



Republic of the Philippines
NATIONAL STATISTICS OFFICE

2010 CENSUS OF POPULATION AND HOUSING
SAMPLE HOUSEHOLD QUESTIONNAIRE

NSCB Approval No. NSO-1003-03
Expires on: June 30, 2011

AUTHORITY:
Commonwealth Act No. 591, Batas Pambansa Blg. 72, and Executive Order No. 121 authorize the National Statistics Office (NSO) to conduct and collect information for this census.

CONFIDENTIALITY:
Section 4 of the Commonwealth Act No. 591 provides that all information furnished in this questionnaire shall be kept STRICTLY CONFIDENTIAL.

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CERTIFICATION

I hereby certify that the data set forth herein were personally obtained/reviewed by me and in accordance with the instructions given by the NSO.

ENUMERATOR
(SIGNATURE OVER PRINTED NAME)

DATE ACCOMPLISHED

TEAM SUPERVISOR
(SIGNATURE OVER PRINTED NAME)

DATE REVIEWED

CAS/ACAS
(SIGNATURE OVER PRINTED NAME)

DATE REVIEWED

CO/RO/PO SUPERVISOR
(SIGNATURE OVER PRINTED NAME)

DATE REVIEWED

GEOGRAPHIC IDENTIFICATION

BOOKLET OF BOOKLETS

PROVINCE _____

CITY/MUNICIPALITY _____

BARANGAY _____

ENUMERATION AREA -----

BUILDING SERIAL NUMBER -----

HOUSING UNIT SERIAL NUMBER -----

HOUSEHOLD SERIAL NUMBER -----

LINE NUMBER OF RESPONDENT -----

CLUSTER NUMBER -----

NAME OF HOUSEHOLD HEAD _____
LAST NAME, FIRST NAME

ADDRESS _____
HOUSE NUMBER AND STREET NAME OR NAME OF SITIO

HOUSEHOLD DEFINITION

A **household** is a social unit consisting of a person living alone or a group of persons who sleep in the same housing unit and have a common arrangement in the preparation and consumption of food.

HOUSEHOLD MEMBERSHIP

LIST THE PERSONS OR HOUSEHOLD MEMBERS IN THIS ORDER:

- Head
- Spouse of the head
- Never-married children of head/spouse from oldest to the youngest
- Ever-married children of head/spouse and their families from oldest to the youngest
- Other relatives
- Nonrelatives

INTERVIEW RECORD

VISIT NUMBER	VISIT 1	VISIT 2	VISIT 3	SUMMARY OF VISIT
DATE OF VISIT MONTH:DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ENUMERATOR'S CODE ----- <input type="text"/> <input type="text"/> <input type="text"/>
TIME BEGAN HOUR:MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NUMBER OF VISITS MADE ----- <input type="text"/>
TIME ENDED HOUR:MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RESULT OF FINAL VISIT * ----- <input type="text"/> <input type="text"/>
RESULT OF VISIT * (SEE CODES FOR RESULT OF VISIT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	NUMBER OF HOUSEHOLD MEMBERS ----- <input type="text"/> <input type="text"/>
NEXT VISIT				NUMBER OF MALES ----- <input type="text"/> <input type="text"/>
DATE MONTH:DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NUMBER OF FEMALES ----- <input type="text"/> <input type="text"/>
TIME HOUR:MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
				* CODES FOR RESULT OF VISIT
				1 Completed
				2 Partly completed
				3 Refused
				4 Postponed
				5 Household temporarily away/ no respondent around
				6 Others, SPECIFY _____

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LINE NUMBER	Name	For All Persons										For All 5 Years Old and Over		
		Relationship to Head	Sex	Date of Birth	Age	Birth Registration	Marital Status	Religious Affiliation	Citizenship		Ethnicity	Disability	Functional Difficulty	
		<i>Who is the head of this household? Who are the persons usually residing here as of May 1, 2010?</i>	<i>What is _____'s relationship to the head of the household?</i>	<i>Is _____ male or female?</i>	<i>In what month and year was _____ born?</i>	<i>What is _____'s age as of his/her last birthday?</i>	<i>Was _____'s birth registered with the Civil Registry Office?</i>	<i>Is _____ single, married, widowed, divorced/separated, or in a common-law/live-in arrangement?</i>	<i>What is _____'s religious affiliation?</i>	<i>Is _____ a citizen of the Philippines?</i>	<i>What country/other country is _____ a citizen of?</i>	<i>What is _____'s ethnicity by blood? Is he/she a/an _____?</i>	<i>Does _____ have any physical or mental disability?</i>	<i>Does _____ have any difficulty/problem in...?</i>
	LIST THE PERSONS OR HOUSEHOLD MEMBERS IN THE ORDER SPECIFIED ON PAGE 3A.	WRITE THE ANSWER ON THE SPACE PROVIDED. SEE CODES AT THE BOTTOM.	WRITE X IN THE BOX.	L	WRITE THE AGE IN THE BOXES.	WRITE X IN THE BOX.	WRITE X IN THE BOX CORRESPONDING TO ANSWER. FOR PERSONS 0 TO 9 YEARS OLD, WRITE X IN THE BOX FOR SINGLE.	WRITE THE ANSWER ON THE SPACE PROVIDED. SEE CODEBOOK.	WRITE X IN THE BOX. IF CODE "1", SKIP TO P11.	SEE CODEBOOK.	WRITE THE ANSWER ON THE SPACE PROVIDED. SEE CODEBOOK.	WRITE X IN THE BOX.	WRITE X IN THE BOX CORRESPONDING TO THE ANSWER FOR EACH DIFFICULTY/PROBLEM.	
	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P13		
1	LAST NAME FIRST NAME	SPECIFY	1 2	MM YYYY		1 2 3	1 4 2 5 3 6	SPECIFY	1 2 3	SPECIFY	SPECIFY	1 2	Yes No a d b e c f	
2	LAST NAME FIRST NAME	SPECIFY	1 2	MM YYYY	L	1 2 3	1 4 2 5 3 6	SPECIFY	1 2 3	SPECIFY	SPECIFY	1 2	Yes No a d b e c f	
3	LAST NAME FIRST NAME	SPECIFY	1 2	MM YYYY		1 2 3	1 4 2 5 3 6	SPECIFY	1 2 3	SPECIFY	SPECIFY	1 2	Yes No a d b e c f	
4	LAST NAME FIRST NAME	SPECIFY	1 2	MM YYYY		1 2 3	1 4 2 5 3 6	SPECIFY	1 2 3	SPECIFY	SPECIFY	1 2	Yes No a d b e c f	
5	LAST NAME FIRST NAME	SPECIFY	1 2	MM YYYY		1 2 3	1 4 2 5 3 6	SPECIFY	1 2 3	SPECIFY	SPECIFY	1 2	Yes No a d b e c f	
6	LAST NAME FIRST NAME	SPECIFY	1 2	MM YYYY		1 2 3	1 4 2 5 3 6	SPECIFY	1 2 3	SPECIFY	SPECIFY	1 2	Yes No a d b e c f	
7	LAST NAME FIRST NAME	SPECIFY	1 2	MM YYYY		1 2 3	1 4 2 5 3 6	SPECIFY	1 2 3	SPECIFY	SPECIFY	1 2	Yes No a d b e c f	
8	LAST NAME FIRST NAME	SPECIFY	1 2	MM YYYY		1 2 3	1 4 2 5 3 6	SPECIFY	1 2 3	SPECIFY	SPECIFY	1 2	Yes No a d b e c f	

HOUSEHOLD SIZE

1. Are there any other persons such as small children, infants, and/or overseas workers who were not yet listed?

 1 Yes, ADD IN THE LIST.
 2 No

2. IF THERE ARE MORE THAN 8 MEMBERS IN THIS HOUSEHOLD, WRITE X IN THE BOX FOR YES. OTHERWISE, WRITE X IN THE BOX FOR NO.

 1 Yes, USE ADDITIONAL BOOKLET.
 2 No

CODES FOR P2 (RELATIONSHIP TO HOUSEHOLD HEAD)

01 Head	23 Son-in-law	41 Brother	57 Other relative
02 Spouse	24 Daughter-in-law	42 Sister	58 Nonrelative
03 Son	31 Grandson	43 Uncle	65 Boarder
04 Daughter	32 Granddaughter	44 Aunt	66 Domestic helper
21 Stepson	33 Father	55 Nephew	
22 Stepdaughter	34 Mother	56 Niece	

POPULATION CENSUS QUESTIONS

L I N E N U M B E R	For All 5 Years Old and Over			For All 5 to 24 Years Old		For All 10 Years Old and Over	For All 15 Years Old and Over			For All Females 15 to 49 Years Old				
	Residence 5 Years Ago	Literacy	Highest Grade/Year Completed	School Attendance	Place of School	Overseas Worker	Usual Occupation	Kind of Business or Industry	Class of Worker	Place of Work	Fertility Indicators			
	<i>In what city/municipality did _____ reside on May 1, 2005?</i> 0000 Same City/Municipality 8887 Foreign country IF SAME CITY/MUNICIPALITY, WRITE "SAME" ON THE SPACE PROVIDED. IF ANOTHER CITY/MUNICIPALITY, SPECIFY THE NAME OF CITY/MUNICIPALITY AND PROVINCE ON THE SPACES PROVIDED.	<i>Can _____ read and write a simple message in any language or dialect?</i> 1 Yes 2 No WRITE X IN THE BOX.	<i>What is the highest grade/year completed by _____?</i> WRITE THE ANSWER ON THE SPACE PROVIDED. IF GRADUATE IN POST SECONDARY OR COLLEGE, SPECIFY THE COURSE. SEE CODES AT THE BOTTOM.	<i>Did _____ attend school at anytime from June 2009 to March 2010?</i> 1 Yes 2 No IF NO, SKIP TO P19. WRITE X IN THE BOX.	<i>In what city/municipality did _____ attend school?</i> 0000 Same City/Municipality 8887 Foreign country IF SAME CITY/MUNICIPALITY, WRITE "SAME" ON THE SPACE PROVIDED. IF ANOTHER CITY/MUNICIPALITY, SPECIFY THE NAME OF CITY/MUNICIPALITY AND PROVINCE ON THE SPACES PROVIDED.	<i>Is _____ an overseas worker?</i> 1 Yes 2 No WRITE X IN THE BOX.	<i>During the past 12 months, what was _____'s usual activity/occupation?</i> WRITE DETAILED DESCRIPTION ON THE SPACE PROVIDED. IF STUDENT, HOUSEKEEPER, DEPENDENT, OR OTHER NON-GAINFUL ACTIVITY SKIP TO P24.	<i>In what kind of business or industry did _____ work during the past 12 months?</i> WRITE DETAILED DESCRIPTION ON THE SPACE PROVIDED.	<i>What kind of worker is _____?</i> MENTION THE CATEGORIES AT THE BOTTOM. WRITE THE ANSWER ON THE SPACE PROVIDED. SEE CODES AT THE BOTTOM.	<i>In what city/municipality did _____ work during the past 12 months?</i> 0000 Same City/Municipality 8887 Foreign country IF SAME CITY/MUNICIPALITY, WRITE "SAME" ON THE SPACE PROVIDED. IF ANOTHER CITY/MUNICIPALITY, SPECIFY THE NAME OF CITY/MUNICIPALITY AND PROVINCE ON THE SPACES PROVIDED.	<i>How many children have been born alive to _____?</i> WRITE THE NUMBER IN THE BOXES.	<i>How many children are still living?</i> WRITE THE NUMBER IN THE BOXES.	<i>How many children were born alive to _____ from May 1, 2009 to April 30, 2010?</i> WRITE THE NUMBER IN THE BOX.	<i>What is _____'s age at first marriage?</i> IF ANSWER IN P7 IS SINGLE, GO TO NEXT HOUSEHOLD MEMBER. WRITE THE AGE IN THE BOXES.
P14	P15	P16	P17	P18	P19	P20	P21	P22	P23	P24	P25	P26	P27	
1	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][] SPECIFY	[] 1 [] 2 PROVINCE CITY/MUNICIPALITY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][][] SPECIFY	[][][][] SPECIFY	[] SPECIFY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[][] [][]	[][]	[][]	
2	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][] SPECIFY	[] 1 [] 2 PROVINCE CITY/MUNICIPALITY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][][] SPECIFY	[][][][] SPECIFY	[] SPECIFY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[][] [][]	[][]	[][]	
3	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][] SPECIFY	[] 1 [] 2 PROVINCE CITY/MUNICIPALITY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][][] SPECIFY	[][][][] SPECIFY	[] SPECIFY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[][] [][]	[][]	[][]	
4	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][] SPECIFY	[] 1 [] 2 PROVINCE CITY/MUNICIPALITY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][][] SPECIFY	[][][][] SPECIFY	[] SPECIFY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[][] [][]	[][]	[][]	
5	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][] SPECIFY	[] 1 [] 2 PROVINCE CITY/MUNICIPALITY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][][] SPECIFY	[][][][] SPECIFY	[] SPECIFY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[][] [][]	[][]	[][]	
6	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][] SPECIFY	[] 1 [] 2 PROVINCE CITY/MUNICIPALITY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][][] SPECIFY	[][][][] SPECIFY	[] SPECIFY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[][] [][]	[][]	[][]	
7	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][] SPECIFY	[] 1 [] 2 PROVINCE CITY/MUNICIPALITY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][][] SPECIFY	[][][][] SPECIFY	[] SPECIFY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[][] [][]	[][]	[][]	
8	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][] SPECIFY	[] 1 [] 2 PROVINCE CITY/MUNICIPALITY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[] 1 [] 2	[][][][] SPECIFY	[][][][] SPECIFY	[] SPECIFY	PROV CITY/MUN [][] [][] PROVINCE CITY/MUNICIPALITY	[][] [][]	[][]	[][]	

CODES FOR P16 (HIGHEST GRADE/YEAR COMPLETED)

000 No grade completed	240 Grade 4	High school	Post secondary**	College**	900 Post baccalaureate
010 Preschool	250 Grade 5	310 1 st Year	410 1 st Year	810 1 st Year	
Elementary	260 Grade 6	320 2 nd Year	420 2 nd Year	820 2 nd Year	
210 Grade 1	270 Grade 7	330 3 rd Year	430 3 rd Year	830 3 rd Year	
220 Grade 2	280 Elementary graduate	340 4 th Year		840 4 th Year	** IF GRADUATE IN POST SECONDARY OR COLLEGE, SPECIFY COURSE.
230 Grade 3		350 High school graduate		850 5 th Year	
				860 6 th Year	

CODES FOR P22 (CLASS OF WORKER)

1 Worked for private household (domestic services) – PHH
2 Worked for private business/enterprise/farm - PVT
3 Worked for government/government corporation – GOV
4 Self-employed without any paid employee – SELF
5 Employer in own farm or business – EMP
6 Worked with pay in own family-operated farm or business – PAID
7 Worked without pay in own family-operated farm or business - UNPAID

3D HOUSEHOLD/HOUSING CENSUS QUESTIONS																																																
B1 TO B4 ARE TO BE ANSWERED BY MERE OBSERVATIONS. IF DOUBTFUL, ASK THE RESPONDENT.																																																
B1 Type of building/house WRITE X IN THE BOX. <input type="checkbox"/> 1 Single house <input type="checkbox"/> 4 Commercial/industrial/ agricultural (office, factory, and others) <input type="checkbox"/> 2 Duplex <input type="checkbox"/> 5 Institutional living quarter (hotel, hospital, and others) <input type="checkbox"/> 3 Multi-unit residential (three units or more) <input type="checkbox"/> 6 Other housing units (boat, cave, and others)	B2 Construction materials of the roof WRITE X IN THE BOX. <input type="checkbox"/> 1 Galvanized iron/aluminum <input type="checkbox"/> 5 Cogon/nipa/annahaw <input type="checkbox"/> 2 Tile concrete/clay tile <input type="checkbox"/> 6 Asbestos <input type="checkbox"/> 3 Half galvanized iron and half concrete <input type="checkbox"/> 7 Makeshift/salvaged/ improvised materials <input type="checkbox"/> 4 Wood <input type="checkbox"/> 8 Others, SPECIFY _____	H4 Tenure status of the housing unit <i>Do you own or amortize this housing unit occupied by your household or do you rent it, do you occupy it rent-free with consent of owner, or rent-free without consent of owner?</i> WRITE X IN THE BOX. <input type="checkbox"/> 1 Owned/being amortized <input type="checkbox"/> 2 Rented, SKIP TO H7 <input type="checkbox"/> 3 Rent-free with consent of owner, SKIP TO H8 <input type="checkbox"/> 4 Rent-free without consent of owner, SKIP TO H8	H5 Acquisition of the housing unit <i>How did you acquire this housing unit?</i> WRITE X IN THE BOX. <input type="checkbox"/> 1 Inherited, SKIP TO H8 <input type="checkbox"/> 2 Gift, SKIP TO H8 <input type="checkbox"/> 3 Company benefit, SKIP TO H8 <input type="checkbox"/> 4 Purchased <input type="checkbox"/> 5 Others, SPECIFY _____																																													
B3 Construction materials of the outer walls WRITE X IN THE BOX. <input type="checkbox"/> 01 Concrete/brick/stone <input type="checkbox"/> 06 Asbestos <input type="checkbox"/> 02 Wood <input type="checkbox"/> 07 Glass <input type="checkbox"/> 03 Half concrete/brick/ stone and half wood <input type="checkbox"/> 08 Makeshift/salvaged/ improvised materials <input type="checkbox"/> 04 Galvanized iron/ aluminum <input type="checkbox"/> 09 Others, SPECIFY _____ <input type="checkbox"/> 05 Bamboo/sawali/ cogon/nipa <input type="checkbox"/> 10 No walls	B4 State of repair of the building/house WRITE X IN THE BOX. <input type="checkbox"/> 1 Needs no repair/ needs minor repair <input type="checkbox"/> 5 Under construction <input type="checkbox"/> 2 Needs major repair <input type="checkbox"/> 6 Unfinished construction <input type="checkbox"/> 3 Dilapidated/condemned <input type="checkbox"/> 7 Not applicable <input type="checkbox"/> 4 Under renovation/ being repaired	H6 Source of financing of the housing unit <i>Did you avail of the following sources of financing in the construction/purchase of this housing unit?</i> WRITE X IN THE BOX. THEN SKIP TO H8. YES NO <input type="checkbox"/> <input type="checkbox"/> a Own resources/interest-free loans from relatives/friends <input type="checkbox"/> <input type="checkbox"/> b Government assistance, PAG-IBIG, GSIS, SSS, DBP, and others <input type="checkbox"/> <input type="checkbox"/> c Private banks/foundations/cooperatives <input type="checkbox"/> <input type="checkbox"/> d Employer assistance <input type="checkbox"/> <input type="checkbox"/> e Private persons <input type="checkbox"/> <input type="checkbox"/> f Others, SPECIFY _____	H7 Monthly rental of the housing unit <i>How much is the monthly rental of this housing unit?</i> WRITE X IN THE BOX. <input type="checkbox"/> 1 [PhP500 or less] <input type="checkbox"/> 6 [PhP4,001 - 6,000] <input type="checkbox"/> 2 [PhP501 - 1,000] <input type="checkbox"/> 7 [PhP6,001 - 7,500] <input type="checkbox"/> 3 [PhP1,001 - 1,500] <input type="checkbox"/> 8 [PhP7,501 - 10,000] <input type="checkbox"/> 4 [PhP1,501 - 2,000] <input type="checkbox"/> 9 [PhP10,001 and over] <input type="checkbox"/> 5 [PhP2,001 - 4,000]																																													
B5 IS TO BE ASKED FROM ANY HOUSEHOLD IN THE BUILDING. B5 Year building/house was built <i>When was this building/house built?</i> WRITE X IN THE BOX. <input type="checkbox"/> 01 [2010] <input type="checkbox"/> 07 [1991 - 2000] <input type="checkbox"/> 02 [2009] <input type="checkbox"/> 08 [1981 - 1990] <input type="checkbox"/> 03 [2008] <input type="checkbox"/> 09 [1971 - 1980] <input type="checkbox"/> 04 [2007] <input type="checkbox"/> 10 [1970 or earlier] <input type="checkbox"/> 05 [2006] <input type="checkbox"/> 11 [Not applicable] <input type="checkbox"/> 06 [2001 - 2005] <input type="checkbox"/> 12 [Don't know]	D1 IS TO BE ASKED FROM ANY HOUSEHOLD IN THE HOUSING UNIT. D1 Floor area of the housing unit <i>What is the estimated floor area of this housing unit?</i> WRITE X IN THE BOX. <input type="checkbox"/> 01 [Less than 5 sq.m./ less than 54 sq.ft.] <input type="checkbox"/> 07 [70 - 89 sq.m./ 749 - 963 sq.ft.] <input type="checkbox"/> 02 [5 - 9 sq.m./ 54 - 107 sq.ft.] <input type="checkbox"/> 08 [90 - 119 sq.m./ 964 - 1286 sq.ft.] <input type="checkbox"/> 03 [10 - 19 sq.m./ 108 - 209 sq.ft.] <input type="checkbox"/> 09 [120 - 149 sq.m./ 1287 - 1609 sq.ft.] <input type="checkbox"/> 04 [20 - 29 sq.m./ 210 - 317 sq.ft.] <input type="checkbox"/> 10 [150 - 199 sq.m./ 1610 - 2147 sq.ft.] <input type="checkbox"/> 05 [30 - 49 sq.m./ 318 - 532 sq.ft.] <input type="checkbox"/> 11 [200 sq.m. and over/ 2148 sq.ft. and over] <input type="checkbox"/> 06 [50 - 69 sq.m./ 533 - 748 sq.ft.] <input type="checkbox"/> 12 Not applicable	H8 Tenure status of the lot <i>Do you own or amortize this lot occupied by your household or do you rent it, do you occupy it rent-free with consent of owner, or rent-free without consent of owner?</i> WRITE X IN THE BOX. <input type="checkbox"/> 1 Owned/being amortized <input type="checkbox"/> 2 Rented <input type="checkbox"/> 3 Rent-free with consent of owner <input type="checkbox"/> 4 Rent-free without consent of owner <input type="checkbox"/> 5 Not applicable	H9 Usual manner of garbage disposal <i>How does your household usually dispose of your kitchen garbage such as leftover food, peeling of fruits and vegetables, fish and chicken entrails, and others?</i> WRITE X IN THE BOX. <input type="checkbox"/> 1 Picked up by garbage truck <input type="checkbox"/> 5 Burying <input type="checkbox"/> 2 Dumping in individual pit (not burned) <input type="checkbox"/> 6 Feeding to animals <input type="checkbox"/> 3 Burning <input type="checkbox"/> 7 Others, SPECIFY _____ <input type="checkbox"/> 4 Composting																																													
H1 TO H11 ARE TO BE ANSWERED BY ALL HOUSEHOLDS.																																																
H1 Fuel for lighting <i>What type of fuel does this household use for lighting?</i> WRITE X IN THE BOX. <input type="checkbox"/> 1 Electricity <input type="checkbox"/> 4 Oil (vegetable, animal, and others) <input type="checkbox"/> 2 Kerosene (gaas) <input type="checkbox"/> 5 Others, SPECIFY _____ <input type="checkbox"/> 3 Liquefied petroleum gas (LPG) <input type="checkbox"/> 0 None	H2 Fuel for cooking <i>What kind of fuel does this household use most of the time for cooking?</i> WRITE X IN THE BOX. <input type="checkbox"/> 1 Electricity <input type="checkbox"/> 5 Wood <input type="checkbox"/> 2 Kerosene (gaas) <input type="checkbox"/> 6 Others, SPECIFY _____ <input type="checkbox"/> 3 Liquefied petroleum gas (LPG) <input type="checkbox"/> 0 None <input type="checkbox"/> 4 Charcoal	H11 Land ownership <i>Does any member of this household own the following?</i> WRITE X IN THE BOX. YES NO <input type="checkbox"/> <input type="checkbox"/> a Other residential land/s <input type="checkbox"/> <input type="checkbox"/> b Agricultural land/s <input type="checkbox"/> <input type="checkbox"/> c Agricultural land/s acquired through CARP, Agrarian Reform Beneficiary <input type="checkbox"/> <input type="checkbox"/> d Other land/s	H12 TO H15 HOUSEHOLD CENSUS QUESTIONS H12 Language/dialect generally spoken at home <i>What is the language/dialect generally spoken at home by members of this household?</i> SPECIFY ANSWER ON THE SPACE PROVIDED. <input style="width: 40px; height: 20px;" type="text"/> SEE CODEBOOK. _____ SPECIFY																																													
H3 Source of water supply for drinking, cooking, and laundry/bathing <i>What is the household's main source of water supply for drinking, cooking, and laundry/bathing?</i> WRITE X IN THE BOX. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Drinking</td> <td style="width: 33%; text-align: center;">Cooking</td> <td style="width: 33%; text-align: center;">Laundry/Bathing</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Drinking	Cooking	Laundry/Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H13 Residence five years from now <i>In what city/municipality does this household intend to reside on May 1, 2015?</i> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">PROV</td> <td style="width: 10%; text-align: center;">CITY/MUN</td> <td style="width: 10%;"></td> </tr> <tr> <td>0000 Same city/municipality</td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>8887 Foreign country</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9999 Unknown</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">PROVINCE _____</td> </tr> <tr> <td colspan="4" style="text-align: center;">CITY/MUNICIPALITY _____</td> </tr> </table>			PROV	CITY/MUN		0000 Same city/municipality	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	8887 Foreign country				9999 Unknown				PROVINCE _____				CITY/MUNICIPALITY _____			
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H15 Internet access <i>Does this household have access to internet?</i> WRITE X IN THE BOX. YES NO <input type="checkbox"/> <input type="checkbox"/> a From home <input type="checkbox"/> <input type="checkbox"/> b From elsewhere																																																