



2024 CENSUS OF POPULATION AND COMMUNITY-BASED MONITORING SYSTEM
SPOTCHECK/REINTERVIEW RECORD

PROVINCE/HUC _____

CITY/MUNICIPALITY _____

NAME OF ENUMERATOR _____

BARANGAY _____

ENUMERATION AREA _____

I. SPOTCHECK RECORD

A Date of Spotcheck: _____
M M D D Y Y Y Y

THROUGH OBSERVATION, VERIFY THE FOLLOWING: 1 YES 2 NO

1. Is there a POPCEN-CBMS sticker posted on the building/housing unit/service facility?

2. Are the BSN, HUSN, and HSN/ISN correctly written on the sticker?

2a. Specify need for improvement: _____

3. Is there an "X" mark for callback on the sticker?

II. REINTERVIEW RECORD

A Date of Reinterview: _____
M M D D Y Y Y Y

B COPY THE BSN, HUSN, AND HSN/ISN WRITTEN ON THE STICKER:
BSN HUSN HSN/ISN

ASK THE RESPONDENT THE FOLLOWING QUESTIONS:

1. What is your name? _____
LAST NAME FIRST NAME MIDDLE INITIAL

2. What is your address? _____
BLDG. NAME/NO. STREET SITIO/PUROK/
VILLAGE/SUBDIVISION

3. Did a CENSUS-CBMS Enumerator visit you? 1 YES 2 NO

4. When did the enumerator visit your household? _____
M M D D Y Y Y Y

5. Who was interviewed during that visit? _____
LAST NAME FIRST NAME MIDDLE INITIAL

6. How many members are there in your household as of July 01, 2024? MALE FEMALE TOTAL

7. How many nuclear family are there in your household?

A. CORE DEMOGRAPHIC CHARACTERISTICS

LINE NUMBER	FOR ALL HOUSEHOLD MEMBERS					FOR 5 YEARS OLD AND OVER
	Who is the household head? Who are the other members of the household usually residing here as of <u>July 01, 2024</u> ?	What is (NAME)'s relationship to the head of this household?	Is (NAME) male or female?	In what month, day, and year was (NAME) born?	What is (NAME)'s age as of <u>last birthday</u> ?	What is (NAME)'s highest grade/ year completed (HGC)?
	ORDER OF LISTING: • HEAD • SPOUSE OF THE HEAD • NEVER-MARRIED CHILDREN OF THE HEAD/SPOUSE, FROM THE OLDEST TO THE YOUNGEST • EVER-MARRIED CHILDREN OF THE HEAD/SPOUSE AND THEIR FAMILIES, FROM THE OLDEST TO THE YOUNGEST • OTHER RELATIVES OF THE HEAD • NONRELATIVES OF THE HEAD	SEE CODES BELOW	1 MALE 2 FEMALE	MONTH (MM) DAY (DD) YEAR (YYYY)		WRITE AND REFER TO THE SPECIFIC HGC AND CORRESPONDING CODES BELOW EXCEPT FOR SPECIFIC COURSES
	A01	A02	A03	A04	A05	A06
1	_____ LAST NAME FIRST NAME SUFFIX MIDDLE NAME	<input type="text" value="0"/> <input type="text" value="1"/> SPECIFY	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> MM DD YYYY	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> SPECIFY
2	_____ LAST NAME FIRST NAME SUFFIX MIDDLE NAME	<input type="text" value=""/> <input type="text" value=""/> SPECIFY	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> MM DD YYYY	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> SPECIFY
3	_____ LAST NAME FIRST NAME SUFFIX MIDDLE NAME	<input type="text" value=""/> <input type="text" value=""/> SPECIFY	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> MM DD YYYY	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> SPECIFY
4	_____ LAST NAME FIRST NAME SUFFIX MIDDLE NAME	<input type="text" value=""/> <input type="text" value=""/> SPECIFY	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> MM DD YYYY	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> SPECIFY
5	_____ LAST NAME FIRST NAME SUFFIX MIDDLE NAME	<input type="text" value=""/> <input type="text" value=""/> SPECIFY	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> MM DD YYYY	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> SPECIFY
6	_____ LAST NAME FIRST NAME SUFFIX MIDDLE NAME	<input type="text" value=""/> <input type="text" value=""/> SPECIFY	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> MM DD YYYY	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> SPECIFY

CHECK FOR PERSONS NOT YET LISTED	INDICATOR FOR ADDITIONAL BOOKLET	CODES FOR (A06) HIGHEST GRADE/YEAR COMPLETED AND (C01) CURRENTLY ATTENDING			
Are there other persons in this household who were not yet listed such as infants, small children, elderly persons, and overseas worker? 1 YES, ADD TO THE HOUSEHOLD MEMBER LIST <input type="checkbox"/> 2 NONE <input type="checkbox"/>	Are there more than six (6) members in this household? 1 YES, USE ADDITIONAL BOOKLET <input type="checkbox"/> 2 NONE <input type="checkbox"/>	LEVEL 0 - EARLY CHILDHOOD EDUCATION 00000000 - NO GRADE COMPLETED 01000000 - NURSERY 02000000 - KINDERGARTEN 02100000 - KINDERGARTEN (K TO 12) LEVEL 1 - PRIMARY EDUCATION (ELEMENTARY) 10000101 - GRADE 1 10000102 - GRADE 2 10000103 - GRADE 3 10000104 - GRADE 4 10000105 - GRADE 5 10000106 - GRADE 6 10000107 - ELEMENTARY GRADUATE 10000108 - GRADE 7 GRADUATE 11000101 - GRADE 1 (K TO 12) 11000102 - GRADE 2 (K TO 12) 11000103 - GRADE 3 (K TO 12) 11000104 - GRADE 4 (K TO 12) 11000105 - GRADE 5 (K TO 12) 11000108 - ELEMENTARY GRADUATE (K TO 12) 11000201 - INDIGENOUS PEOPLE EDUCATION (IPE) 11000202 - MADRASAH EDUCATION PROGRAMS (MEP) 11000203 - SPECIAL EDUCATION PROGRAM (SPED) 11000301 - A&E ELEMENTARY LEVEL PASSER (ALS) 11000302 - ALTERNATIVE DELIVERY MODE (ADM)	LEVEL 2 - LOWER SECONDARY / JUNIOR HIGH SCHOOL 20400101 - 1ST YEAR 20400102 - 2ND YEAR 20400103 - 3RD YEAR 20400105 - HIGH SCHOOL GRADUATE 21400101 - GRADE 7 (K TO 12) 21400102 - GRADE 8 (K TO 12) 21400103 - GRADE 9 (K TO 12) 21400105 - JUNIOR HIGH SCHOOL GRADUATE (K TO 12) 21400201 - INDIGENOUS PEOPLE EDUCATION (IPE) 21400202 - MADRASAH EDUCATION PROGRAM (MEP) 21400203 - SPECIAL EDUCATION PROGRAM 21400301 - A&E SECONDARY LEVEL PASSER (ALS) 21400302 - ALTERNATIVE DELIVERY MODE (ADM)	LEVEL 3 - UPPER SECONDARY (SENIOR HIGH SCHOOL) ARTS AND DESIGN TRACK 30400201 - GRADE 11 30400203 - SHS GRADUATE (STRAND UNKNOWN TO RESPONDENT) 30400204 - MUSIC STRAND GRADUATE 30400205 - THEATER STRAND GRADUATE 30400206 - VISUAL ARTS STRAND GRADUATE 30400207 - MEDIA ARTS STRAND GRADUATE 30400208 - DANCE STRAND GRADUATE SPORTS TRACK 30400301 - GRADE 11 30400303 - SHS GRADUATE TECHNOLOGY AND LIVELIHOOD EDUCATION AND TECHNICAL-VOCATIONAL LIVELIHOOD TRACK IF GRADE 11 TECHNOLOGY AND LIVELIHOOD EDUCATION AND TECHNICAL-VOCATIONAL LIVELIHOOD TRACK COMPLETER, SPECIFY STRAND IF KNOWN 30500006 - SHS GRADUATE (STRAND UNKNOWN TO RESPONDENT) 30500007 - AGRI-FISHERY ARTS STRAND GRADUATE 30500008 - HOME ECONOMICS STRAND GRADUATE 30500009 - INDUSTRIAL ARTS STRAND GRADUATE 30500010 - INFORMATION AND COMMUNICATIONS TECHNOLOGY STRAND GRADUATE 30500011 - TVL MARITIME SPECIALIZATION STRAND GRADUATE	LEVEL 4 - POST- SECONDARY NON-TERTIARY EDUCATION 40000001 - 1ST YEAR 40000002 - 2ND YEAR IF GRADUATE, SPECIFY PROGRAM LEVEL 5 - SHORT CYCLE TERTIARY EDUCATION 50000001 - 1ST YEAR 50000002 - 2ND YEAR IF GRADUATE, SPECIFY PROGRAM LEVEL 6 - BACHELOR LEVEL EDUCATION OR EQUIVALENT 60000001 - 1ST YEAR 60000002 - 2ND YEAR 60000003 - 3RD YEAR 60000004 - 4TH YEAR 60000005 - 5TH YEAR IF GRADUATE, SPECIFY PROGRAM LEVEL 7 - MASTER LEVEL EDUCATION OR EQUIVALENT 70000010 - UNDERGRADUATE IF GRADUATE, SPECIFY PROGRAM LEVEL 8 - DOCTORAL LEVEL EDUCATION OR EQUIVALENT 80000010 - UNDERGRADUATE IF GRADUATE, SPECIFY PROGRAM
CODES FOR (A02) RELATIONSHIP TO THE HOUSEHOLD HEAD					
01 HOUSEHOLD HEAD	11 FATHER	21 NEPHEW			
02 SPOUSE	12 MOTHER	22 NIECE			
03 SON	13 FATHER-IN-LAW	23 OTHER RELATIVE, SPECIFY			
04 DAUGHTER	14 MOTHER-IN-LAW	24 BOARDER			
05 STEPSON	15 BROTHER	25 DOMESTIC HELPER			
06 STEPDAUGHTER	16 SISTER	26 OTHER			
07 SON-IN-LAW	17 BROTHER-IN-LAW	NONRELATIVE, SPECIFY			
08 DAUGHTER-IN-LAW	18 SISTER-IN-LAW				
09 GRANDSON	19 UNCLE				
10 GRANDDAUGHTER	20 AUNT				

B. OTHER DEMOGRAPHIC CHARACTERISTICS		C. MIGRATION	D. EDUCATION	E. ECONOMIC CHARACTERISTICS						
LINE NUMBER	FOR ALL HOUSEHOLD MEMBERS	15 YEARS OLD AND OVER	FOR 3 YEARS OLD AND OVER	FOR 5 TO 14 YEARS OLD, AND 15 YEARS OLD AND OVER WITH CODES "3", "4", OR "6" IN C01						
	IN WHICH NUCLEAR FAMILY DOES (NAME) BELONG?	What is (NAME)'s relationship to the head of the nuclear family?	Is (NAME) currently an overseas Filipino?	What grade/year is (NAME) currently attending?	Did (NAME) do any work for at least one hour during the <u>past week</u> (including work from home or telecommuting)?	Although (NAME) did not work, did (NAME) have a job or business during the <u>past week</u> ?	What is (NAME)'s nature of employment?	What is (NAME)'s class of worker?	What was (NAME)'s total number of hours worked for all jobs during the <u>past week</u> ?	Did (NAME) want more hours of work during the <u>past week</u> ?
	SEE CODES BELOW	SEE CODES BELOW	SEE CODES IN PAGE 2		1 YES, GO TO E03 2 NO	1 YES 2 NO, GO TO F01 3 NO, TEMPORARILY, GO TO F01	SEE CODES BELOW	SEE CODES BELOW		1 YES 2 NO
	B01	B02	C01	D01	E01	E02	E03	E04	E05	E06
1	<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"/> SPECIFY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
2	<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"/> SPECIFY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
3	<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"/> SPECIFY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
4	<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"/> SPECIFY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
5	<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"/> SPECIFY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
6	<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"/> SPECIFY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
CODES FOR (B02) RELATIONSHIP TO NUCLEAR FAMILY HEAD		CODES FOR (C01) OVERSEAS FILIPINO INDICATOR			CODES FOR (E03) NATURE OF EMPLOYMENT			CODES FOR (E08) CLASS OF WORKER		
00 ONE MEMBER HH 01 FAMILY HEAD 02 SPOUSE 03 PARTNER 04 SON 05 DAUGHTER 06 BROTHER 07 SISTER 08 FATHER 09 MOTHER 10 OTHER FAMILY MEMBER		1 YES, OVERSEAS FILIPINO WORKER (OFW) WITH CONTRACT 2 YES, OTHER OFW WITH NO CONTRACT 3 YES, STUDENT ABROAD 4 YES, TOURIST 5 YES, OTHER OVERSEAS FILIPINO NOT ELSEWHERE CLASSIFIED 6 NO, RESIDENT (PHILIPPINES)			1 PERMANENT JOB/BUSINESS/UNPAID FAMILY WORK 2 SHORT-TERM OR SEASONAL OR CASUAL JOB/BUSINESS, UNPAID FAMILY WORK 3 WORKED FOR DIFFERENT EMPLOYERS OR CUSTOMERS ON DAY-TO-DAY OR WEEK-TO-WEEK BASIS			0 WORKED FOR PRIVATE HOUSEHOLD 1 WORKED FOR PRIVATE ESTABLISHMENT 2 WORKED FOR GOVERNMENT/GOVERNMENT-OWNED AND CONTROLLED CORPORATION 3 SELF-EMPLOYED WITHOUT PAID EMPLOYEE 4 EMPLOYER IN OWN FAMILY-OPERATED FARM OR BUSINESS 5 WORKED WITH PAY IN OWN FAMILY-OPERATED FARM OR BUSINESS 6 WORKED WITHOUT PAY IN OWN FAMILY-OPERATED FARM OR BUSINESS		

F. SOCIAL PROTECTION AND ASSISTANCE PROGRAMS

ANSWER ONLY THE FOLLOWING PROGRAMS WITH YES IN F01	
F01 Is any member of your household (including OFW) a dependent/beneficiary/member of any of the following social/health insurance programs? 1 YES 2 NO 8 DONT KNOW	F02 In the past 12 months, (July 01, 2023 - June 30, 2024), did any member of your household receive benefits/grants/assistance from the following social/health insurance programs? 1 YES 2 NO 8 DONT KNOW
A Social Security System (SSS)	A Social Security System (SSS)
B Government Service Insurance System (GSIS)	B Government Service Insurance System (GSIS)
C PhilHealth	C PhilHealth
D Health/Medical Insurance other than PhilHealth (e.g., MediCard, Maxicare, etc.)	D Health/Medical Insurance other than PhilHealth (e.g., MediCard, Maxicare, etc.)

G. WATER, SANITATION, AND HYGIENE **H. HOUSING CHARACTERISTICS**

G01 What is your household's main source of water supply? COMMUNITY WATER SYSTEM PIPED INTO: 01 DWELLING 02 YARD/PLOT 03 PUBLIC TAP/STANDPIPE _____ SPECIFY _____ POINT SOURCE: 04 PROTECTED WELL/TUBE WELL/BOREHOLE 05 PROTECTED SPRING 06 RAINWATER 07 TANKER TRUCK/PEDDLER/NEIGHBOR 08 UNPROTECTED (OPEN DUG WELL) 09 UNPROTECTED SPRING 10 SURFACE WATER (E.G., RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) 99 OTHERS, SPECIFY _____	H03 ANSWER THROUGH OBSERVATION. IF DOUBTFUL, ASK THE RESPONDENT What is the construction material of the outer walls of this housing unit? 01 CONCRETE/BRICK/STONE 02 METAL SHEET (E.G., GALVANIZED IRON, COPPER, ALUMINUM, STAINLESS STEEL, ETC.) 03 HALF CONCRETE/BRICK/STONE AND HALF WOOD 04 GLASS 05 WOOD/BAMBOO 06 SAWALI/COGON/NIPA 07 ASBESTOS 08 MAKESHIFT/SALVAGED/IMPROVISED MATERIALS 09 NO WALLS 99 OTHERS, SPECIFY _____
G02 What is the <u>main source of drinking water</u> used by members of your household? IF UNCLEAR, PROBE TO IDENTIFY THE PLACE FROM WHICH MEMBERS OF THIS HOUSEHOLD MOST OFTEN COLLECT DRINKING WATER (COLLECTION POINT) IMPROVED SOURCE OF DRINKING WATER 11 PIPED INTO DWELLING 12 PIPED INTO YARD/PLOT 13 PIPED TO NEIGHBOR 14 PUBLIC TAP/STAND PIPE 21 TUBE WELL/BOREHOLE 31 PROTECTED WELL 41 PROTECTED SPRING 51 RAINWATER 61 TANKER-TRUCK 71 CART WITH SMALL TANK 72 WATER REFILLING STATION 91 BOTTLED WATER 92 SACHET WATER UNIMPROVED SOURCE OF DRINKING WATER 32 UNPROTECTED WELL (OPEN DUG WELL) 42 UNPROTECTED SPRING 81 SURFACE WATER (RIVER, STREAM, POND, LAKE, DAM, CANAL, RIRIGATION CHANNEL) 99 OTHERS, SPECIFY _____	H04 What is the main construction materials of the floor of this housing unit? 1 CONCRETE 2 EARTH/SAND/MUD 3 WOOD 4 COCONUT LUMBER 5 BAMBOO 6 MAKESHIFT/SALVAGED/ IMPROVISED MATERIALS 9 OTHERS, SPECIFY _____ H05 How many bedrooms does this housing unit have? NUMBER OF BEDROOMS _____ H06 What is the tenure status of the housing unit and lot occupied by this household? 1 OWN OR OWNER-LIKE POSSESSION OF THE HOUSE AND LOT 2 OWN HOUSE, RENT LOT 3 OWN HOUSE, RENT-FREE LOT WITHOUT CONSENT OF OWNER 4 OWN HOUSE, RENT-FREE LOT WITHOUT CONSENT OF OWNER 5 RENT HOUSE/ROOM, INCLUDING LOT 6 RENT-FREE HOUSE AND LOT WITHOUT CONSENT OF OWNER 7 RENT-FREE HOUSE AND LOT WITHOUT CONSENT OF OWNER H07 Is there any electricity in the building? 1 YES 2 NO _____

H. HOUSING CHARACTERISTICS

H01 ANSWER THROUGH OBSERVATION. IF DOUBTFUL, ASK THE RESPONDENT What is the type of building occupied by your household? 01 SINGLE HOUSE 02 DUPLEX 03 APARTMENT/ACCESSORIA/ROW HOUSE 04 CONDOMINIUM/CONDOTEL 05 OTHER MULTI-UNIT RESIDENTIAL 06 COMMERCIAL/INDUSTRIAL/AGRICULTURE (e.g., OFFICE, FACTORY, BARN) 07 INSTITUTIONAL LIVING QUARTER (e.g., HOTEL, HOSPITAL, CONVENT, JAIL) 08 NONE (e.g., HOMELESS/CART), GO TO I01 09 OTHER TYPES OF BUILDING (e.g., BUS/TRAILER, BOAT, TENT), SPECIFY _____ 10 TEMPORARY EVACUATION CENTER/RELOCATION AREA, (e.g., SCHOOL, GYM, RELOCATION HOUSING), GO TO I01	H08 ANSWER THROUGH OBSERVATION. IF DOUBTFUL, ASK THE RESPONDENT What is the main construction material of the roof of this housing unit? 1 METAL ROOFING SHEETS (E.G., GALVANIZED IRON, COPPER, ALUMINUM, STAINLESS STEEL, ETC.) 2 CONCRETE/CLAY/SLATE TILE 3 HALF-GALVANIZED IRON AND HALF-CONCRETE 4 WOOD/BAMBOO 5 SOD/THATCH (E.G., COGON, NIPA, ANAHAW, ETC.) 6 ASBESTOS 7 MAKESHIFT/SALVAGED/IMPROVISED MATERIALS 8 NO ROOF 9 OTHERS, SPECIFY _____
H02 What is the main construction material of the roof of this housing unit? 1 METAL ROOFING SHEETS (E.G., GALVANIZED IRON, COPPER, ALUMINUM, STAINLESS STEEL, ETC.) 2 CONCRETE/CLAY/SLATE TILE 3 HALF-GALVANIZED IRON AND HALF-CONCRETE 4 WOOD/BAMBOO 5 SOD/THATCH (E.G., COGON, NIPA, ANAHAW, ETC.) 6 ASBESTOS 7 MAKESHIFT/SALVAGED/IMPROVISED MATERIALS 8 NO ROOF 9 OTHERS, SPECIFY _____	HOUSEHOLD CONVENIENCES A Refrigerator/Freezer B Air conditioner C Washing Machine D Stove with Oven / Gas Range ICT DEVICES E Radio/Radio cassette (AM, FM, and transistor) F Television G Audio component/Stereo set/Karaoke/Videoke H Landline/Wireless telephone I Cellular Phone (Basic or with button keypad) J Cellular Phone (Modem or smart phone) K Tablet L Personal computer (e.g., desktop, laptop, notebook, netbook) VEHICLES M Car N Van O Jeep P Truck Q Motorcycle/Motor scooter R E-bike S Tricycle T Bicycle U Pedicab V Motorized boat/Banca W Non-motorized boat/Banca
I ACCESS TO PUBLIC TRANSPORTATION	
I01 Does your household have access to any public transportation vehicle within 500 meters from your housing unit (if within 10-15 minutes walking distance)? 1 YES 2 NO _____	

III. COMPARISON WITH ACCOMPLISHED POPCEN-CBMS FORM 2

A Date this form was compared with POPCEN-CBMS Form 2:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y	Y	Y

B Is the name of the respondent in this form and in POPCEN-CBMS Form 2 the same? 1 YES 2 NO

SUMMARY OF DATA ITEMS FOR COMPARISON:

DATA ITEMS	POPCEN-CBMS FORM 2 (HPQ)	POPCEN-CBMS FORM 20 (Spotcheck and Reinterview Form)	Result of Matching: 1 Matched 2 Unmatched
1 Number of household members			<input type="checkbox"/>
2 Number of male household members			<input type="checkbox"/>
3 Number of female household members			<input type="checkbox"/>
4 Number of Nuclear Family			<input type="checkbox"/>
5 Number of sons of the household head			<input type="checkbox"/>
6 Number of daughters of the household head			<input type="checkbox"/>
7 Number of household members below 5 years old			<input type="checkbox"/>
8 Number of household member 15 years old and over			<input type="checkbox"/>
9 Number of household members currently attending school			<input type="checkbox"/>
10 Number of household members who graduated high school			<input type="checkbox"/>
11 Main source of drinking water			<input type="checkbox"/>
12 Type of building occupied by the household			<input type="checkbox"/>
10 Main construction materials of roof			<input type="checkbox"/>
11 Main construction materials of outer wall			<input type="checkbox"/>
12 Main construction materials of floor			<input type="checkbox"/>
13 Number of bedrooms in the housing unit			<input type="checkbox"/>
14 Tenure status of housing unit			<input type="checkbox"/>
15 Presence of electricity in the dwelling unit			<input type="checkbox"/>
16 Number of household conveniences owned			<input type="checkbox"/>
17 Number of ICT devices owned			<input type="checkbox"/>
18 Number of vehicles owned			<input type="checkbox"/>

IV. RECOMMENDATIONS/ACTIONS TO BE TAKEN

Prepared by:

SIGNATURE OVER PRINTED NAME

DESIGNATION

DATE ACCOMPLISHED

