

LONG FORM QUESTIONNAIRE (2010 Brazilian Census)

XXXXXXX for enumeration
area in indigenous land

1	IDENTIFICATION - LIST OF ADDRESSES (CNEFE)
2	FOR OCCUPIED PERMANENT PRIVATE HOUSING UNITS - HOUSING CHARACTERISTICS

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

Go to 2.02

(Create combo box with rent range)

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)

Go to 2.04

Combo
(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)

☐ 1 - YES (Go to 2.07)

☐ 2 - NO (Go to 2.08)

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

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

☐ 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 - Skip to 2.21

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 3.01

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	3.03 - SEX 1 - M 2 - F	3.04 - YEAR OF BIRTH	3.05 - YEAR OF LAST DEPARTURE TO LIVE IN ANOTHER COUNTRY	3.06 - COUNTRY OF RESIDENCE ON JULY 31, 2010 Combo box with a list of countries (entering 3 characters)
Go to 3.03	Go to 3.04	Go to 3.05	Go to 3.06	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

☐ 2 - MORE THAN ONE PERSON

Go to 5.01

5

LIST OF RESIDENTS ON JULY 31, 2010

4

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	CODE <input type="text"/>	1
PERSON 2 - NAME	<input type="text"/>	2
PERSON N - NAME	<input type="text"/>	N
Go to 5.02	Go to 5.03	Go to 6.00
<div><input type="checkbox"/> CHECK THE END OF THE LIST OF RESIDENTS</div> <div>(AFTER THIS ITEM HAS BEEN CHECKED, OPEN THIS QUESTION)</div> <div>WERE ALL THE RESIDENTS, INCLUDING THE ABSENT, ELDERLY AND CHILDREN, LISTED?</div> <div><div><input type="checkbox"/> 1 - YES (Go to 6.01)</div><div><input type="checkbox"/> 2 - NO (GO BACK TO THE LIST FOR INCLUSION).</div></div>		

6 RESIDENT CHARACTERISTICS											
6.00 - NAME _____											Go to 6.01
6.01 - SEX <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> 1 - MALE <div style="margin: 0 20px;">Go to 6.02</div> <input type="checkbox"/> 2 - FEMALE </div>											
6.02 - WHAT IS YOUR MONTH AND YEAR OF BIRTH? <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <p>(Open combo box of month: January to December)</p> 6.021 - MONTH <input type="text"/> <input type="text"/> </div> <div style="width: 45%;"> 6.022 - YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> <div style="font-size: 0.8em; margin-top: 5px;"> If month or year is blank, go to 6.03 If month and year are filled in, skip to 6.04 </div>											
6.03 - WHAT WAS YOUR AGE ON JULY 31, 2010? <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> 6.031 - 1 YEAR OR OVER <input type="text"/> <input type="text"/> <input type="text"/> years </div> <div style="width: 45%;"> 6.032 - UNDER 1 YEAR <input type="text"/> <input type="text"/> MONTHS <div style="text-align: right; margin-top: -20px;"> <p>(Open combo box of month: 0 - 11)</p> </div> </div> </div> <div style="text-align: center; margin-top: 5px;">Go to 6.04</div>											
6.04 - IS YOUR MOTHER ALIVE? (Consider only the biological mother) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input type="checkbox"/> 1 - YES, AND SHE IS RESIDENT OF THIS HOUSEHOLD (Go to 6.05) <input type="checkbox"/> 2 - YES, AND SHE IS RESIDENT OF ANOTHER HOUSEHOLD <input type="checkbox"/> 3 - NO <input type="checkbox"/> 4 - NOT KNOWN </div> <div style="width: 50%;"> 6.05 - NAME OF THE RESIDENT'S MOTHER <input type="text"/> Go to 6.06 <div style="font-size: 0.8em; color: red;"> (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) </div> </div> </div> <div style="text-align: center; margin-top: 10px;">(Skip to 6.06)</div>											
6.06 - YOUR COLOR OR RACE IS: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input type="checkbox"/> 1 - WHITE <small>(If Indigenous land and codes 1 to 4 in this item, go to 6.07) (Otherwise, skip to 6.12)</small> </div> <div style="width: 45%;"> <input type="checkbox"/> 2 - BLACK <input type="checkbox"/> 3 - YELLOW <input type="checkbox"/> 4 - BROWN <input type="checkbox"/> 5 - INDIGENOUS <small>(Skip to 6.08)</small> </div> </div>											
<div style="background-color: #d3d3d3; padding: 2px;">6.07 - DO YOU CONSIDER YOURSELF INDIGENOUS?</div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="background-color: #d3d3d3; padding: 2px;"> <input type="checkbox"/> 1 - YES (Go to 6.08) </div> <div style="background-color: #d3d3d3; padding: 2px;"> <input type="checkbox"/> 2 - NO (Skip to 6.12) </div> </div>											
6.08 - WHAT ETHNIC GROUP OR PEOPLE DO YOU BELONG TO? <div style="text-align: right; color: red; font-size: 0.8em;">Open combo box of ethnic group (entering 3 characters)</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: right;">Go to 6.09</div>											
6.09 - DO YOU SPEAK INDIGENOUS LANGUAGE IN THE HOUSING UNIT? (Including the use of sign language) <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> 1 - YES (Go to 6.10) <input type="checkbox"/> 2 - NO (Skip to 6.11) </div>											
6.10 - WHICH? <small>(SPECIFY THE INDIGENOUS LANGUAGE(S) SPOKEN - UP TO TWO ENTRIES)</small> <div style="text-align: right; color: red; font-size: 0.8em;">Open combo box of language (entering 2 characters)</div> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> 6.101 <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="width: 45%;"> 6.103 <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> <div style="text-align: right;">Go to 6.11</div>											
6.11 - DO YOU SPEAK PORTUGUESE IN THE HOUSING UNIT? (Including the use of sign language) <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> 1 - YES <div style="margin-left: 100px;">Go to 6.12</div> <input type="checkbox"/> 2 - NO </div>											
6.12 - WHAT IS YOUR RELIGION OR CULT? <div style="text-align: right; color: red; font-size: 0.8em;">Open combo box of religion (entering 4 characteres)</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: center; margin-top: 5px;">(If you are under 10 years, go to 6.13. Otherwise, skip to 6.14)</div>											
FOR RESIDENTS AGED 10 OR UNDER											
6.13 - HAS YOUR BIRTH BEEN REGISTERED? (Mark the first suitable choice) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input type="checkbox"/> 1 - YES, AS A BIRTH CERTIFICATE AT REGISTRY OFFICE <input type="checkbox"/> 2 - YES, AS A CERTIFICATE OF LIVE BIRTH AT HOSPITAL / MATERNITY <input type="checkbox"/> 3 - YES, AS AN ADMINISTRATIVE REGISTRATION OF INDIGENOUS BIRTH <input type="checkbox"/> 4 - NO <input type="checkbox"/> 5 - NOT KNOWN </div> <div style="width: 45%;"> <div style="text-align: right; margin-top: 20px;">(Only for self-reportedly indigenous people)</div> <div style="text-align: center; margin-top: 20px;">Go to 6.14</div> </div> </div>											
DISABILITY - FOR ALL RESIDENTS											
6.14 - DO YOU HAVE PERMANENT DIFFICULTY IN SEEING? <small>(IF YOU WEAR GLASSES OR CONTACT LENSES, UNDERGO EVALUATION WHILE WEARING THEM)</small> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input type="checkbox"/> 1 - YES, CANNOT DO IT AT ALL <input type="checkbox"/> 2 - YES, GREAT DIFFICULTY <div style="text-align: center; margin-top: 10px;">Go to 6.15</div> </div> <div style="width: 45%;"> <input type="checkbox"/> 3 - YES, SOME DIFFICULTY <input type="checkbox"/> 4 - NO </div> </div>											

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)

<input type="checkbox"/> 1 - YES, CANNOT DO IT AT ALL	<input type="checkbox"/> 3 - YES, SOME DIFFICULTY
<input type="checkbox"/> 2 - YES, GREAT DIFFICULTY	<input type="checkbox"/> 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

INTERNAL AND INTERNATIONAL MIGRATION

6.18 - WERE YOU BORN IN THIS MUNICIPALITY?			
<input type="checkbox"/> 1 - YES, AND HAVE ALWAYS LIVED IN IT (if 5 or older, skip to 6.27. Otherwise, skip to 6.28)	<input type="checkbox"/> 2 - YES, BUT HAVE LIVED IN ANOTHER MUNICIPALITY OR FOREIGN COUNTRY (Skip to 6.23)	<input type="checkbox"/> 3 - NO	(Go to 6.19)

6.19 - WERE YOU BORN IN THIS FEDERATION UNIT (STATE)?		
<input type="checkbox"/>	1 - YES, AND HAVE ALWAYS LIVED IN IT	(Skip to 6.24)
<input type="checkbox"/>	2 - YES, BUT HAVE LIVED IN ANOTHER FEDERATION UNIT OR FOREIGN COUNTRY	(Skip to 6.23)
<input type="checkbox"/>	3 - NO	(Go to 6.20)

6.20 - WHAT IS YOUR NATIONALITY?

<input type="checkbox"/> 1 - NATIVE BRAZILIAN	(Skip to 6.22)	<input type="checkbox"/> 3 - FOREIGNER	(Go to 6.21)
<input type="checkbox"/> 2 - NATURALIZED BRAZILIAN	(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)

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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)

_____ (If for less than 10 years, go to 6.25.
NUMBER OF YEARS 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

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

6.255 - FOREIGN COUNTRY Open combo box of foreign country (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?

<input type="text"/> 1 - FEDERATION UNIT / MUNICIPALITY	<input type="text"/> 2 - FOREIGN COUNTRY
<input type="text"/> Open combo box of federation unit	<input type="text"/> Open combo box of foreign country (entering 3 characters)
<input type="text"/> 6.261 - FEDERATION UNIT	<input type="text"/> 6.265 - FOREIGN COUNTRY
<input type="text"/> 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)

EDUCATION		7
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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

2 - YES, PRIVATE

(Go to 6.29)

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

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)

Skip to 6.36

Go to 6.30

Skip to 6.36

Skip to 6.31

Skip to 6.36

Skip to 6.32

Skip to 6.35

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

Skip to 6.36

6.31 - WHAT GRADE ARE YOU ATTENDING?

1 - FIRST

2 - SECOND

3 - THIRD

4 - FOURTH

5 – NON-GRADED COURSE

Skip to 6.36

6.32 - HAVE YOU FINISHED ANOTHER HIGHER EDUCATION COURSE?

1 - YES

2 - NO

(Skip to 6.35)

(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☐ 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)

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

(entering 3 characteres)

6.361 - FEDERATION UNIT

Open combo box of federation unit

6.363 - MUNICIPALITY

6.365 - FOREIGN COUNTRY

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

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

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

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

(Skip to 6.51)

☐ 03 - PUBLIC SECTOR EMPLOYEE☐ 04 - EMPLOYEE WITHOUT A FORMAL CONTRACT

(Skip to 6.50)

☐ 05 - OWN-ACCOUNT WORKER☐ 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.

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-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

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

6.631 - MALE

6.632 - FEMALE

(Go to 6.64)

2 - NONE

(Skip to 6.69)

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

1 - ALIVE CHILDREN ON 07/31/2010

6.641 - MALE

6.642 - FEMALE

Go to 6.65

2 - NOT KNOWN

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)

6.681 - MONTH

6.682 - YEAR

Go to 6.69

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

(Go to 6.691 to 6.693)

6.691 - MALE

6.692 - FEMALE

Skip to 6.70

6.693 - TOTAL

Go to 6.70

2 - NONE

Skip to 6.70

3 - NOT KNOWN

7

FOR PRIVATE HOUSEHOLDS - MORTALITY

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

6.71 - Name of the other resident

(Finish this person's interview)

3 - A NON-RESIDENT

(Finish this person's interview)

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

(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)

LONG FORM QUESTIONNAIRE (2010 Brazilian Census)

XXXXXXX for enumeration
area in indigenous land

1	IDENTIFICATION - LIST OF ADDRESSES (CNEFE)
2	FOR OCCUPIED PERMANENT PRIVATE HOUSING UNITS - HOUSING CHARACTERISTICS

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

Go to 2.02

(Create combo box with rent range)

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)

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)

☐ 1 - YES (Go to 2.07)

☐ 2 - NO (Go to 2.08)

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

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

☐ 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 - Skip to 2.21

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 3.01

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	3.03 - SEX 1 - M 2 - F	3.04 - YEAR OF BIRTH	3.05 - YEAR OF LAST DEPARTURE TO LIVE IN ANOTHER COUNTRY	3.06 - COUNTRY OF RESIDENCE ON JULY 31, 2010
Go to 3.03	Go to 3.04	Go to 3.05	Go to 3.06	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

☐ 2 - MORE THAN ONE PERSON

Go to 5.01

5

LIST OF RESIDENTS ON JULY 31, 2010

4

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	CODE	1
PERSON 2 - NAME	RELATIONSHIP WITH RESPONSIBLE PERSON	2
PERSON N - NAME	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	Go to 6.00
Go to 5.02	Go to 5.03	N
<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 <div style="display: flex; justify-content: space-around; align-items: center;"> <div> <input type="checkbox"/> 1 - MALE <input type="checkbox"/> 2 - FEMALE </div> <div>Go to 6.02</div> </div>											
6.02 - WHAT IS YOUR MONTH AND YEAR OF BIRTH? <small>(Open combo box of month: January to December)</small> <div style="display: flex; justify-content: space-between;"> <div>6.021 - MONTH <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></div> <div>6.022 - YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></div> </div> <div style="text-align: right; font-size: 0.8em;"> If month or year is blank, go to 6.03 If month and year are filled in, skip to 6.04 </div>											
6.03 - WHAT WAS YOUR AGE ON JULY 31, 2010? <div style="display: flex; justify-content: space-between; align-items: center;"> <div> 6.031 - 1 YEAR OR OVER <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> years Go to 6.04 </div> <div> 6.032 - UNDER 1 YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MONTHS <small>(Open combo box of month: 0 - 11)</small> </div> </div>											
6.04 - IS YOUR MOTHER ALIVE? <small>(Consider only the biological mother)</small> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 - YES, AND SHE IS RESIDENT OF THIS HOUSEHOLD <small>(Go to 6.05)</small> <input type="checkbox"/> 2 - YES, AND SHE IS RESIDENT OF ANOTHER HOUSEHOLD <input type="checkbox"/> 3 - NO <input type="checkbox"/> 4 - NOT KNOWN </div> <div style="width: 50%;"> 6.05 - NAME OF THE RESIDENT'S MOTHER <input style="width: 100px; border: 1px solid black;" type="text"/> <small>Go to 6.06</small> <small>(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)</small> </div> </div> <div style="text-align: center; margin-top: 10px;"> <small>(Skip to 6.06)</small> </div>											
6.06 - YOUR COLOR OR RACE IS: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> <input type="checkbox"/> 1 - WHITE <small>(If Indigenous land and codes 1 to 4 in this item, go to 6.07) (Otherwise, skip to 6.12)</small> </div> <div> <input type="checkbox"/> 2 - BLACK <small>(Skip to 6.08)</small> </div> <div> <input type="checkbox"/> 3 - YELLOW <small>(Skip to 6.08)</small> </div> <div> <input type="checkbox"/> 4 - BROWN <small>(Skip to 6.08)</small> </div> <div> <input type="checkbox"/> 5 - INDIGENOUS <small>(Skip to 6.08)</small> </div> </div>											
6.07 - DO YOU CONSIDER YOURSELF INDIGENOUS? <div style="display: flex; justify-content: space-around; align-items: center;"> <div> <input type="checkbox"/> 1 - YES <small>(Go to 6.08)</small> </div> <div> <input type="checkbox"/> 2 - NO <small>(Skip to 6.12)</small> </div> </div>											
6.08 - WHAT ETHNIC GROUP OR PEOPLE DO YOU BELONG TO? <small>Open combo box of ethnic group (entering 3 characters)</small> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Go to 6.09											
6.09 - DO YOU SPEAK INDIGENOUS LANGUAGE IN THE HOUSING UNIT? <small>(Including the use of sign language)</small> <div style="display: flex; justify-content: space-around; align-items: center;"> <div> <input type="checkbox"/> 1 - YES <small>(Go to 6.10)</small> </div> <div> <input type="checkbox"/> 2 - NO <small>(Skip to 6.11)</small> </div> </div>											
6.10 - WHICH? <small>(SPECIFY THE INDIGENOUS LANGUAGE(S) SPOKEN - UP TO TWO ENTRIES)</small> <div style="display: flex; justify-content: space-between;"> <div> 6.101 <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> 6.103 <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="text-align: right;"> <small>Open combo box of language (entering 2 characters)</small> <small>Go to 6.11</small> </div> </div>											
6.11 - DO YOU SPEAK PORTUGUESE IN THE HOUSING UNIT? <small>(Including the use of sign language)</small> <div style="display: flex; justify-content: space-around; align-items: center;"> <div> <input type="checkbox"/> 1 - YES Go to 6.12 </div> <div> <input type="checkbox"/> 2 - NO </div> </div>											
6.12 - WHAT IS YOUR RELIGION OR CULT? <small>Open combo box of religion (entering 4 caracteres)</small> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small>(If you are under 10 years, go to 6.13. Otherwise, skip to 6.14)</small>											
FOR RESIDENTS AGED 10 OR UNDER											
6.13 - HAS YOUR BIRTH BEEN REGISTERED? <small>(Mark the first suitable choice)</small> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> 1 - YES, AS A BIRTH CERTIFICATE AT REGISTRY OFFICE <input type="checkbox"/> 2 - YES, AS A CERTIFICATE OF LIVE BIRTH AT HOSPITAL / MATERNITY <input type="checkbox"/> 3 - YES, AS AN ADMINISTRATIVE REGISTRATION OF INDIGENOUS BIRTH <input type="checkbox"/> 4 - NO <input type="checkbox"/> 5 - NOT KNOWN </div> <div style="width: 35%; text-align: right;"> <small>(Only for self-reportedly indigenous people)</small> Go to 6.14 </div> </div>											
DISABILITY - FOR ALL RESIDENTS											
6.14 - DO YOU HAVE PERMANENT DIFFICULTY IN SEEING? <small>(IF YOU WEAR GLASSES OR CONTACT LENSES, UNDERGO EVALUATION WHILE WEARING THEM)</small> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 - YES, CANNOT DO IT AT ALL <input type="checkbox"/> 2 - YES, GREAT DIFFICULTY Go to 6.15 </div> <div style="width: 50%;"> <input type="checkbox"/> 3 - YES, SOME DIFFICULTY <input type="checkbox"/> 4 - NO </div> </div>											

6.15 - DO YOU HAVE PERMANENT DIFFICULTY IN HEARING?
(IF YOU WEAR A HEARING AID, UNDERGO EVALUATION WHILE WEARING IT)

<input type="checkbox"/> 1 - YES, CANNOT DO IT AT ALL	<input type="checkbox"/> 3 - YES, SOME DIFFICULTY
<input type="checkbox"/> 2 - YES, GREAT DIFFICULTY	<input type="checkbox"/> 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)

<input type="checkbox"/> 1 - YES, CANNOT DO IT AT ALL	<input type="checkbox"/> 3 - YES, SOME DIFFICULTY
<input type="checkbox"/> 2 - YES, GREAT DIFFICULTY	<input type="checkbox"/> 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

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?

<input type="checkbox"/> 1 - NATIVE BRAZILIAN	(Skip to 6.22)	<input type="checkbox"/> 3 - FOREIGNER	(Go to 6.21)
<input type="checkbox"/> 2 - NATURALIZED BRAZILIAN	(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)

_____ (If for less than 10 years, go to 6.25.
NUMBER OF YEARS 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 6.255 - 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?

<input type="text"/> 1 - FEDERATION UNIT / MUNICIPALITY	<input type="text"/> 2 - FOREIGN COUNTRY
<input type="text"/> Open combo box of federation unit	<input type="text"/> Open combo box of foreign country (entering 3 characters)
<input type="text"/> 6.261 - FEDERATION UNIT	<input type="text"/> 6.265 - FOREIGN COUNTRY
<input type="text"/> 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)

EDUCATION		7
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FOR RESIDENTS AGED 5 OR OVER	
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6.27 - CAN YOU READ AND WRITE?

☐ 1 - YES

Go to 6.28

☐ 2 - NO

FOR ALL RESIDENTS	
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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☐ 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)

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

(entering 3 characteres)

6.361 - FEDERATION UNIT

Open combo box of federation unit

6.365 - FOREIGN COUNTRY

6.363 - MUNICIPALITY

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

(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

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

(Skip to 6.51)

☐ 03 - PUBLIC SECTOR EMPLOYEE☐ 04 - EMPLOYEE WITHOUT A FORMAL CONTRACT

(Skip to 6.50)

☐ 05 - OWN-ACCOUNT WORKER☐ 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.

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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-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

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

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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

6.631 - MALE

6.632 - FEMALE

(Go to 6.64)

2 - NONE

(Skip to 6.69)

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

1 - ALIVE CHILDREN ON 07/31/2010

6.641 - MALE

6.642 - FEMALE

Go to 6.65

2 - NOT KNOWN

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)

6.681 - MONTH

6.682 - YEAR

Go to 6.69

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

(Go to 6.691 to 6.693)

2 - NONE

Skip to 6.70

3 - NOT KNOWN

Go to 6.70

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 RESIDENTS13

6.70 - WHO PROVIDED THE INFORMATION ABOUT THIS PERSON?

1 - THE OWN PERSON

(Finish this person's interview)

2 - ANOTHER RESIDENT

6.71 - Name of the other resident

(Finish this person's interview)

3 - A NON-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)

7FOR 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	7.03 - MONTH AND YEAR OF DEATH	7.04 - SEX	7.05 - AGE AT DEATH	
Go to 7.03	Go to 7.04	1 - M 2 - F Go to 7.05	7.051 - IN YEARS 1 YEAR OR OVER	7.052 - IN MONTHS UNDER 1 YEAR
	<div>1 - AUGUST, 2009</div> <div>2 - SEPTEMBER, 2009</div> <div>-----</div> <div>11 - JUNE, 2010</div> <div>12 - JULY, 2010</div>			