

PPENDIX D

CP Form 1 September 1, 1995 NSCB Approval No. A0477-R161-PN Expires on May 8, 1996	Republic of the Philippines NATIONAL STATISTICS OFFICE Manila <i>1995 Census of Population</i> LISTING SHEET	Serial Number 698994 Page ____ of ____ pages
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GEOGRAPHIC IDENTIFICATION Province _____ City/Municipality _____ Barangay _____ EA No. _____	CONFIDENTIALITY This census is authorized by Commonwealth Act No. 591 and Executive Order 121. All information is held strictly CONFIDENTIAL.	CERTIFICATION I hereby certify that the listing of households specified below was completed and the data set forth were obtained by me personally in accordance with the instructions. Signature over printed name of EN _____ Date signed _____
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Line No.	Date of Visit	Building Serial Number	Housing Unit Serial Number	Household Serial Number	Institutional Serial Number	Name of Household Head or Name/Type of Institution	Address	Population Count			Remarks
								ENCIRCLE ENTRIES IN COLS. 9, 10 & 11 FOR INSTITUTIONAL POPULATION			
								Total	Male	Female	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
01											
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21											
22											
23											
24											
25											

Total No.									
Total Household Population									
Total Institutional Population									

Republic of the Philippines
NATIONAL STATISTICS OFFICE
Manila

Page ____ of ____ pages

1995 Census of Population
HOUSEHOLD QUESTIONNAIRE

CP Form 2

September 1, 1995

NSCB Approval No.

A0477-R162-PN

Expires on May 8, 1996

GEOGRAPHIC IDENTIFICATION

Province _____

City/Municipality _____

Barangay _____

Enumeration Area No. _____

Household Serial No. _____

Address _____

(House Number and Street Name or Name of Sitio)

INTERVIEW RECORD

Visit Number	1	2	3	Summary
Date of Visit				Total No. of Visits
Time Began				Final Result of Visit
Time Ended				Line No. of Respondent
Result of Visit				Total HH Members
Next Visit:				Total Males
Date				Total Females
Time				Children Below 15 Yrs. Old

Result of Visit

- 1 Completed 3 Refused 5 SAQ 7 Others, specify
2 Partly Completed 4 Postponed 6 Household Not Around/No Respondent Around

CERTIFICATION

I hereby certify that the enumeration of the household specified below was completed and the data set forth were obtained by me personally in accordance with the instructions.

Signature over printed name of EN

Date accomplished

Attested to and reviewed by:

Signature over printed name of TS

Date reviewed

LINE NUMBER	NAME	ALL PERSONS								5 YEARS OLD AND OVER						LINE NUMBER
		Relationship to Head	Overseas Worker	Age	Sex	Civil Status	Disability	Ethnicity	HGC	Trade Skills	Economic Activity					
	Who is the head of this household? Who are the persons usually residing here as of September 1, 1995? LIST IN THE FOLLOWING ORDER (WRITE FAMILY NAME FIRST) HEAD SPOUSE OF THE HEAD NEVER-MARRIED CHILDREN OF HEAD/SPOUSE (OLDEST TO YOUNGEST) EVER-MARRIED CHILDREN OF HEAD/SPOUSE (OLDEST TO YOUNGEST) OTHER MEMBERS	What is _____'s relationship to the household head? ENTER CODE (SEE CODES SHEET)	Is _____ an overseas worker? ENCIRCLE CODE: 1 YES 2 NO	What was _____'s date of birth? What is _____'s age as of his/her last birthday? Was _____'s birth registered with the LCR? IF YES, CHECK LINE.	Is _____ male or female? ENTER CODE: 1 MALE 2 FEMALE	What is _____'s civil status? ENTER CODE (SEE CODES SHEET)	Does _____ have any problem with his/her eyes, ears, speech, communication, legs, arms or any combination of these impairments? ENCIRCLE CODE: 1 YES 2 NO, SKIP TO P10	What type of disability does _____ have? IF NOT FILIPINO, ENTER "97" IF FILIPINO, ASK: What was _____'s dialect/language spoken at home at earliest childhood?	What is _____'s citizenship? IF NOT FILIPINO, ENTER "97" IF FILIPINO, ASK: What was _____'s dialect/language spoken at home at earliest childhood?	What is the highest grade completed by _____? ENTER CODE (SEE CODES SHEET)	What trade skills does _____ possess? IF NONE, ENTER "00" AND SKIP TO P14	How was the trade skill acquired? ENTER CODE: 1 SCHOOLING/ TRAINING 2 EXPERIENCE/ APPRENTICESHIP 3 OTHER	Is/Was _____ engaged in any economic activity currently/at any time in the past twelve months? ENCIRCLE CODE: 1 YES 2 NO, GO TO THE NEXT HH MEMBER	For whom or where does/ did _____ work? ENTER CODE (SEE CODES SHEET)	In what kind of business or industry is/was _____'s current/last employer engaged in?	
	(P1)	(P2)	(P3)	(P4)	(P5)	(P6)	(P7)	(P8)	(P9)	(P10)	(P11)	(P12)	(P13)	(P14)	(P15)	(P16)
01			1 Y 2 N	Mo. Yr. Reg?			1 Y 2 N						1 Y 2 N			01
02			1 Y 2 N	Mo. Yr. Reg?			1 Y 2 N						1 Y 2 N			02
03			1 Y 2 N	Mo. Yr. Reg?			1 Y 2 N						1 Y 2 N			03
04			1 Y 2 N	Mo. Yr. Reg?			1 Y 2 N						1 Y 2 N			04
05			1 Y 2 N	Mo. Yr. Reg?			1 Y 2 N						1 Y 2 N			05
06			1 Y 2 N	Mo. Yr. Reg?			1 Y 2 N						1 Y 2 N			06
07			1 Y 2 N	Mo. Yr. Reg?			1 Y 2 N						1 Y 2 N			07
08			1 Y 2 N	Mo. Yr. Reg?			1 Y 2 N						1 Y 2 N			08

Are there any other persons such as small children or infants that we have not listed?

☐ YES, ENTER EACH IN QUESTIONNAIRE

☐ NO

Are there any other persons such as small children or infants that we have not listed?

☐ YES, USE ANOTHER PAGE

☐ NO

1995 Census of Population
INSTITUTIONAL POPULATION QUESTIONNAIRE

CP Form 3
September 1, 1995

NSCB Approval No.
A0477-R163-PN

Expires on May 8, 1996

GEOGRAPHIC IDENTIFICATION

Province _____
City/Municipality _____
Barangay _____
Enumeration Area No. _____
Institutional Living Quarter (ILQ) SN _____
Type of ILQ (SEE CODES) _____
Name of ILQ _____
Address _____
(House Number and Street Name or Name of Sitio)

INTERVIEW RECORD

Visit Number	1	2	3	Summary
Date of Visit				Total No. of Visits _____
Time Began				Final Result of Visit _____
Time Ended				Line No. of Respondent _____
Result of Visit				Total Members _____
Next Visit:				Total Males _____
Date				Total Females _____
Time				Children Below 15 Yrs. Old _____

Result of Visit
 1 Completed 3 Refused 5 SAQ 7 Others, specify
 2 Partly Completed 4 Postponed 6 No Respondent Around

CERTIFICATION

I hereby certify that the enumeration of the institutional population specified below was completed and the data set forth were obtained by me personally in accordance with the instructions.

Signature over printed name of EN _____ Date accomplished _____

Attested to and reviewed by:

Signature over printed name of TS _____ Date reviewed _____

LINE NUMBER	NAME <small>Who are the persons residing in this institutional living quarter as of September 1, 1995?</small> LIST THE NAMES (FAMILY NAME FIRST) OF ALL MEMBERS OF THE INSTITUTIONAL POPULATION IN THE ORDER LISTED IN THE CODES FOR RESIDENCE STATUS.	Residence Status <small>What is _____'s position or status?</small> ENTER CODE (SEE CODES SHEET)	Age <small>What was _____'s date of birth?</small> <small>What is _____'s age as of his/her last birthday?</small> <small>Was _____'s birth registered with the LCR?</small> IF YES, CHECK LINE.		Sex <small>Is _____ male or female?</small> ENTER CODE 1 MALE 2 FEMALE	Civil Status <small>What is _____'s civil status?</small> ENTER CODE (SEE CODES SHEET)	Disability <small>Does _____ have any problem with his/her eyes, ears, speech, communication, legs, arms or any combination of these impairments?</small> ENCIRCLE CODE: 1 YES 2 NO, SKIP TO P9	Ethnicity <small>What is _____'s citizenship?</small> IF NOT FILIPINO, ENTER CODE 97. IF FILIPINO, ASK: "What was _____'s dialect/language spoken at home at earliest childhood?"	Highest Grade Completed <small>What is the highest grade completed by _____?</small> ENTER CODE (SEE CODES SHEET)	Trade Skills <small>What trade skills does _____ possess?</small> IF NONE, ENTER "00" AND SKIP TO P13	Economic Activity <small>Is/Was _____ engaged in any economic activity currently/at any time in the past twelve months?</small> For whom or where does/old _____ work? In what kind of business or industry is/was _____'s current/last employer engaged in?	LINE NUMBER			
			P1	P2									P3	P4	P5
01			Mo. _____ Yr. _____	Reg? _____			1 Y 2 N					1 Y 2 N			01
02			Mo. _____ Yr. _____	Reg? _____			1 Y 2 N					1 Y 2 N			02
03			Mo. _____ Yr. _____	Reg? _____			1 Y 2 N					1 Y 2 N			03
04			Mo. _____ Yr. _____	Reg? _____			1 Y 2 N					1 Y 2 N			04
05			Mo. _____ Yr. _____	Reg? _____			1 Y 2 N					1 Y 2 N			05
06			Mo. _____ Yr. _____	Reg? _____			1 Y 2 N					1 Y 2 N			06
07			Mo. _____ Yr. _____	Reg? _____			1 Y 2 N					1 Y 2 N			07
08			Mo. _____ Yr. _____	Reg? _____			1 Y 2 N					1 Y 2 N			08
09			Mo. _____ Yr. _____	Reg? _____			1 Y 2 N					1 Y 2 N			09
10			Mo. _____ Yr. _____	Reg? _____			1 Y 2 N					1 Y 2 N			10