRIVATE USE?
1 - YES  2 - NO
Go to 2.23

3

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
3.03 - SEX
3.04 - YEAR OF BIRTH
3.05 - YEAR OF LAST DEPARTURE TO LIVE IN ANOTHER COUNTRY ON JULY 31, 2010
3.06 - COUNTRY OF RESIDENCE

4

4.01 – HOW MANY PEOPLE WERE LIVING IN THIS HOUSING UNIT ON JULY 31, 2010?
Go to 4.02

5

5.01 - NAME OF RESIDENT
5.02 - WHAT IS THE RELATIONSHIP WITH THE RESPONSIBLE PERSON OF THE HOUSEHOLD?

1. RESPONSIBLE PERSON
2. HUSBAND / WIFE OR PARTNER OF DIFFERENT SEX
3. PARTNER OF THE SAME SEX
4. SON/DAUGHTER OF RESPONSIBLE AND HUSBAND/WIFE
5. SON/DAUGHTER ONLY OF RESPONSIBLE PERSON
6. STEPSON/ STEPDaUGHTER
7. SON-IN-LAW OR DAUGHTER-IN-LAW
8. FATHER, MOTHER, STEPFATHER OR STEPMOTHER
9. FATHER-IN-LAW / MOTHER-IN-LAW
10. GRANDSON / GRANDDAUGHTER
11. GREAT-GRANDSON / GREAT-GRANDDAUGHTER
12. BROTHER OR SISTER
13. GRANDFATHER OR GRANDMOTHER
14. OTHER RELATIVE
15. NON-PAYING UNRELATED RESIDENT
16. HOUSEMATE
17. ROOMER
18. DOMESTIC SERVANT
19. RELATIVE OF DOMESTIC SERVANT
20. INDIVIDUAL IN A COLLECTIVE LIVING QUARTER

5.03 - Order number

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?
1 - YES (Go to 5.01)  2 - NO (Go back to the list for inclusion)
### RESIDENT CHARACTERISTICS

#### 6.00 - NAME

- **Go to 6.01**

#### 6.01 - SEX

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>MALE</td>
</tr>
<tr>
<td>2</td>
<td>FEMALE</td>
</tr>
</tbody>
</table>

**Go to 6.02**

#### 6.02 - WHAT IS YOUR MONTH AND YEAR OF BIRTH?

- **Go to 6.03**

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>6.021</td>
<td>MONTH</td>
</tr>
<tr>
<td>6.022</td>
<td>YEAR</td>
</tr>
</tbody>
</table>

**Go to 6.04**

#### 6.03 - WHAT WAS YOUR AGE ON JULY 31, 2010?

- **Go to 6.04**

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>6.031</td>
<td>1 YEAR OR OVER years</td>
</tr>
<tr>
<td>6.032</td>
<td>UNDER 1 YEAR MONTHS</td>
</tr>
</tbody>
</table>

**Go to 6.04**

#### 6.04 - IS YOUR MOTHER ALIVE?

- **Go to 6.05**

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<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>YES, AND SHE IS RESIDENT OF THIS HOUSEHOLD</td>
</tr>
<tr>
<td>2</td>
<td>YES, AND SHE IS RESIDENT OF ANOTHER HOUSEHOLD</td>
</tr>
<tr>
<td>3</td>
<td>NO</td>
</tr>
<tr>
<td>4</td>
<td>NOT KNOWN</td>
</tr>
</tbody>
</table>

**Go to 6.06**

#### 6.05 - NAME OF THE RESIDENT'S MOTHER

**Go to 6.06**

#### 6.06 - YOUR COLOR OR RACE IS:

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<tbody>
<tr>
<td>1</td>
<td>WHITE</td>
</tr>
<tr>
<td>2</td>
<td>BLACK</td>
</tr>
<tr>
<td>3</td>
<td>YELLOW</td>
</tr>
<tr>
<td>4</td>
<td>BROWN</td>
</tr>
<tr>
<td>5</td>
<td>INDIGENOUS</td>
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</table>

**Go to 6.07**

#### 6.07 - DO YOU CONSIDER YOURSELF INDIGENOUS?

<p>| | |</p>
<table>
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<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
</tbody>
</table>

**Go to 6.08**

#### 6.08 - WHAT ETHNIC GROUP OR PEOPLE DO YOU BELONG TO?

**Go to 6.09**

#### 6.09 - DO YOU SPEAK INDIGENOUS LANGUAGE IN THE HOUSING UNIT? (Including the use of sign language)

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<thead>
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<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
</tbody>
</table>

**Go to 6.10**

#### 6.10 - WHICH?

**Go to 6.11**

#### 6.11 - DO YOU SPEAK PORTUGUESE IN THE HOUSING UNIT? (Including the use of sign language)

<p>| | |</p>
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<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
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</table>

**Go to 6.12**

#### 6.12 - WHAT IS YOUR RELIGION OR CULT?

**Go to 6.13**

#### 6.13 - HAS YOUR BIRTH BEEN REGISTERED?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>YES, AS A BIRTH CERTIFICATE AT REGISTRY OFFICE</td>
</tr>
<tr>
<td>2</td>
<td>YES, AS A CERTIFICATE OF LIVE BIRTH AT HOSPITAL / MATERNITY</td>
</tr>
<tr>
<td>3</td>
<td>YES, AS AN ADMINISTRATIVE REGISTRATION OF INDIGENOUS BIRTH</td>
</tr>
<tr>
<td>4</td>
<td>NO</td>
</tr>
<tr>
<td>5</td>
<td>NOT KNOWN</td>
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</table>

**Go to 6.14**

#### 6.14 - DO YOU HAVE PERMANENT DIFFICULTY IN SEEING?

<p>| | |</p>
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<thead>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>YES, CANNOT DO IT AT ALL</td>
</tr>
<tr>
<td>2</td>
<td>YES, GREAT DIFFICULTY</td>
</tr>
<tr>
<td>3</td>
<td>YES, SOME DIFFICULTY</td>
</tr>
<tr>
<td>4</td>
<td>NO</td>
</tr>
</tbody>
</table>

**Go to 6.15**

#### FOR RESIDENTS AGED 10 OR UNDER

**Go to 6.16**

#### DISABILITY - FOR ALL RESIDENTS

**Go to 6.17**

#### 6.17 - WHAT IS YOUR RELIGION OR CULT?

**Go to 6.18**
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
3 - YES, SOME DIFFICULTY
4 - NO
Go to 6.16

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
3 - YES, SOME DIFFICULTY
4 - NO
Go to 6.17

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

6.18 - WERE YOU BORN IN THIS MUNICIPALITY?
1 - YES, AND HAVE ALWAYS LIVED IN IT
2 - YES, BUT HAVE LIVED IN ANOTHER MUNICIPALITY OR FOREIGN COUNTRY
3 - NO
(Go to 6.19)

6.19 - WERE YOU BORN IN THIS FEDERATION UNIT (STATE)?
1 - YES, AND HAVE ALWAYS LIVED IN IT
2 - YES, BUT HAVE LIVED IN ANOTHER FEDERATION UNIT OR FOREIGN COUNTRY
3 - NO
(Skip to 6.20)

6.20 - WHAT IS YOUR NATIONALITY?
1 - NATIVE BRAZILIAN
2 - NATURALIZED BRAZILIAN
3 - FOREIGNER
(Go to 6.21)

6.21 - IN WHAT YEAR DID YOU MOVE TO BRAZIL?
1 - FEDERATION UNIT / MUNICIPALITY
2 - FOREIGN COUNTRY
Go to 6.22

6.22 - WHAT IS YOUR FEDERATION UNIT (STATE) OR FOREIGN COUNTRY OF BIRTH?
1 - FEDERATION UNIT
2 - FOREIGN COUNTRY
Go to 6.23

6.23 - FOR HOW LONG HAVE YOU LIVED UNINTERRUPTEDLY IN THIS FEDERATION UNIT (STATE)?
(Number of years)
Go to 6.24

6.24 - FOR HOW LONG HAVE YOU LIVED UNINTERRUPTEDLY IN THIS MUNICIPALITY?
(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 6.26.

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
Go to 6.26

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
Go to 6.27

INTERNAL AND INTERNATIONAL MIGRATION
6.27 - CAN YOU READ AND WRITE?
1 - YES  Go to 6.28  2 - NO

FOR RESIDENTS AGED 5 OR OVER

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 ALL RESIDENTS

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  
06 - YOUTH AND ADULT BASIC EDUCATION  
07 - REGULAR UPPER SECONDARY EDUCATION  
08 - YOUTH AND ADULT UPPER SECONDARY EDUCATION  
09 - HIGHER EDUCATION  
10 - HIGHER EDUCATION SPECIALIZATION (AT LEAST 360 HOURS)  
11 - MASTER DEGREE  
12 - DOCTORATE (PhD)

6.30 - WHAT GRADE ARE YOU ATTENDING?
01 - FIRST  
02 - SECOND  
03 - THIRD  
04 - FOURTH  
05 - FIFTH  
06 - SIXTH  
07 - SEVENTH  
08 - EIGHTH  
09 - NINTH  
10 - NON-GRADED COURSE

6.31 - WHAT GRADE ARE YOU ATTENDING?
1 - FIRST  
2 - SECOND  
3 - THIRD  
4 - FOURTH  
5 - NON-GRADED COURSE

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
- 05 - (FROM THE FIRST TO THE FOURTH GRADE)
- 06 - (FIFTH GRADE) IF UNDER 10 YEARS, SKIP TO 6.70
- 07 - (FROM THE SIXTH TO THE NINTH GRADE)
- 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?

- 01 - YES
- 02 - NO

6.35 - WHICH WAS THE HIGHEST LEVEL YOU HAVE CONCLUDED?

- 01 - HIGHER EDUCATION
- 02 - MASTER DEGREE
- 03 - DOCTORATE (PhD)

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

- 01 - THIS MUNICIPALITY (If you are 10 years or over, skip to 6.37. Otherwise, skip to 6.70)
- 02 - ANOTHER MUNICIPALITY
- 03 - FOREIGN COUNTRY

6.37 - DO YOU LIVE WITH A SPOUSE OR PARTNER?

- 01 - YES
- 02 - BUT HAVE LIVED (Go to 6.40)
- 03 - HAVE NEVER LIVED (Go to 6.40)

6.38 - NAME OF SPOUSE OR PARTNER

6.39 - TYPE OF UNION:

- 01 - CIVIL AND RELIGIOUS MARRIAGE
- 02 - ONLY CIVIL MARRIAGE (Go to 6.40)
- 03 - ONLY RELIGIOUS MARRIAGE
- 04 - CONSENSUAL UNION

6.40 - WHAT IS YOUR MARITAL STATUS?

- 01 - MARRIED
- 02 - DIVORCED
- 03 - SINGLE
| 2 - JUDICIAVELY 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 PAID ACTIVITY: FOR CASH, PRODUCTS, GOODS OR BENEFITS?  
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 PAID WORK FROM WHICH YOU WERE TEMPORARILY AWAY?  
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?  
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

Questions 6.45 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 (Go to 6.49)  
03 - PUBLIC SECTOR EMPLOYEE (Skip to 6.50)  
04 - EMPLOYEE WITHOUT A FORMAL CONTRACT (Skip to 6.50)  
05 - OWN-ACCOUNT WORKER (Skip to 6.50)  
06 - EMPLOYER (Go to 6.49)  
07 - UNPAID WORKER  
If code 1 in item 6.45, skip to 6.53.  
If code 2 in item 6.45, skip to 6.50.

6.49 - HOW MANY PERSONS DID YOU EMPLOY IN THIS ENTERPRISE?  
1 - (1 TO 5 PERSONS)  2 - (6 TO 10 PERSONS)  3 - MORE

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

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  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  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 6.55
### 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-FAMÍLIA) 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

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

- 1 - YES (Go to 6.60)
- 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 6.6.

If code 1 in item 6.44, go to 6.6.

Otherwise, if you are a woman, skip to 6.63. If you are a man, skip to 6.70.

### COMMUTING TO WORK

#### 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 (Go to 6.605)

#### 6.601 - FEDERATION UNIT

Open combo box of federation unit (entering 3 characters)

#### 6.603 - MUNICIPALITY

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

#### 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)

#### 6.61 - 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
- 2 - FROM 05 TO 30 MINUTES
- 3 - FROM 31 TO 60 MINUTES
- 4 - FROM 61 TO 120 MINUTES
- 5 - MORE THAN 120 MINUTES

(If woman, go to 6.63. If man, skip to 6.70)
6.63 - HOW MANY LIVE BIRTHS DID YOU HAVE UP TO JULY 31, 2010?

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

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

1 - ALIVE CHILDREN ON
2 - NOT KNOWN

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

1 - MALE
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.

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

1 - YES
2 - NO
9 - NOT KNOWN

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

1 - YOU KNOW MONTH AND YEAR OR ONLY YEAR
2 - NOT KNOWN

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
2 - NONE
3 - NOT KNOWN

6.70 - WHO PROVIDED THE INFORMATION ABOUT THIS PERSON?

1 - THE OWN PERSON
2 - ANOTHER RESIDENT
3 - A NON-RESIDENT

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
2 - NO

7.02 - NAME

7.03 - MONTH AND YEAR OF DEATH

1 - AUGUST, 2009
2 - SEPTEMBER, 2009
3 - OCTOBER, 2009
4 - NOVEMBER, 2009
5 - DECEMBER, 2009
6 - JANUARY, 2010
7 - FEBRUARY, 2010
8 - MARCH, 2010
9 - APRIL, 2010
10 - MAY, 2010
11 - JUNE, 2010
12 - JULY, 2010

7.04 - SEX

1 - M
2 - F

7.05 - AGE AT DEATH

1 - UNDER 1 YEAR
2 - 1 YEAR OR OVER