

SHORT-FORM QUESTIONNAIRE (2010 Brazilian Census)

XXXXXXXX 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

Go to 2.02

2.02 – HOW MANY BATHROOMS ARE THERE IN THIS HOUSING UNIT, EXCLUSIVELY USED BY RESIDENTS?
(Including those located outside or in the property)

1 - BATHROOMS WITH SHOWER (OR BATHTUB) AND TOILET

(If 0 (zero), go to 2.03. Otherwise, go to 2.04)

(If 9 or more than 9, enter 9. If there is not any, enter 0 (zero))

2.03 – DOES THIS HOUSING UNIT HAVE A TOILET OR HOLE FOR THE PHYSIOLOGICAL NEEDS, INCLUDING TOILETS LOCATED OUTSIDE OR IN THE PROPERTY?
(Surrounded by walls of any material)

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

1 - YES (Go to 2.04) 2 - NO (Go to 2.05)

2.04 – 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 2.05

2.05 – THE FORM OF WATER SUPPLY USED IN THIS HOUSING UNIT IS:

1 - PUBLIC WATER SUPPLY SYSTEM

2 - WELL OR SPRING IN PROPERTY

3 - WELL OR SPRING OUTSIDE PROPERTY

4 - WATER TANKER TRUCK

5 - RAINWATER STORED IN CISTERN

6 - RAINWATER STORED IN ANOTHER WAY

7 - RIVERS, LAKES AND CREEKS

8 - OTHER

9 - WELL OR SPRING IN INDIGENOUS SETTLEMENT

10 - WELL OR SPRING OUTSIDE INDIGENOUS SETTLEMENT

Go to 2.06

2.06 – THE SOLID WASTE IN THIS HOUSING UNIT IS:

<input type="checkbox"/> 1 - TAKEN BY WASTE COLLECTION 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 2.07

2.07 - DOES THIS HOUSING UNIT HAVE ENERGY SUPPLY?

1 - YES, FROM A DISTRIBUTION COMPANY 2 - YES, FROM OTHER SOURCES 3 - NO

Go to 2.08 ↘ Skip to 3.01 ↙

2.08 - IS THERE AN ENERGY METER IN THE HOUSING UNIT?

1 - YES, FOR EXCLUSIVE USE 2 - YES, FOR COMMON USE 3 - 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 Go to 3.03	3.03 - SEX 1 - M 2 - F Go to 3.04	3.04 - YEAR OF BIRTH Go to 3.05	3.05 - YEAR OF LAST DEPARTURE TO LIVE IN ANOTHER COUNTRY Go to 3.06	3.06 - COUNTRY OF RESIDENCE ON JULY 31, 2010 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"/>

4 INFORMATION ON RESIDENTS 3

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

<p>Programming Instructions</p> <p>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.</p>	<p>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."</p>
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<p>5.01 - NAME OF RESIDENT</p> <p>PERSON 1 - NAME <input type="text"/></p> <p>PERSON 2 - NAME <input type="text"/></p> <p>PERSON N - NAME <input type="text"/></p> <p>Go to 5.02</p> <p><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 ABSENTS, ELDERLY AND CHILDREN LISTED?</p> <p><input type="checkbox"/> 1 - YES (go to 6.01) <input type="checkbox"/> 2 - NO (GO BACK TO THE LIST FOR INCLUSION)</p>	<p>5.02 - WHAT IS THE RELATIONSHIP WITH THE RESPONSIBLE PERSON OF THE HOUSEHOLD?</p> <table border="1"> <tr> <th>CODE</th> <th>RELATIONSHIP WITH RESPONSIBLE PERSON</th> </tr> <tr> <td><input type="text"/></td> <td>1 - RESPONSIBLE PERSON</td> </tr> <tr> <td><input type="text"/></td> <td>2 - HUSBAND / WIFE OR PARTNER OF DIFFERENT SEX</td> </tr> <tr> <td><input type="text"/></td> <td>3 - PARTNER OF THE SAME SEX</td> </tr> <tr> <td><input type="text"/></td> <td>4 - SON/DAUGHTER OF RESPONSIBLE AND HUSBAND/WIFE</td> </tr> <tr> <td><input type="text"/></td> <td>5 - SON/DAUGHTER ONLY OF RESPONSIBLE PERSON</td> </tr> <tr> <td><input type="text"/></td> <td>6 - STEPSON/ STEPDUGHTER</td> </tr> <tr> <td><input type="text"/></td> <td>7 - SON-IN-LAW OR DAUGHTER-IN-LAW</td> </tr> <tr> <td><input type="text"/></td> <td>8 - FATHER, MOTHER, STEPFATHER OR STEPMOTHER</td> </tr> <tr> <td><input type="text"/></td> <td>9 - FATHER-IN-LAW / MOTHER-IN-LAW</td> </tr> <tr> <td><input type="text"/></td> <td>10 - GRANDSON / GRANDDAUGHTER</td> </tr> <tr> <td><input type="text"/></td> <td>11 - GREAT-GRANDSON / GREAT-GRANDDAUGHTER</td> </tr> <tr> <td><input type="text"/></td> <td>12 - BROTHER OR SISTER</td> </tr> <tr> <td><input type="text"/></td> <td>13 - GRANDFATHER OR GRANDMOTHER</td> </tr> <tr> <td><input type="text"/></td> <td>14 - OTHER RELATIVE</td> </tr> <tr> <td><input type="text"/></td> <td>15 - NON-PAYING UNRELATED RESIDENT</td> </tr> <tr> <td><input type="text"/></td> <td>16 - HOUSEMATE</td> </tr> <tr> <td><input type="text"/></td> <td>17 - ROOMER</td> </tr> <tr> <td><input type="text"/></td> <td>18 - DOMESTIC SERVANT</td> </tr> <tr> <td><input type="text"/></td> <td>19 - RELATIVE OF DOMESTIC SERVANT</td> </tr> <tr> <td><input type="text"/></td> <td>20 - INDIVIDUAL IN A COLLECTIVE LIVING QUARTER</td> </tr> </table> <p>Go to 5.03</p>	CODE	RELATIONSHIP WITH RESPONSIBLE PERSON	<input type="text"/>	1 - RESPONSIBLE PERSON	<input type="text"/>	2 - HUSBAND / WIFE OR PARTNER OF DIFFERENT SEX	<input type="text"/>	3 - PARTNER OF THE SAME SEX	<input type="text"/>	4 - SON/DAUGHTER OF RESPONSIBLE AND HUSBAND/WIFE	<input type="text"/>	5 - SON/DAUGHTER ONLY OF RESPONSIBLE PERSON	<input type="text"/>	6 - STEPSON/ STEPDUGHTER	<input type="text"/>	7 - SON-IN-LAW OR DAUGHTER-IN-LAW	<input type="text"/>	8 - FATHER, MOTHER, STEPFATHER OR STEPMOTHER	<input type="text"/>	9 - FATHER-IN-LAW / MOTHER-IN-LAW	<input type="text"/>	10 - GRANDSON / GRANDDAUGHTER	<input type="text"/>	11 - GREAT-GRANDSON / GREAT-GRANDDAUGHTER	<input type="text"/>	12 - BROTHER OR SISTER	<input type="text"/>	13 - GRANDFATHER OR GRANDMOTHER	<input type="text"/>	14 - OTHER RELATIVE	<input type="text"/>	15 - NON-PAYING UNRELATED RESIDENT	<input type="text"/>	16 - HOUSEMATE	<input type="text"/>	17 - ROOMER	<input type="text"/>	18 - DOMESTIC SERVANT	<input type="text"/>	19 - RELATIVE OF DOMESTIC SERVANT	<input type="text"/>	20 - INDIVIDUAL IN A COLLECTIVE LIVING QUARTER	<p>5.03 - ORDER NUMBER</p> <p>1</p> <p>2</p> <p>N</p> <p>Go to 6.00</p>
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6 RESIDENT CHARACTERISTICS

6.00 - NAME Go to 6.01

6.01 - SEX 1 - MALE go to 6.02 2 - FEMALE

6.02 - WHAT IS YOUR MONTH AND YEAR OF BIRTH?
(Open combo box of month: January to December)

6.021 - MONTH 6.022 - YEAR

If month or year is blank, go to 6.03
If month and year are filled in, skip to 6.04

6.03 - WHAT WAS YOUR AGE ON JULY 31, 2010?
(Open combo box of month: 0 - 11)

6.031 - 1 YEAR OR OVER YEARS 6.032 - UNDER 1 YEAR MONTHS

Go to 6.04

6.04 - YOUR COLOR OR RACE IS:

1 - WHITE 2 - BLACK 3 - YELLOW 4 - BROWN 5 - INDIGENOUS (Skip to 6.06)

(IF INDIGENOUS LAND AND CODE, 1 TO 4, IN THIS ITEM, GO TO 6.05.)
(IF NO INDIGENOUS LAND AND CODE, 1 TO 4, IN THIS ITEM:
A) IF AGED 10 YEARS OR UNDER - SKIP TO 6.10
B) IF AGED 10 YEARS OR OVER, SKIP TO 6.11)

6.05 - DO YOU CONSIDER YOURSELF INDIGENOUS?

1 - YES (Go to 6.06)

2 - NO

A) IF AGED 10 YEARS OR UNDER - SKIP TO 6.10
 B) IF AGED 10 YEARS OR OVER, SKIP TO 6.11

6.06 - WHAT IS YOUR ETHNIC GROUP OR PEOPLE YOU BELONG TO? Open combo box of ethnic group (entering 3 characters)

6.07 - DO YOU SPEAK INDIGENOUS LANGUAGE IN THE HOUSING UNIT? (Including the use of sign language)

1 - YES (Go to 6.08)

2 - NO (Skip to 6.09)

6.08 - WHICH?

(SPECIFY THE INDIGENOUS LANGUAGE(S) SPOKEN - UP TO TWO ENTRIES)

Open combo box of language (entering 2 characters)

6.081 _____

6.083 _____

6.09 - DO YOU SPEAK PORTUGUESE IN THE HOUSING UNIT? (Including the use of sign language)

1 - YES

2 - NO

A) IF AGED 10 YEARS OR UNDER - GO TO 6.10
 B) IF AGED 10 YEARS OR OVER, SKIP TO 6.11

FOR RESIDENTS AGED 10 OR UNDER

6.10 - HAS YOUR BIRTH BEEN REGISTERED? (Mark the first suitable choice)

1 - YES, AS A BIRTH CERTIFICATE AT REGISTRY OFFICE

2 - YES, AS A CERTIFICATE OF LIVE BIRTH AT MATERNITY/HOSPITAL

3 - YES, AS AN ADMINISTRATIVE REGISTRATION OF INDIGENOUS BIRTH

(Only for self-reportedly indigenous people)

4 - NO

5 - NOT KNOWN

IF AGED 5 YEARS OR OVER, GO TO 6.11
 OTHERWISE, GO TO 6.13

EDUCATION

FOR RESIDENTS AGED 5 OR OVER

6.11 - CAN YOU READ AND WRITE?

1 - YES

2 - NO

IF AGED 10 YEARS OR OVER, GO TO 6.12
 OTHERWISE, SKIP TO 6.13

INCOME

FOR RESIDENTS AGED 10 OR OVER

6.12 - WHAT WAS YOUR OVERALL MONTHLY INCOME, IN JULY 2010?

(ALL THE INCOME FROM WORK AND OTHER SOURCES MUST BE CONSIDERED)

1 - CASH, PRODUCTS AND GOODS

2 - ONLY BENEFITS

0 - NONE

(Housing, feeding, training, etc.)

6121 - R\$ _____,00 Open combo box of income range

FOR ALL RESIDENTS

6.13 - WHO PROVIDED INFORMATION ABOUT THIS PERSON?

1 - THE OWN PERSON

(finish this person's interview)

2 - ANOTHER RESIDENT

6.14 - Name of the other resident
 (finish this person's interview)

3 - A NON-RESIDENT

(finish this person's interview)

(Open combo box with the list of residents to identify the one who provided the information; the order number of this person must be recorded in the system.)

7

FOR PRIVATE HOUSING UNITS - MORTALITY

7.01 - FROM AUGUST 2009 TO JULY 2010, DID ANY PERSON WHO USED TO LIVE WITH YOU PASS AWAY?

(Including neonates and elderly)

1 - YES (Go to 7.02)

2 - NO (Finish the interview)

7.02 - NAME Go to 7.03	7.03 - MONTH AND YEAR OF DEATH Go to 7.04	7.04 - SEX 1 - M 2 - F Go to 7.05	7.05 - AGE AT DEATH	
			7.051 - IN YEARS 1 YEAR OR OVER	7.052 - IN MONTHS UNDER 1 YEAR
<input type="checkbox"/>	<input type="checkbox"/> 1 - AUGUST 2009 <input type="checkbox"/> 2 - SEPTEMBER 2009 <input type="checkbox"/> <input type="checkbox"/> 11 - JUNE 2010 <input type="checkbox"/> 12 - JULY 2010	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____	_____