CP FORM 2

AUTHORITY:
Republic Act (RA) No. 10625 authorizes the Philippine Statistics Authority (PSA) to prepare and conduct periodic census on population.

CONFIDENTIALITY:
All information provided in this census shall be held STRICTLY CONFIDENTIAL in accordance with RA 10625.

2A

Republic of the Philippines
PHILIPPINE STATISTICS AUTHORITY

2015 CENSUS OF POPULATION
HOUSEHOLD QUESTIONNAIRE

Approval Number: PSA-1518-02
Expires on March 31, 2016

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 PSA.

ENUMERATOR
SIGNATURE OVER PRINTED NAME

DATE ACCOMPLISHED

TEAM SUPERVISOR
SIGNATURE OVER PRINTED NAME

DATE REVIEWED

CENSUS AREA SUPERVISOR
SIGNATURE OVER PRINTED NAME

DATE REVIEWED

CO/RSSO/PO
SIGNATURE OVER PRINTED NAME

DATE REVIEWED

GEOGRAPHIC IDENTIFICATION

BOOKLET [ ] **OF** [ ] **BOOKLETS**

PROVINCE _____

CITY/MUNICIPALITY _____

BARANGAY _____

ENUMERATION AREA NUMBER ---------------------

BUILDING SERIAL NUMBER ---------------------

HOUSING UNIT SERIAL NUMBER ---------------------

HOUSEHOLD SERIAL NUMBER ---------------------

LINE NUMBER OF THE RESPONDENT ---------------------

NAME OF THE HOUSEHOLD HEAD _____
LAST NAME / FIRST NAME

ADDRESS _____
HOUSE/BUILDING NUMBER AND STREET OR SITIO/PUROK NAME

INTERVIEW RECORD

VISIT NUMBER	1	2	3	SUMMARY OF VISIT	
DATE MONTH:DAY				**NUMBER OF VISITS MADE**	
TIME BEGAN HOUR:MINUTE				**RESULT OF FINAL VISIT***	
TIME ENDED HOUR:MINUTE				**NUMBER OF HOUSEHOLD MEMBERS**	
RESULT OF VISIT*				**NUMBER OF MALES**	

*CODES FOR RESULT OF VISIT

1	COMPLETED	4	ENTIRE HOUSEHOLD IS ABSENT FOR EXTENDED PERIOD OF TIME	6	POSTPONED
2	REFUSED			7	OTHERS, SPECIFY _____
3	NO RESPONDENT AROUND	5	PARTLY COMPLETED		

NUMBER OF FEMALES

MODE OF DATA COLLECTION*

**CODES FOR MODE OF DATA COLLECTION

1 PERSONAL INTERVIEW
2 SELF-ADMINISTERED QUESTIONNAIRE

NEXT VISIT				
DATE MONTH:DAY				
TIME HOUR:MINUTE				

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 the oldest to the youngest
- Ever-married children of head/spouse and their families from the oldest to the youngest
- Other relatives of head
- Nonrelatives of head

REMARKS

2B POPULATION CENSUS QUESTIONS

FOR ALL PERSONS

	Name	Relationship to the Household Head	Sex	Date of Birth	Age	Birth Registration		Marital Status	Religious Affiliation
LINE NUMBER	**P1**	**P2**	**P3**	**P4**	**P5**	**P6**	**P7**	**P8**	**P9**
	Who is the head of this household? Who are the persons usually residing here as of August 1, 2015? LIST THE PERSONS OR HOUSEHOLD MEMBERS IN THIS ORDER: • Head • Spouse of the head • Never-married children of head/spouse from the oldest to the youngest • Ever-married children of head/spouse and their families from the oldest to the youngest • Other relatives of head • Nonrelatives of head	*What is ____'s relationship to the head of this household?* • WRITE THE ANSWER ON THE LINE PROVIDED. • WRITE THE CODE CORRESPONDING TO THE ANSWER. REFER TO CODES AT THE BOTTOM.	*Is ____ male or female?* 1 Male 2 Female	*In what month and year was ____ born?* MM Month YYYY Year	*What is ____'s age as of his/her last birthday?* • WRITE IN THE BOXES THE AGE IN COMPLETED YEARS. • IF LESS THAN ONE YEAR OLD, WRITE "**000**".	*Was ____'s birth registered with the Local Civil Registry Office?* 1 Yes 2 No 3 Don't know WRITE **X** IN THE BOX CORRESPONDING TO THE ANSWER.	*Has ____ ever had a copy of his/her birth certificate?* 1 Yes 2 No 3 Don't know WRITE **X** IN THE BOX CORRESPONDING TO THE ANSWER.	*Is ____ single, married, widowed, divorced/separated, or in a common-law/live-in arrangement?* 1 Single 2 Married 3 Widowed 4 Divorced/separated 5 Common-law/Live-in 6 Unknown • WRITE **X** IN THE BOX CORRESPONDING TO THE ANSWER. • FOR PERSONS 0 TO 9 YEARS OLD, WRITE **X** IN THE BOX FOR SINGLE.	*What is ____'s religious affiliation?* • WRITE THE ANSWER ON THE LINE PROVIDED. • LEAVE THE BOXES BLANK FOR CODING DURING PROCESSING.
1	LAST NAME / FIRST NAME	SPECIFY	☐1 ☐2	MM ☐☐ YYYY ☐☐	☐☐☐	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3 ☐4 ☐5 ☐6	SPECIFY
2	LAST NAME / FIRST NAME	SPECIFY	☐1 ☐2	MM ☐☐ YYYY ☐☐	☐☐☐	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3 ☐4 ☐5 ☐6	SPECIFY
3	LAST NAME / FIRST NAME	SPECIFY	☐1 ☐2	MM ☐☐ YYYY ☐☐	☐☐☐	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3 ☐4 ☐5 ☐6	SPECIFY
4	LAST NAME / FIRST NAME	SPECIFY	☐1 ☐2	MM ☐☐ YYYY ☐☐	☐☐☐	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3 ☐4 ☐5 ☐6	SPECIFY
5	LAST NAME / FIRST NAME	SPECIFY	☐1 ☐2	MM ☐☐ YYYY ☐☐	☐☐☐	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3 ☐4 ☐5 ☐6	SPECIFY
6	LAST NAME / FIRST NAME	SPECIFY	☐1 ☐2	MM ☐☐ YYYY ☐☐	☐☐☐	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3 ☐4 ☐5 ☐6	SPECIFY
7	LAST NAME / FIRST NAME	SPECIFY	☐1 ☐2	MM ☐☐ YYYY ☐☐	☐☐☐	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3 ☐4 ☐5 ☐6	SPECIFY
8	LAST NAME / FIRST NAME	SPECIFY	☐1 ☐2	MM ☐☐ YYYY ☐☐	☐☐☐	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3 ☐4 ☐5 ☐6	SPECIFY

CHECK FOR PERSONS NOT YET LISTED

Are there any other persons of this household who were not yet listed such as infants, small children, elderly persons, and overseas workers?

WRITE **X** IN THE BOX FOR YES. OTHERWISE, WRITE X IN THE BOX FOR NO.

☐ 1 Yes, USE ADDITIONAL BOOKLET.   ☐ 2 No

USE OF ADDITIONAL BOOKLET

Are there more than 8 members in your 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 ITEM P2 – RELATIONSHIP TO HOUSEHOLD HEAD

01 Head	**31** Grandson	**51** Nephew
02 Spouse	**32** Granddaughter	**52** Niece
03 Son	**33** Father	**53** Other relative
04 Daughter	**34** Mother	**54** Nonrelative
21 Stepson	**41** Brother	**61** Boarder
22 Stepdaughter	**42** Sister	**62** Domestic helper
23 Son-in-law	**43** Uncle	
24 Daughter-in-law	**44** Aunt	

POPULATION CENSUS QUESTIONS 2C

	FOR ALL PERSONS 5 TO 24 YEARS OLD	FOR ALL PERSONS 5 YEARS OLD AND OVER		FOR ALL PERSONS 15 YEARS OLD AND OVER			
L I N E N U M B E R	School Attendance	Literacy	Highest Grade/Year Completed	Technical/Vocational Course Obtained		Overseas Worker	Usual Activity/Occupation
	P10	**P11**	**P12**	**P13**	**P14**	**P15**	**P16**
	Is ____ currently attending school?	*Can ____ read and write a simple message in any language or dialect?*	*What is the highest grade/year completed by ____?*	*Is ____ a graduate of technical/vocational course?*	*What is the technical/vocational course obtained by ____?*	*Is ____ an overseas worker?*	*During the past 12 months, what was ____'s usual activity/occupation?*
	1 Yes 2 No WRITE **X** IN THE BOX CORRESPONDING TO THE ANSWER.	1 Yes 2 No WRITE **X** IN THE BOX CORRESPONDING TO THE ANSWER.	• WRITE THE ANSWER ON THE LINE PROVIDED AND THE CODE CORRESPONDING TO THE ANSWER. • REFER TO CODES AT THE BOTTOM. • IF GRADUATE IN POST SECONDARY OR COLLEGE, SPECIFY THE COURSE AND LEAVE THE BOXES BLANK FOR CODING DURING PROCESSING.	1 Yes 2 No, SKIP TO P15 WRITE **X** IN THE BOX CORRESPONDING TO THE ANSWER.	• WRITE THE ANSWER ON THE LINE PROVIDED. • LEAVE THE BOXES BLANK FOR CODING DURING THE PROCESSING.	1 Yes 2 No WRITE **X** IN THE BOX CORRESPONDING TO THE ANSWER.	• ASK FOR DETAILED DESCRIPTION OF THE PERSON'S USUAL ACTIVITY/OCCUPATION. • WRITE THE ANSWER ON THE LINE PROVIDED. • LEAVE THE BOXES BLANK FOR CODING DURING THE PROCESSING.
1	☐ 1 ☐ 2	☐ 1 ☐ 2	SPECIFY	☐ 1 ☐ 2	SPECIFY	☐ 1 ☐ 2	SPECIFY
2	☐ 1 ☐ 2	☐ 1 ☐ 2	SPECIFY	☐ 1 ☐ 2	SPECIFY	☐ 1 ☐ 2	SPECIFY
3	☐ 1 ☐ 2	☐ 1 ☐ 2	SPECIFY	☐ 1 ☐ 2	SPECIFY	☐ 1 ☐ 2	SPECIFY
4	☐ 1 ☐ 2	☐ 1 ☐ 2	SPECIFY	☐ 1 ☐ 2	SPECIFY	☐ 1 ☐ 2	SPECIFY
5	☐ 1 ☐ 2	☐ 1 ☐ 2	SPECIFY	☐ 1 ☐ 2	SPECIFY	☐ 1 ☐ 2	SPECIFY
6	☐ 1 ☐ 2	☐ 1 ☐ 2	SPECIFY	☐ 1 ☐ 2	SPECIFY	☐ 1 ☐ 2	SPECIFY
7	☐ 1 ☐ 2	☐ 1 ☐ 2	SPECIFY	☐ 1 ☐ 2	SPECIFY	☐ 1 ☐ 2	SPECIFY
8	☐ 1 ☐ 2	☐ 1 ☐ 2	SPECIFY	☐ 1 ☐ 2	SPECIFY	☐ 1 ☐ 2	SPECIFY

CODES FOR ITEM P12 – HIGHEST GRADE/YEAR COMPLETED

	Elementary	**High school**	**K to 12 Program**	**College**	**Post baccalaureate**
000 No grade completed	**110** Grade 1	**210** 1st Year	**410** Grade 1	**710** 1st Year	**910** Master's degree undergraduate
010 Preschool	**120** Grade 2	**220** 2nd Year	**420** Grade 2	**720** 2nd Year	
	130 Grade 3	**230** 3rd Year	**430** Grade 3	**730** 3rd Year	**920** Master's degree graduate
	140 Grade 4	**240** 4th Year	**440** Grade 4	**740** 4th Year	
	150 Grade 5	**250** High school graduate	**450** Grade 5	**750** 5th Year	**930** Doctorate degree undergraduate
	160 Grade 6		**460** Grade 6	**760** 6th Year	
	170 Grade 6 graduate	**Post Secondary**	**470** Grade 7	IF GRADUATE, SPECIFY COURSE.	**940** Doctorate degree graduate
	180 Grade 7 graduate	**310** 1st Year	**480** Grade 8		
		320 2nd Year	**490** Grade 9		
	191 SPED, undergraduate	IF GRADUATE, SPECIFY COURSE.	**500** Grade 10		
	192 SPED, graduate		**510** Grade 11		
			520 Grade 12		

REMARKS

ANSWER ITEMS B1 TO B3 BASED ON YOUR OBSERVATION. IF DOUBTFUL, ASK THE RESPONDENT.

B1 Type of Building
WRITE **X** IN THE BOX CORRESPONDING TO THE ANSWER.

- [ ] 1 Single house
- [ ] 2 Duplex
- [ ] 3 Multi-unit residential (3 or more units)
- [ ] 4 Commercial/industrial/ agricultural (office, factory, and others)
- [ ] 5 Institutional living quarter (hotel, hospital, prison, and others)
- [ ] 6 Tent
- [ ] 7 Others, SPECIFY _____

B2 Construction Materials of the Roof of the Building
WRITE **X** IN THE BOX CORRESPONDING TO THE ANSWER.

- [ ] 1 Galvanized iron/aluminum
- [ ] 2 Tile/concrete/clay tile
- [ ] 3 Half galvanized iron and half concrete
- [ ] 4 Bamboo/cogon/nipa/anahaw
- [ ] 5 Asbestos
- [ ] 6 Makeshift/salvaged/ improvised materials
- [ ] 7 Trapal
- [ ] 8 Others, SPECIFY _____

B3 Construction Materials of the Outer Walls of the Building/Housing Unit
WRITE **X** IN THE BOX CORRESPONDING TO THE ANSWER.

- [ ] 01 Concrete/brick/stone
- [ ] 02 Wood
- [ ] 03 Half concrete/brick/ stone and half wood
- [ ] 04 Galvanized iron/aluminum
- [ ] 05 Bamboo/sawali cogon/nipa
- [ ] 06 Asbestos
- [ ] 07 Glass
- [ ] 08 Makeshift/ salvaged/ improvised materials
- [ ] 09 Trapal
- [ ] 10 Others, SPECIFY _____
- [ ] 11 No walls

Now, I would like to ask you some questions regarding lighting and source of water supply, as well as tenure status of your housing unit/lot.

H1 Fuel for Lighting
What type of fuel does your household use for lighting? ⌐
WRITE **X** IN THE BOX CORRESPONDING TO THE ANSWER.

- [ ] 1 Electricity
- [ ] 2 Kerosene (gaas)
- [ ] 3 Liquefied petroleum gas (LPG)
- [ ] 4 Oil (vegetable, animal, and others)
- [ ] 5 Solar panel
- [ ] 6 Solar lamp
- [ ] 7 Others, SPECIFY _____
- [ ] 0 None

H2 Source of Water Supply for Drinking
What is your household's main source of water supply for drinking?
WRITE **X** IN THE BOX CORRESPONDING TO THE ANSWER.

- [ ] 01 Own use faucet, community water system
- [ ] 02 Shared faucet, community water system
- [ ] 03 Own use, tubed/piped deep well
- [ ] 04 Shared tubed/piped deep well
- [ ] 05 Tubed/piped shallow well
- [ ] 06 Dug well
- [ ] 07 Protected spring
- [ ] 08 Unprotected spring
- [ ] 09 Lake, river, rain, and lake
- [ ] 10 Peddler
- [ ] 11 Bottled water
- [ ] 12 Others, SPECIFY _____

H3 Source of Water Supply for Cooking
What is your household's main source of water supply for cooking?
WRITE **X** IN THE BOX CORRESPONDING TO THE ANSWER.

- [ ] 01 Own use faucet, community water system
- [ ] 02 Shared faucet, community water system
- [ ] 03 Own use, tubed/piped deep well
- [ ] 04 Shared tubed/piped deep well
- [ ] 05 Tubed/piped shallow well
- [ ] 06 Dug well
- [ ] 07 Protected spring
- [ ] 08 Unprotected spring
- [ ] 09 Lake, river, rain, and lake
- [ ] 10 Peddler
- [ ] 11 Bottled water
- [ ] 12 Others, SPECIFY _____

H4 Tenure Status of the Housing Unit/Lot
What is the tenure status of the housing unit and lot occupied by your household?
WRITE **X** IN THE BOX CORRESPONDING TO THE ANSWER.

- [ ] 1 Own or owner-like possession of house and lot
- [ ] 2 Rent house/room, including lot
- [ ] 3 Own house, rent lot
- [ ] 4 Own house, rent-free lot with consent of owner
- [ ] 5 Own house, rent-free lot without consent of owner
- [ ] 6 Rent-free house and lot with consent of owner
- [ ] 7 Rent-free house and lot without consent of owner

REGISTRATION OF DEATHS IN THE LAST TWO YEARS AMONG HOUSEHOLD MEMBERS

Now, I would like to ask you some questions about deaths in your family in the past two years and whether these deaths had been registered at the Local Civil Registry Office (LCRO). I understand that it is not easy to talk about deaths in the family but it is important that you tell us about them, so that the government can develop programs and policies that will help facilitate claims for death benefits, life insurance, inheritance, and programs to promote complete registration of deaths at the LCRO.

D1 *Was there any former member of this household who died in the past two years, from July 2013 to July 2015?*
WRITE **X** IN THE BOX CORRESPONDING TO THE ANSWER.

- [ ] 1 Yes
- [ ] 2 No, END INTERVIEW.

D2 *How many former members of this household have died in the past two years, from July 2013 to July 2015?*
WRITE IN THE BOX THE CORRESPONDING NUMBER AND FILL OUT THE MATRIX BELOW.

- [ ] IF 5 OR MORE DEATHS, USE ADDITIONAL BOOKLET.

L I N E N U M B E R	Name **D3** LIST THE NAMES OF FORMER HOUSEHOLD MEMBERS WHO DIED ANYTIME FROM JULY 2013 TO JULY 2015.	Sex **D4** *Is ____ male or female?* 1 Male 2 Female	Age at Death **D5** *How old was ____ when he/she died?* ENTER AGE AT DEATH IN: • DAYS IF AGE AT DEATH IS LESS THAN 1 MONTH; • MONTHS IF AGE AT DEATH IS 1 MONTH BUT LESS THAN 2 YEARS; OR • YEARS IF AGE AT DEATH IS 2 YEARS OR OLDER. FOR AGE 98 YEARS OR OLDER, WRITE "**98**". WRITE **X** IN THE BOX CORRESPONDING TO THE REPORTED AGE AT DEATH IN DAYS, MONTHS OR YEARS.	Death Registration **D6** *Was the death of ____ registered with the Local Civil Registry Office?* 1 Yes 2 No 3 Don't know WRITE **X** IN THE BOX CORRESPONDING TO THE ANSWER.	**D7** *Have you or any member of this household ever obtained a copy of his/her death certificate?* 1 Yes 2 No 3 Don't know WRITE **X** IN THE BOX CORRESPONDING TO THE ANSWER.
1	_____ LAST NAME _____ FIRST NAME	[ ] 1 [ ] 2	[ ] 1 DAYS [ ][ ] [ ] 3 YEARS [ ][ ] [ ] 2 MONTHS [ ][ ] [ ] 4 DON'T KNOW	[ ] 1 [ ] 2 [ ] 3	[ ] 1 [ ] 2 [ ] 3
2	_____ LAST NAME _____ FIRST NAME	[ ] 1 [ ] 2	[ ] 1 DAYS [ ][ ] [ ] 3 YEARS [ ][ ] [ ] 2 MONTHS [ ][ ] [ ] 4 DON'T KNOW	[ ] 1 [ ] 2 [ ] 3	[ ] 1 [ ] 2 [ ] 3
3	_____ LAST NAME _____ FIRST NAME	[ ] 1 [ ] 2	[ ] 1 DAYS [ ][ ] [ ] 3 YEARS [ ][ ] [ ] 2 MONTHS [ ][ ] [ ] 4 DON'T KNOW	[ ] 1 [ ] 2 [ ] 3	[ ] 1 [ ] 2 [ ] 3
4	_____ LAST NAME _____ FIRST NAME	[ ] 1 [ ] 2	[ ] 1 DAYS [ ][ ] [ ] 3 YEARS [ ][ ] [ ] 2 MONTHS [ ][ ] [ ] 4 DON'T KNOW	[ ] 1 [ ] 2 [ ] 3	[ ] 1 [ ] 2 [ ] 3