THE REPUBLIC OF THE UNION OF MYANMAR

MINISTRY OF IMMIGRATION AND POPULATION
2014 POPULATION AND HOUSING CENSUS
Main Questionnaire

Questionnaire number ☐☐ of ☐☐ for this household

INSTRUCTIONS FOR COMPLETION

USE 2B BLACK PENCIL ONLY. Write then shade like this: **23**

or this: 1 2 3 4 5 ▮ 7 8 9 10   0 0
                                   1 1
                                   2 ▮

Write numbers like this: 1 2 3 4 5 6 7 8 9 0

HOUSEHOLD IDENTIFICATION

State/Region	District	Township/SubTownship	Ward/Village Tract	Urban or Rural	Enumeration Area (Block No.)	Household No.
☐☐	☐☐	☐☐	☐☐☐	☐	☐☐☐	☐☐☐
0 0	0 0	0 0	0 0 0	Urban 1	0 0 0	0 0 0
1 1	1 1	1 1	1 1 1		1 1 1	1 1 1
2 2	2 2	2 2	2 2 2	Rural 2	2 2 2	2 2 2
3 3	3 3	3 3	3 3 3		3 3 3	3 3 3
4 4	4 4	4 4	4 4 4		4 4 4	4 4 4
5 5	5 5	5 5	5 5 5		5 5 5	5 5 5
6 6	6 6	6 6	6 6 6		6 6 6	6 6 6
7 7	7 7	7 7	7 7 7		7 7 7	7 7 7
8 8	8 8	8 8	8 8 8		8 8 8	8 8 8
9 9	9 9	9 9	9 9 9		9 9 9	9 9 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 — *If age greater than or equal to 98, write "98". If less than one write "00".* 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

DISABILITY

9. 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

Codes
No - no difficulty = 1
Yes - some difficulty = 2
Yes a lot of difficulty = 3
Cannot do at all = 4

Columns: Seeing | Hearing | Walking | Remembering

1.	3. Relationship	4. Sex	5. Age	6. Marital	7. Religion	8. Ethnicity	Seeing	Hearing	Walking	Remembering
1	1 2 3 4 5 6 7 8 9 10 11	1 2	☐☐	1 2 3 4 5	1 2 3 4 5 6 7	☐☐☐	☐	☐	☐	☐
2	1 2 3 4 5 6 7 8 9 10 11	1 2	☐☐	1 2 3 4 5	1 2 3 4 5 6 7	☐☐☐	☐	☐	☐	☐
3	1 2 3 4 5 6 7 8 9 10 11	1 2	☐☐	1 2 3 4 5	1 2 3 4 5 6 7	☐☐☐	☐	☐	☐	☐
4	1 2 3 4 5 6 7 8 9 10 11	1 2	☐☐	1 2 3 4 5	1 2 3 4 5 6 7	☐☐☐	☐	☐	☐	☐
5	1 2 3 4 5 6 7 8 9 10 11	1 2	☐☐	1 2 3 4 5	1 2 3 4 5 6 7	☐☐☐	☐	☐	☐	☐
6	1 2 3 4 5 6 7 8 9 10 11	1 2	☐☐	1 2 3 4 5	1 2 3 4 5 6 7	☐☐☐	☐	☐	☐	☐
7	1 2 3 4 5 6 7 8 9 10 11	1 2	☐☐	1 2 3 4 5	1 2 3 4 5 6 7	☐☐☐	☐	☐	☐	☐
8	1 2 3 4 5 6 7 8 9 10 11	1 2	☐☐	1 2 3 4 5	1 2 3 4 5 6 7	☐☐☐	☐	☐	☐	☐

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

SAMPLE

12345678(90)

SAMPLE

12345678(90)

	IDENTITY CARD		FOR ALL MEMBERS OF THE HOUSEHOLD						AGE 5 AND ABOVE			AGE 10 AND ABOVE
					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?	Activity Status
			11. Township *If born here write "000", if not write Township code*	12. Urban or Rural	13. Township *If here write "000", if not write Township code*	14. Urban or Rural	*If less than 1 year write "00"*		17. Township *If here write "000", if not write Township code*	18. Urban or Rural			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	22. What was (Name's) activity status during the last 12 months? (April 2013 - March 2014) *If options 6 to 11 skip to Q25*

Column headers (vertical labels):

- Serial Number
- 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
- Enter code from manual
- Urban / Rural
- Enter code from manual
- Urban / Rural
- Employment/in search for employment
- Education
- Marriage
- Followed family
- Conflict
- Did not move
- Other
- Enter code from manual
- Urban / Rural
- Yes / No
- Currently attending / Previously attended / Never attended
- 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

Serial	ID Card	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22
1	1 2 3 4 5 6 7 8 9 10	☐☐☐	1 2	☐☐☐	1 2	☐☐	1 2 3 4 5 6 7	☐☐☐	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	☐☐☐	1 2	☐☐	1 2 3 4 5 6 7	☐☐☐	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	☐☐☐	1 2	☐☐	1 2 3 4 5 6 7	☐☐☐	1 2	1 2	1 2 3	☐☐	1 2 3 4 5 6 7 8 9 10 11 12
4	1 2 3 4 5 6 7 8 9 10	☐☐☐	1 2	☐☐☐	1 2	☐☐	1 2 3 4 5 6 7	☐☐☐	1 2	1 2	1 2 3	☐☐	1 2 3 4 5 6 7 8 9 10 11 12
5	1 2 3 4 5 6 7 8 9 10	☐☐☐	1 2	☐☐☐	1 2	☐☐	1 2 3 4 5 6 7	☐☐☐	1 2	1 2	1 2 3	☐☐	1 2 3 4 5 6 7 8 9 10 11 12
6	1 2 3 4 5 6 7 8 9 10	☐☐☐	1 2	☐☐☐	1 2	☐☐	1 2 3 4 5 6 7	☐☐☐	1 2	1 2	1 2 3	☐☐	1 2 3 4 5 6 7 8 9 10 11 12
7	1 2 3 4 5 6 7 8 9 10	☐☐☐	1 2	☐☐☐	1 2	☐☐	1 2 3 4 5 6 7	☐☐☐	1 2	1 2	1 2 3	☐☐	1 2 3 4 5 6 7 8 9 10 11 12
8	1 2 3 4 5 6 7 8 9 10	☐☐☐	1 2	☐☐☐	1 2	☐☐	1 2 3 4 5 6 7	☐☐☐	1 2	1 2	1 2 3	☐☐	1 2 3 4 5 6 7 8 9 10 11 12

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 — 23. What work was (Name) mainly doing during the last 12 months? Write detailed work descriptions (for example, Primary teacher, Rice farmer, Taxi driver)	Industry — 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)	25. Number of children ever born alive (If no children, write "00") Male	Female	26. How many of those children are living in this household? Male	Female	27. How many of those children are living elsewhere (not in this household)? Male	Female	28. How many of those children are no longer alive (dead)? Male	Female	29. Date of last live birth Month	Year	30. Sex of last live birth Male / Female	31. Is the child still alive? Yes / No
1													1 2	1 2
2													1 2	1 2
3													1 2	1 2
4													1 2	1 2
5													1 2	1 2
6													1 2	1 2
7													1 2	1 2
8													1 2	1 2

HOUSING CHARACTERISTICS

32. Type of housing unit occupied by this household
- Condominium — 1
- Apartment/Flat — 2
- Bungalow/ Brick house — 3
- Semi-pacca house — 4
- Wooden House — 5
- Bamboo — 6
- Hut 2-3 years — 7
- Hut 1 year — 8
- Other — 9

33. Type of ownership of housing unit
- Owner — 1
- Renter — 2
- Provided free (individual) — 3
- Government Quarter — 4
- Private Company Quarter — 5
- Other — 6

34. Main source of lighting in the household
- Electricity — 1
- Kerosene — 2
- Candle — 3
- Battery — 4
- Generator (Private) — 5
- Water mill (Private) — 6
- Solar System/ energy — 7
- Other — 8

35. Main source of water for drinking and non-drinking in this household

	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

36. Main type of cooking fuel used in this household
- Electricity — 1
- Liquefied Petroleum Gas (LPG) — 2
- Kerosene — 3
- BioGas — 4
- Firewood — 5
- Charcoal — 6
- Coal — 7
- Straw/Grass — 8
- Other — 9

37. Type of toilet used in this household
- Flush — 1
- Water Seal (Improved PL) — 2
- Pit (Traditional pit latrine) — 3
- Bucket (Surface latrine) — 4
- Other — 5
- No toilet — 6

38. Main construction material of the housing unit

	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

39. Which of the following items does your household have? (mark all that apply)

	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			

HOUSEHOLD MEMBERS LIVING ABROAD

...ip to head of household	Completed age (current)	Sex	Year of Departure	Country of residence
...on/Daughter-in-law Grandchild Parent/Parent-in-Law Sibling Grandparent Other Relative Adopted Child Non Relative		Male Female		Thailand Malaysia Singapore China Japan Korea India USA Other
4 5 6 7 8 9 10 11	☐ ☐	1 2	☐ ☐ ☐ ☐	1 2 3 4 5 6 7 8 9
4 5 6 7 8 9 10 11	☐ ☐	1 2	☐ ☐ ☐ ☐	1 2 3 4 5 6 7 8 9
4 5 6 7 8 9 10 11	☐ ☐	1 2	☐ ☐ ☐ ☐	1 2 3 4 5 6 7 8 9
4 5 6 7 8 9 10 11	☐ ☐	1 2	☐ ☐ ☐ ☐	1 2 3 4 5 6 7 8 9
4 5 6 7 8 9 10 11	☐ ☐	1 2	☐ ☐ ☐ ☐	1 2 3 4 5 6 7 8 9
4 5 6 7 8 9 10 11	☐ ☐	1 2	☐ ☐ ☐ ☐	1 2 3 4 5 6 7 8 9

...USEHOLD DURING THE LAST 12 MONTHS

(...3-2014) ☐

Age at death		FEMALES AGED 15-49		
If age is unknown, estimate age using local historic calendar. Record age in completed years.		Did the death occur during ...?		
		pregnancy?	delivery?	the first 6 weeks after delivery?
1 2	☐ ☐	Yes 1 / No 2	Yes 1 / No 2	Yes 1 / No 2
1 2	☐ ☐	Yes 1 / No 2	Yes 1 / No 2	Yes 1 / No 2
1 2	☐ ☐	Yes 1 / No 2	Yes 1 / No 2	Yes 1 / No 2
1 2	☐ ☐	Yes 1 / No 2	Yes 1 / No 2	Yes 1 / No 2

SUMMARY COUNT

MALE	FEMALE	TOTAL
☐ ☐	☐ ☐	☐ ☐ ☐
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

ENUMERATOR

Signature _____

Name _____ Date _____

SUPERVISOR

Signature _____

Name _____ Date _____

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