



THE REPUBLIC OF THE UNION OF MYANMAR

MINISTRY OF IMMIGRATION AND POPULATION
2014 POPULATION AND HOUSING CENSUS

Main Questionnaire

INSTRUCTIONS FOR COMPLETION

USE 2B BLACK PENCIL ONLY. Write then shade like this:

23

or this:

1 2 3 4 5 6 7 8 9 10

Write numbers like this:

1 2 3 4 5 6 7 8 9 0

Questionnaire number

of

for this household

HOUSEHOLD IDENTIFICATION

State/Region	District	Township/ SubTownship	Ward/Village Tract	Urban or Rural	Enumeration Area (Block No.)	Household No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1-9	1-9	1-9	1-9	Urban 1	1-9	1-9
1-9	1-9	1-9	1-9	Rural 2	1-9	1-9

FOR ALL MEMBERS OF THE HOUSEHOLD

1. Serial number of household member	2. Name (Write all persons who spent the night of 29 March 2014 in this household. Make sure to include babies, elderly persons, disabled persons and visitors) ONLY PERSONS WHO SPENT THE CENSUS NIGHT IN THIS HOUSEHOLD	3. Relationship to the head of the household Head of Household Spouse Son/Daughter Son/Daughter-in-law Grandchild/Great grandchild Parent/Parent-in-Law Sibling Grandparent Other Relative Adopted Child Non Relative	4. Sex Male Female	5. Completed Age <i>If age greater than or equal to 98, write "98". If less than one write "00".</i> In Years	6. Marital status Single (Never married) Married Widowed Divorced/Separated Renounced	7. Religion Buddhist Christian Islam Hindu Animist Other Religion No Religion	8. Ethnicity	9. Disability Does (Name) have any difficulty...? i. Seeing, even if wearing glasses ii. Hearing, even if using hearing aid iii. Walking, climbing steps, carrying items iv. Remembering or concentrating			
								Seeing	Hearing	Walking	Remembering
1		1 2 3 4 5 6 7 8 9 10 11	1 2	<input type="text"/> <input type="text"/>	1 2 3 4 5	1 2 3 4 5 6 7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2		1 2 3 4 5 6 7 8 9 10 11	1 2	<input type="text"/> <input type="text"/>	1 2 3 4 5	1 2 3 4 5 6 7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3		1 2 3 4 5 6 7 8 9 10 11	1 2	<input type="text"/> <input type="text"/>	1 2 3 4 5	1 2 3 4 5 6 7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4		1 2 3 4 5 6 7 8 9 10 11	1 2	<input type="text"/> <input type="text"/>	1 2 3 4 5	1 2 3 4 5 6 7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5		1 2 3 4 5 6 7 8 9 10 11	1 2	<input type="text"/> <input type="text"/>	1 2 3 4 5	1 2 3 4 5 6 7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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7		1 2 3 4 5 6 7 8 9 10 11	1 2	<input type="text"/> <input type="text"/>	1 2 3 4 5	1 2 3 4 5 6 7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8		1 2 3 4 5 6 7 8 9 10 11	1 2	<input type="text"/> <input type="text"/>	1 2 3 4 5	1 2 3 4 5 6 7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONFIDENTIALITY:

We assure that the personal information collected in this interview is confidential and will not be disclosed in any way.



12345678 (90)



12345678(90)

Serial Number	FOR ALL MEMBERS OF THE HOUSEHOLD											AGE 5 AND ABOVE			AGE 10 AND ABOVE																					
	IDENTITY CARD										MIGRATION											EDUCATION			LABOUR FORCE											
	10. Type of identity card										Place of Birth		Place of Usual Residence		15. Duration in place of usual residence (in years)	16. Reason for movement to this township (usual residence)	Place of Previous Usual Residence		19. Can (Name) read and write in any language?	20. Is (Name) currently attending, previously attended or never attended school/college?	21. What is the highest education grade/level (Name) completed?	22. What was (Name's) activity status during the last 12 months? (April 2013 - March 2014) <i>If options 6 to 11 skip to Q25</i>														
Citizenship Scrutiny Card (pink) Associate Scrutiny Citizenship Card (blue) Naturalised Scrutiny Citizenship Card (green) National Registration Card (three fold card, green for men, pink for women) Religious Card Temporary Registration Card (white) Foreign Registration Card (FRC) Foreign Passport None of the documents above Child below 10 years										11. Township <i>If born here write "000", if not write Township code</i>		12. Urban or Rural		13. Township <i>If here write "000", if not write Township code</i>		14. Urban or Rural	15. <i>If less than 1 year write "00"</i>	Employment/in search for employment Education Marriage Followed family Conflict Did not move Other	17. Township <i>If here write "000", if not write Township code</i>		18. Urban or Rural	Yes No	Currently attending Previously attended Never attended	None - 00 Grade - 01-11 College - 12 Vocational training - 13 Undergraduate diploma - 14 Graduate - 15 Postgraduate diploma - 16 Masters Degree - 17 PhD - 18 Other - 19	Employee (Government) Employee (Private, Org) Employer Own account worker Contributing family worker Sought work Did not seek work Full time student Household work Pensioner, retired, elderly person Ill, disabled Other											
1	1 2 3 4 5 6 7 8 9 10	1 2	Urban Rural	1 2	1 2	1 2	1 2	1 2	1 2 3 4 5 6 7	1 2	Urban Rural	1 2	1 2	1 2 3	1 2 3 4 5 6 7 8 9 10 11 12																					
2	1 2 3 4 5 6 7 8 9 10	1 2	Urban Rural	1 2	1 2	1 2	1 2	1 2	1 2 3 4 5 6 7	1 2	Urban Rural	1 2	1 2	1 2 3	1 2 3 4 5 6 7 8 9 10 11 12																					
3	1 2 3 4 5 6 7 8 9 10	1 2	Urban Rural	1 2	1 2	1 2	1 2	1 2	1 2 3 4 5 6 7	1 2	Urban Rural	1 2	1 2	1 2 3	1 2 3 4 5 6 7 8 9 10 11 12																					
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AGE 10 AND ABOVE AND EMPLOYED

LABOUR FORCE

EVER MARRIED WOMEN (AGED 15 AND ABOVE)

Number of children ever born alive

Particulars of last live birth

Serial Number	Occupation	Industry	25. Number of children ever born alive <i>(If no children, write "00")</i>				26. How many of those children are living in this household?				27. How many of those children are living elsewhere (not in this household)?				28. How many of those children are no longer alive (dead)?				29. Date of last live birth		30. Sex of last live birth		31. Is the child still alive?	
	23. What work was (Name) mainly doing during the last 12 months? Write detailed work descriptions (for example, Primary teacher, Rice farmer, Taxi driver)	24. What is the major product or service provided in the organisation/enterprise where (Name) mainly worked during the last 12 months? Write detailed descriptions (e.g. Hotel service, Building construction, Garment manufacture)	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Month	Year	Male	Female	Yes	No						
[1]																								
[2]																								
[3]																								
[4]																								
[5]																								
[6]																								
[7]																								
[8]																								

HOUSING CHARACTERISTICS

<p>32. Type of housing unit occupied by this household</p> <p>Condominium [1]</p> <p>Apartment/Flat [2]</p> <p>Bungalow/Brick house [3]</p> <p>Semi-pacca house [4]</p> <p>Wooden House [5]</p> <p>Bamboo [6]</p> <p>Hut 2-3 years [7]</p> <p>Hut 1 year [8]</p> <p>Other [9]</p>	<p>33. Type of ownership of housing unit</p> <p>Owner [1]</p> <p>Renter [2]</p> <p>Provided free (Individual) [3]</p> <p>Government Quarter [4]</p> <p>Private Company Quarter [5]</p> <p>Other [6]</p>	<p>34. Main source of lighting in the household</p> <p>Electricity [1]</p> <p>Kerosene [2]</p> <p>Candle [3]</p> <p>Battery [4]</p> <p>Generator (Private) [5]</p> <p>Water mill (Private) [6]</p> <p>Solar System/energy [7]</p> <p>Other [8]</p>	<p>35. Main source of water for drinking and non-drinking in this household</p> <table border="1"> <thead> <tr> <th></th> <th>Drinking</th> <th>Non-Drinking</th> </tr> </thead> <tbody> <tr><td>Tap water/Piped</td><td>[1]</td><td>[1]</td></tr> <tr><td>Tube well, borehole</td><td>[2]</td><td>[2]</td></tr> <tr><td>Protected well/Spring</td><td>[3]</td><td>[3]</td></tr> <tr><td>Unprotected well/Spring</td><td>[4]</td><td>[4]</td></tr> <tr><td>Pool/Pond/Lake</td><td>[5]</td><td>[5]</td></tr> <tr><td>River/Stream/Canal</td><td>[6]</td><td>[6]</td></tr> <tr><td>Waterfall/Rain water</td><td>[7]</td><td>[7]</td></tr> <tr><td>Bottled water/water from vending machine</td><td>[8]</td><td>[8]</td></tr> <tr><td>Tanker/Truck</td><td>[9]</td><td>[9]</td></tr> <tr><td>Other</td><td>[10]</td><td>[10]</td></tr> </tbody> </table>		Drinking	Non-Drinking	Tap water/Piped	[1]	[1]	Tube well, borehole	[2]	[2]	Protected well/Spring	[3]	[3]	Unprotected well/Spring	[4]	[4]	Pool/Pond/Lake	[5]	[5]	River/Stream/Canal	[6]	[6]	Waterfall/Rain water	[7]	[7]	Bottled water/water from vending machine	[8]	[8]	Tanker/Truck	[9]	[9]	Other	[10]	[10]	<p>36. Main type of cooking fuel used in this household</p> <p>Electricity [1]</p> <p>Liquefied Petroleum Gas (LPG) [2]</p> <p>Kerosene [3]</p> <p>BioGas [4]</p> <p>Firewood [5]</p> <p>Charcoal [6]</p> <p>Coal [8]</p> <p>Straw/Grass [8]</p> <p>Other [9]</p>	<p>37. Type of toilet used in this household</p> <p>Flush [1]</p> <p>Water Seal (Improved PL) [2]</p> <p>Pit (Traditional pit latrine) [3]</p> <p>Bucket (Surface latrine) [4]</p> <p>Other [5]</p> <p>No toilet [6]</p>	<p>38. Main construction material of the housing unit</p> <table border="1"> <thead> <tr> <th></th> <th>Roof</th> <th>Wall</th> <th>Floor</th> </tr> </thead> <tbody> <tr><td>Dhani/Theke/In leaf</td><td>[1]</td><td>[1]</td><td>[1]</td></tr> <tr><td>Bamboo</td><td>[2]</td><td>[2]</td><td>[2]</td></tr> <tr><td>Earth</td><td>[3]</td><td>[3]</td><td>[3]</td></tr> <tr><td>Wood</td><td>[4]</td><td>[4]</td><td>[4]</td></tr> <tr><td>Corrugated Sheet</td><td>[5]</td><td>[5]</td><td>[5]</td></tr> <tr><td>Tile/Brick/Concrete</td><td>[6]</td><td>[6]</td><td>[6]</td></tr> <tr><td>Other</td><td>[7]</td><td>[7]</td><td>[7]</td></tr> </tbody> </table>		Roof	Wall	Floor	Dhani/Theke/In leaf	[1]	[1]	[1]	Bamboo	[2]	[2]	[2]	Earth	[3]	[3]	[3]	Wood	[4]	[4]	[4]	Corrugated Sheet	[5]	[5]	[5]	Tile/Brick/Concrete	[6]	[6]	[6]	Other	[7]	[7]	[7]	<p>39. Which of the following items does your household have? (mark all that apply)</p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Radio</td><td>[1]</td><td>[2]</td><td>Motorcycle/Moped/Tuk Tuk</td><td>[1]</td><td>[2]</td></tr> <tr><td>Television</td><td>[1]</td><td>[2]</td><td>Bicycle</td><td>[1]</td><td>[2]</td></tr> <tr><td>Land line phone</td><td>[1]</td><td>[2]</td><td>4 wheel tractor</td><td>[1]</td><td>[2]</td></tr> <tr><td>Mobile phone</td><td>[1]</td><td>[2]</td><td>Canoe/Boat</td><td>[1]</td><td>[2]</td></tr> <tr><td>Computer</td><td>[1]</td><td>[2]</td><td>Motor Boat</td><td>[1]</td><td>[2]</td></tr> <tr><td>Internet at home</td><td>[1]</td><td>[2]</td><td>Cart (Bullock)</td><td>[1]</td><td>[2]</td></tr> <tr><td>Car/Pick-up/Truck/Van</td><td>[1]</td><td>[2]</td><td></td><td></td><td></td></tr> </tbody> </table>		Yes	No		Yes	No	Radio	[1]	[2]	Motorcycle/Moped/Tuk Tuk	[1]	[2]	Television	[1]	[2]	Bicycle	[1]	[2]	Land line phone	[1]	[2]	4 wheel tractor	[1]	[2]	Mobile phone	[1]	[2]	Canoe/Boat	[1]	[2]	Computer	[1]	[2]	Motor Boat	[1]	[2]	Internet at home	[1]	[2]	Cart (Bullock)	[1]	[2]	Car/Pick-up/Truck/Van	[1]	[2]			
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LIST OF FORMER HOUSEHOLD MEMBERS LIVING ABROAD

40. Number of former household members living abroad

Serial number	Name of former household member living abroad	Relationship to head of household Spouse Son/Daughter Son/Daughter-in-law Grandchild Parent/Parent-in-Law Sibling Grandparent Other Relative Adopted Child Non Relative	Completed age (current)		Sex		Year of Departure				Country of residence								
			<input type="text"/>	<input type="text"/>	Male <input type="text"/>	Female <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Thailand <input type="text"/>	Malaysia <input type="text"/>	Singapore <input type="text"/>	China <input type="text"/>	Japan <input type="text"/>	Korea <input type="text"/>	India <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"/>														
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<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"/>														

SUMMARY COUNT

MALE

FEMALE

TOTAL

ENUMERATOR

Signature _____

Name _____ Date _____

SUPERVISOR

Signature _____

Name _____ Date _____

DEATHS IN THE HOUSEHOLD DURING THE LAST 12 MONTHS

41. Number of deaths in this household in the last 12 months (30-3-2013 to 29-3-2014)

Serial number	Name of the deceased	Was the deceased Male or Female?	Age at death <i>If age is unknown, estimate age using local historic calendar. Record age in completed years.</i>	FEMALES AGED 15-49		
				Did the death occur during ...?		
				pregnancy?	delivery?	the first 6 weeks after delivery?
<input type="text"/>		Male <input type="text"/>	<input type="text"/>	Yes <input type="text"/>	Yes <input type="text"/>	Yes <input type="text"/>
		Female <input type="text"/>		No <input type="text"/>	No <input type="text"/>	No <input type="text"/>
<input type="text"/>		Male <input type="text"/>	<input type="text"/>	Yes <input type="text"/>	Yes <input type="text"/>	Yes <input type="text"/>
		Female <input type="text"/>		No <input type="text"/>	No <input type="text"/>	No <input type="text"/>
<input type="text"/>		Male <input type="text"/>	<input type="text"/>	Yes <input type="text"/>	Yes <input type="text"/>	Yes <input type="text"/>
		Female <input type="text"/>		No <input type="text"/>	No <input type="text"/>	No <input type="text"/>
<input type="text"/>		Male <input type="text"/>	<input type="text"/>	Yes <input type="text"/>	Yes <input type="text"/>	Yes <input type="text"/>
		Female <input type="text"/>		No <input type="text"/>	No <input type="text"/>	No <input type="text"/>

IF MORE THAN ONE QUESTIONNAIRE IS USED IN THE HOUSEHOLD, THEN SUMMARY COUNTS OF ALL MEMBERS MUST BE FILLED IN ON THE FIRST QUESTIONNAIRE USED