BRAZILIAN GEOGRAPHICAL AND STATISTICAL FOUNDATION INSTITUTE (IBGE) RESEARCH DEPARTMENT (DPE) POPULATION AND SOCIAL INDICATORS DEPARTMENT (DEPIS)

# RESEARCH ON STANDARD OF LIVING 1996-1997

IDENTIF	FICATION AND CONTROL
Unit of the Federation Municipio Address or Location	1. UF Code   _  2. Municipio Code   _  3. District Code   _  4. Subdistrict Code   _  5. Location 1. Urban    2. Rural 6. Sector Code   _ _  7. Order Number on the List   _  8. Series Number
1st Phase	2nd Phase
9. Interviewer Code   _  10. Month of interview    11. Status of interview    1. Completed 2. Not done because of refusal 3. Not done for other reasons 12-14 Date of interview 12. Day    13. Month    14. Year    15. Total residents	16 Interviewer code   _   17. Status of interview     1. Completed  2. Not done because of refusal  3. Not done for other reasons  18-20 Date of interview  18. Day     19. Month     20. Year
21-22 Duration of the interview in the 1st phase 21. Hours    22. Minutes	23-24 Duration of the interview in the 2nd phase 23. Hours    24. Minutes

#### SECTION 01. DESCRIPTION OF THE RESIDENCE

#### PART A. STRUCTURE

This part of the questionnaire is designed to obtain information on the characteristics of the place of residence and any durable goods in the permanent private residences.

Question 17. No questions will be asked about the state of repair of the residence, as the interviewers themselves will make that assessment.

#### PART B. EXPENSES

Part B of this Section will examine household expenses related to the housing, such as whether it is rented or owned, and the cost of electricity, cooking fuel, water, etc.

#### Please note the following:

- 1. In computing the **last 30 days** the 30 day period ending on the day prior to the date of the interview is the period under consideration.
- 2. In computing the **last 12 months** the year that ends on the day prior to the date of the interview is the period under consideration.
- 3. Questions 24 to 28 are only to be filled out in the event the answer to Question 23 is affirmative.
- 4. For question 24, the centavos [cents] of the amounts entered should not be left out.

Attention: Whenever the answer is **does not have**, **does not pay**, **does not own**, etc., just enter a 0 (zero) for that question, unless there is the option of a pre-coded answer.

Example: "How many bathrooms are there?"

# SECTION 1. DESCRIPTION OF THE RESIDENCE - PART A: STRUCTURE

1	2	3	4	5	6	7	8
This residence	What is the primary	What is the primary	What is the primary	How many	What is the total	How many rooms	How many rooms
is:	material of the	flooring material?	roofing material?	bedrooms are	number of rooms?	are used	are used
	outside walls?			there?		permanently as	exclusively for
					(excluding the	bedrooms by the	work, study, etc.?
					kitchen and	residents?	
					bathroom)		
House 1	Masonry	Finished wood 1	Tile 1				
Apartment 2	Finished wood 2	Carpeting 2	Concrete slabs 2				
Room 3	Brick without	Ceramic tile, slate	Finished wood 3				
	coating or facing 3	flagstone 3	Zinc 4				
	Uncoated mud 4	Cement 4	Rough wood 5				
	Rough wood	Rough wood 5	Other 6				
	Other	Earth 6					
		Other 7					
				_	_	_	_

9	10	11	12	13	14	15	16	INTERVIEWER
Is there a kitchen?	How many	Is the bathroom	The bathroom is	The water used	Is there a sidewalk	The street on which	This residence is	17
	bathrooms?	exclusively for the	located:	for drinking is:	in front of the	the residence is	located in:	What is the
		use of the			residence?	located is:		condition or state
	(If 0, skip to 13)	residents?					Regulated	of repair of the
							condominium of	residence?
							houses/apartments 1	
Yes 1		Yes 1	Inside the	Filtered 1	Yes 1	Asphalt 1	Unregulated	Excellent 1
No 2		No 2	residence 1	Boiled 2	No 2	Paving stone 2	housing quarter or	Good 2
			Outside the	Mineral 3		Earth/mud 3	complex 2	Average 3
			residence 2	Natural 4			Rooming house or	Poor 4
							tenement 3	
							Separate	
							building 4	
<u>  </u>								

# SECTION 01. DESCRIPTION OF THE RESIDENCE - PART B: EXPENDITURES

1	2	3	4
What is the situation of the occupancy	What is the amount of the loan or rent	To whom is the loan or the rent paid?	What is the estimated value of rent paid for
of the residence?	paid in the last 30 days?		the property?
Rented	1	Public credit institution (Caixa	
Owned (mortgage being paid)	2	Economica [savings bank], state	
Owned and paid for	3	or federal bank, etc.)	1
Assigned by employer	4	Private credit institution (private	
Otherwise assigned	5	bank, private savings inst., etc.)	2
Squatter occupied	6	Housing construction company	3
		Property management company	4
(If 3, 4, 5, or 6, skip to question 4)		Individual	5
		Other	6
		(skip to question 5)	
	R\$   _ _ . _ . _		R\$   _ _ . _ . _

5	6	7	8	9	10	
Does the residence	What is the principal	What was the cost of this	What other type of water	What was the cost of this	What type of sewage disposal does the	
have running	method of water	water in the last 30 days?	service do you use?	water service in the last	residence have?	
water?	supply to the			30 days?		
	residence?					
Yes 1	General grid or		General system 1		Sewer system	1
No 2	system 1		Well on the property 2		Septic tank	2
	Well on the		Well off the property 3		Rudimentary pit or cesspool	3
	property 2		Public pump 4		Ditch or trench	4
	Well off the		Tank truck 5		Other	5
	property 3		Other 6		No sewage disposal system	6
	Public pump or		No water service 7			
	fountain 4		(If 7, skip to question 10)			
	Tank truck 5					
<u>  </u>	Other 6	R\$   _ . _ .	<u>  </u>	R\$    .	<u> </u>	

# SECTION 01 - DESCRIPTION OF RESIDENCE - PART B: EXPENSES

11	12	13	14	15	
What is the principal type of	How much was spent on this	What other types of lighting are	How much was spent on this	What is the primary type of fuel	
	type of lighting in the last 30 days?		type of lighting in the last 30 days?	used to cook?	
Electricity 1		Electricity 1		Electricity	1
Generator 2		Generator 2		Bottled or piped-in gas	2
Lanterns 3		Lanterns 3		Kerosene	3
Candles 4		Candles 4		Coal or wood	4
		No lighting 5		Other	5
		(if 5, skip to question 15)		(if 1, skip to question 17)	
	R\$   _ . _ .	<b>∟</b> l	R\$   _ _ .	LI	

16	17	18	19	20	21	
How much was spent on this	What other type of	How much was spent on this	Is there a telephone	How much was paid for	How is the household	
type of fuel in the last 30 days?	fuel is used to cook?	type of fuel in the last 30 days?	in the residence?	this service in the last 30	garbage disposed of?	
				days?		
	Electricity 1		Yes 1		Collected	1
	Bottled or piped-in ga 2		No 2		Burned or buried	2
	Kerosene 3				Thrown on unused	
	Coal or wood 4		(If 2, skip to		land	3
	Other 5		question 21)		Thrown into a river,	
	None 6				lake, etc.	4
					Other	5
	(if 1 or 6, skip to					
	question 19)					
R\$   _ .  .		R\$   _ .  .	<u> _ </u>	R\$   _ .		

	DESCRIPTION OF THE RESIDENCE -	

INTERVIEWER: Ask if money was spent on each item listed in the past 12 months. If so , then answer the subsequent questions.

22 Money was spent in the residence on:	Y	23 Code /es 1 No 2	24 Amount of the most recent payment  R\$   _ _ .	25 Month of the most recent payment		28 Number of annual installments
Condominium fees	1					
Property/land tax	2					
Public electricity fees	3					
Fire fees	4					
Garbage collection fees	5					
Private guard or security	6					
Garage rental	7					
Rental of household equipment or appliances	8					
Other	0					

#### LIST OF RESIDENTS

The following are considered as residents:

- a) Any persons present on the date of the interview who do not have another customary place of residence
- b) Any persons absent, who have that residence as their customary domicile, but who were temporarily away on the date of the interview, FOR A PERIOD OF NO MORE THAN 12 MONTHS.

List all residents, beginning with the head of household, either a man or a woman, according to the hierarchical ranking of their relationship, status, or dependency in the household in relation to the head of household

#### SECTION 2. DESCRIPTION OF RESIDENTS

#### PART A. DEMOGRAPHIC DATA - FOR ALL RESIDENTS

Order no.: All residents will have an order number that will identify them in all sections of the questionnaire. The numbers assigned in this Part will be used throughout the questionnaire. Copy the order number and the name on the "tab" of the questionnaire and keep the same numerical sequence.

Questions 5 to 7: When the persons being interviewed do not know the date of birth and DO NOT HAVE A CERTIFICATE, enter 0 (zero) for the day, month, and year, and ask them to estimate how old they are in complete years. In the event that the interviewee is unable to do that, it is up to the INTERVIEWER to estimate the years in Question 6.

Fill out Question 8 in this way when the age was guessed or estimated:

- P	
_0_ _3_ _5_	person whose age is estimated to be 35
_1_ _0_ _1_	person whose age is estimated to be 101
1010101	person whose age is estimated to be less than 1 year

# SECTION 2 - DESCRIPTION OF RESIDENTS - PART A - DEMOGRAPHIC CHARACTERISTICS - FOR ALL RESIDENTS

	1	2	3	4		5-7		8	9
0	Situation in the	Situation in the	Number in the	Gender	Date of birth			How old are	Color or race
r	household	family	family					they?	
d									
е	Head	1 Head	1	Male	1				White 1
r	Spouse	2 Spouse	2	Female	2				Black 2
	Child	3 Child	3						Mulatto 3
N	Other relative	4 Other relative	4						Yellow/Indian 4
u	Live-in	Live-in							
m	servant	5 servant	5						
b	Boarders	6 Boarders	6						
е	Household	Household							
r	employees	7 employees	7						
	Relatives of	Relatives of							
	household	household							
	employees	8 employees	8						
					5. Day	6. Month	7. Year		
				<u> </u>		<u> </u>	<u>   </u>		
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#### **SECTION 2 - DESCRIPTION OF RESIDENTS**

#### PART B - INFORMATION ON THE PARENTS - FOR ALL RESIDENTS

Questions 4 and 14: A person who can only write his name does NOT know how to read and write

#### Questions 6 and 16: Codes for level of education:

No serie completed	01
Elementary school incomplete or	02
up to the 3rd serie of the first grau	
[cycle of studies]	
Elementary complete or through the	03
4th serie of the first grau	
Intermediate first cycle incomplete or	04
5th to 7th serie of the first grau	
Intermediate 1st cycle or 1st grau complete	05
Intermediate 2nd cycle or 2nd grau incomplete	06
Intermediate 2nd cycle or 2nd grau	07
Superior [secondary school] incomplete	80
Superior	09
University degree [Master's or Doctorate]	10

Note: The interviewer should convert the "series" into the current nomenclature, as appropriate

Questions 8 and 18: The occupation must be precisely identified, and any characteristics that could differentiate it from other similar occupations should be described, as necessary.

# SECTION 2 - DESCRIPTION OF THE RESIDENTS - PART B: INFORMATION ON THE PARENTS - FOR ALL RESIDENTS

	1	2	3	4	5	6	7
0	Is your father	Does your father	Order number of	Does your father	Does/did your	How far did your	When you were 15 years old,
r	alive?	live in this	father	know how to read	father go to	father go in	did your father work?
d	alive:	residence?	latifici	and write?	school?	school?	ald your lattici work:
e		residence:		and write:	301001:	SCHOOL:	
r	Yes	1 Yes		Yes 1	Yes 1		Yes 1
'						(aaa aadaa ahaya)	
١	No	2 No 2	<del>'</del>			(see codes above)	No 2
N	Don't know	3		Don't know 3	Don't know 3		Don't know 3
u						(If less than 15	
m	(If 2 or 3, skip to	(If 2, skip to			(If 2 or 3, skip to	years old, skip to	(If 2 or 3, skip to
b	question 4)	question 4)			question 7, and if	question 11)	question 10)
е					less than 15 years		
r					old, skip to		
					question 11)		
						<u>                                     </u>	

# SECTION 2 - DESCRIPTION OF THE RESIDENTS - PART B: INFORMATION ON THE PARENTS - FOR ALL RESIDENTS

	8	9	10	11	12	13	14
O r d e	What was your father's occupation when you were 15 years old?	In this job, he was:		Is your mother living?	Does your mother live in this residence?	Order number of your mother	Does your mother know how to read and write?
N u m b e r			No 2		Yes 1 No 2  (If 2, skip to question 14)		Yes 1 No 2 Don't know 3
	Code						

# SECTION 2 - DESCRIPTION OF RESIDENTS - PART B: INFORMATION ON THE PARENTS - FOR ALL RESIDENTS

	15	16	17	18	19	20
0	Does/did your	How far did your	When you were 15	What was your mother's occupation	In this occupation, she	When you were
	mother go to	mother go in	years old, did your	when you were 15 years old?	was:	15 years old, did
	school?	school?	mother work?			you live with your
е						mother?
r						
	Yes	1 (see codes above)	Yes 1		An employee 1	Yes 1
N	No	2	No 2		Self-employed 2	No 2
u	Don't know	3 (If less than 15	Don't know 3		Employer 3	i e
m		years old, end of this			Unsalaried 4	
	(if 2 or 3, skip to	Part)	(if 2 or 3, skip to		Don't know 5	
е	question 17)		question 20)			
r	(if 2 or 3 and less					
	than 15, end of					
	this part)					
				0.4		
				Code		
		<u>                                     </u>				
-						

# SECTION 2 - DESCRIPTIONS OF THE RESIDENTS - PART C: RELATIONSHIPS - FOR ALL RESIDENTS 12 YEARS OF AGE OR OLDER

	1	2	3	4	5	6	7
0	What is your marital	Do you live with	What is the nature	Order number of	In the last 12 months,	What was the reason for	How many months
r	status?		of your marriage?	the spouse(s)		your absence?	were you away?
d				or companion(s)	residence and did not		
е					sleep or take meals there		
r					for a period of time equal		
					to or greater than one		
N					month?		
u							
m	Single 1	Yes 1	Civil and 1		Yes 1	Work 1	
b	Legally separated 2	No 2	religious		No 2	Study 2	
е	Divorced 3		Only civil 2			Vacation 3	
r		(If 2, skip to	Only religious 3	1		In a reformatory or	
	Married 5	question 5)	Consensual			prison 4	
			marriage 4			Hospitalized 5	
						Other 6	

SECTION 3 NOT YET TRANSLATED

#### **SECTION 4 - EDUCATION**

#### PART A - SCHOOL ATTENDANCE - FOR ALL RESIDENTS

Questions 1,2, and 3: Bear in mind that these three questions pertain to the language known to the residents.

	1	2	3	4	5	6	7	8
0	Do you know how	Do you know how	Do you know how	Do you attend	Who do the children	Why don't you	Did you already	What serie did
r	to read newspapers	to write a letter or	to write numbers?	school?	stay with?	attend school?	attend school?	you complete?
d	magazines, notes,	a note?						
е	etc.?				Mother 1			
r					Father 2			
	Yes 1	Yes 1	Yes 1	Yes 1	Siblings less 3	Work 1	Yes 1	
N	No 2	No 2	No 2	No 2	than 14 years old	No space 2	No 2	
u					Siblings over 4	available		
m	(If 2, skip to			(If 1, skip to	14 years old	No school 3		
b	question 3)			question 8)	Grandparents 5	close by		
е				(If 2 and 15 years	Other	Already 4		
r				or more, skip to	relatives 6	completed the		
				question 6)	Household	desired serie		
					servants 7	Financial 5		
					Day care 8	problems		
						No interest 6		
					Alone 10	Other 7		<u> _ </u>

	9	10	11	12	13	14
0	What grau [cycle] does this	Who do you live with when	What do you do when you	The school is:	Does the school offer	How often are meals
r	serie belong to?	you are not in school?	are not in school?		free meals every week?	offered during school
d	-				-	time?
е		Mother 1				
r	Nursery school 1	Father 2	Work 1	Private 1	Yes 1	Once a week 1
	Preschool 2	Siblings less than 3	Run errands 2	Public federal 2	No 2	Two or three days 2
Ν	First grau 3	14 years old	Study 4	Public state 3		a week
u	Second grau 4	Siblings over 14 4	Play 8	Public municipal 4	(If 2, skip to question 16)	Four or five days 3
m	Supplement to 5	years old	Participate in sports 16			a week
b	first grau	P		(If 1, skip to question 16)		
е	Supplement to 6		Other 64			
	2nd grau	Household		(If 2, 3, or 4 and your		
	<b>L</b>	servants 7		level is Superior, Mestrado		
		Day care 8		or Doutorado, skip to		
	- · r · · ·	Other 9		question 16)		
		Alone 10	Sum of codes			
	(If 15 or older, skip to 11)					

	15	16	17	18	19	20-21		22
0	Does the school	Who frequently	The school offers for the student's	The school provides	Does the school	How long is the	school	During what period
r	offer meals during	takes you to	use:	the following free	you attend have	day?		do you attend
d	holidays?	school?		of charge:	individual writing			school?
е					desks for the			
r					students?			
N	Yes 1	Parents 1	Books to consult 1	Books 1	Yes 1			Morning 1
u	No 2	Siblings 2	Textbooks to consult 2	Textbooks 2	No 2			Afternoon 2
m		Grandparents 3	Videos 4	Both 3				Night 3
b		Other relatives 4	TV 8	Neither 4				Evening 4
е		Household 5	Personal computers 16					Morning and 5
r		servant	Laboratory 32	(If at Superior,				afternoon
		Friends 6	Other equipment 64	Mestrado or				Other 6
		Nobody 7	None of the above 0	Doutorado level,				
		Other 8		skip to question 20)		20	21	
			Sum of the codes			Hours N	/linutes	
						<u>                                   </u>		
						1		
						!		
						<u> </u>		

	23	24	25	26	2 7	28	29	30
0	How often do you	In the last 30 days,	How many days?	What was the	Are you on a	What is the monthly	Who provides the	Does a person who
r	do homework?	did you miss any		principal reason for	scholarship?	amount of the	scholarship?	does not live in your
d		school days?		your absence?		scholarship?		home help finance
е								the cost of your
r								education?
N	1 ,	Yes 1			Yes 1			Yes 1
u		No 2			No 2			No 2
m	week			Suspended 3			School 3	
b		(If 2, skip to			(If 2, skip to		A company 4	
	times a week	question 27)		_	question 30)		Other 5	
r	Once in a 4			School closed 6				
	while			Teacher not there 7				
	Never 5	'		Teacher on strike 8				
				Other 0				
			<u> </u>			R\$  <u> </u>  _ _ . _		

	31	32	33	34-35		36	37
0				How long does	it take you	In the last 30 days, how	In the past 30 days,
	classes?		transportation do you use	to go to school?		much did you spend on	how much did you spend
ď			to go to school?	10 go to 301001	•	monthly school fees?	on matriculation fees?
e		last 50 days :	to go to school:			Informity school fees:	on matriculation lees:
r	Yes 1		Public transportation 1				
'							
	No 2		School transportation 2				
N	(15.0 1 : 1		Your own motor 3				
u	(If 2, skip to question 33)		vehicle				
m			Your own 4				
b			non-motorized				
е			vehicle				
r			Other 5				
			None 6				
				34	35		
				Hours 1	Minutes		
		R\$  _ _ .			<u> </u>	R\$  <u> </u>  _ . _ .	R\$  _ _ .
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	38	39	40	41	42	43
0	In the last 12 months, how		· ·	In the last 30 days, how		In the last 30 days, how
	much did you spend on			much did you spend on	much did you spend on	much did you spend on
d	matriculation fees?	contribution to	contribution to	school uniforms?	school uniforms?	transportation to and
e	matriculation lees!		painting, repairs or	SCHOOL MINOLINE:		from school?
r						HOITI SCHOOL?
'		1 · · · · · · · · · · · · · · · · · · ·	improvements for your			
		school?	school?			
N			(If Own and an Manatanada an			
u			(If Superior, Mestrado or			
m			Doutorado, skip to			
b			question 43)			
е						
r						
	R\$  _ . _ .	R\$  _ .  .	R\$  _ . . .	R\$  _ _ .	R\$  _ .  .	R\$  _ . _ .

	1	T	T	T	T
	44	45	46	47	48
	In the last 12 months, how much		In the last 12 months, how much	In the last 30 days, how	In the last 12 months, how much
r	did you spend on transportation		did you spend on school books	much did you spend on	much did you spend on
d	to and from school?	and supplies?	and supplies?	extracurricular activities?	extracurricular activities?
е					
r					
N					
u					
m					
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	R\$  <u> </u>  . . .	R\$  <u> </u>  .  <u> </u>  .	R\$  <u> </u>  . . .	R\$  <u> </u>  . _ . _	R\$  <u> </u>  . . .

#### PART B: SCHOOL HISTORY - FOR PERSONS WHO ARE ATTENDING OR HAVE ATTENDED SCHOOL

Note: The questions should be asked on the basis of the time when the interviewee attended school, and in no circumstances should the information be converted to the current nomenclature. Use the following codes to fill out the questionnaire:

Nursery	1	Intermediate 2nd cycle or 2nd grau	7
Pre-school	2	Supplement 2nd grau	8
Elementary	3	Vestibular	9
Intermediate 1st cycle or ginasio	4	Superior	10
1st grau	5	Mestrado or Doutorado	11
Supplement 1st grau	6		

Ginasio = lower secondary school Vestibular = college preparatory school

# SECTION 4 - EDUCATION - PART B: SCHOOL HISTORY - FOR PERSONS WHO ARE ATTENDING OR HAVE ATTENDED SCHOOL

	1-2		3-4			5-7			8-10			11-13			14-16	1
O r d e r	Last serie completed and passed, and grau			Pre-school			Elementary			Intermedia ginasio	te 1st cycle	or	Grau or su			
N u m b e	(see codes	s above)														
		2 Grau		How long		How long	Time since	Age at	How long	10 Time since left school	Age at	How long	Time since	Age at	How long	16 Time since left school

# SECTION 4 - EDUCATION - PART B: SCHOOL HISTORY - FOR PERSONS WHO ARE ATTENDING OR HAVE ATTENDED SCHOOL

	17-19			20-22			23-25			26-28		
O Intermediate 2nd cycle, 2nd grau or r supplement de r Nu u m b e r			Pre-vestibula			Superior			Maestrado o			
17 Age at beginning	How long attended	19 Time since left school	20 Age at beginning	21 How long attended	22 Time since left school	23 Age at beginning	24 How long attended	25 Time since left school	26 Age at beginning	27 How long attended	28 Time since left school	
	supplement  17 Age at	supplement  17 18 Age at How long	supplement  17 18 19 Age at How long Time since	supplement  17	supplement  17 18 19 20 21 Age at How long Time since Age at How long	supplement  17 18 19 20 21 22  Age at How long Time since beginning attended left school	supplement  17 18 19 20 21 22 23 Age at How long Time since Age at How long Time since beginning attended left school beginning	supplement  17 18 19 20 21 22 23 24  Age at How long Time since Age at How long Time since beginning attended left school beginning attended left school beginning attended	supplement  17 18 19 20 21 22 23 24 25 Age at How long Time since beginning attended left school beginning attended left school beginning attended left school	supplement  17 18 19 20 21 22 23 24 25 26 Age at How long Time since beginning attended left school beginning	supplement  17 18 19 20 21 22 23 24 25 26 27  Age at How long Time since Age at How long beginning attended left school begi	

# SECTION 4 - EDUCATION - PART C: OCCUPATIONAL TRAINING - FOR RESIDENTS 14 YEARS OF AGE AND OLDER

	1	2		3			7	8	9	10	11	
0	Have you taken	What year did	How long of	lid the last o	course last?		Where was the	Did you receive	The course was	Are you	The course is	
r	any	you take the					course offered?	a diploma or a	paid for by:	currently	being paid for	
d	occupational	last course?						certificate in		participating in	by:	
е	training							this course?		any		
r	courses?						University			occupational		
							graduate			training		
N							school 1			course?		
u							Technical-					
m	Yes 1						trade	Yes 1	Interviewee	1 Yes	1 Interviewee	1
b	No 2						school 2	No 2	Company	2 No	2 Company	2
е							Military		where s/he works/		where s/he works	
r	(If 2, skip to						school 3		worked		Other	3
	question 10)						Firm or		Other	3	Course was	4
							company 4		Course was	4	free	
			3	4	5	6	Correspondence		free			
			Years	Months	Weeks	Days	course 5					
		<u> _ _ </u>	<u>  _</u>	<u>  _</u>			Other 6					
					<u> </u>	<u> </u>						
					i !	i !	<u> </u>					
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				! ! !	! !	! !						
				I								
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				<u> </u>	!		}					

This section examines:

- 1. The health status of every resident, according to the opinion of each one, any health problems that prevent the person from carrying out normal activities, and any health care of treatment sought;
- 2. General health problems in the last 30 days and any remedies taken;
- 3. Chronic health problems and remedies taken in the last 365 days; and
- 4. Health care costs in the last 30 days.

Question 29: Health care for control and prevention purposes is considered part of check-up

Questions 33 and 34: Enter 00 in hours and minutes if no travel time was involved.

	1	2	3	4	5	6	7	8	9
0	How would you	Do you	What type of	Do you exercise	How many	For how long each	How would you	What is your main	Do you have
r	assess the status	engage in	exercise or sport	or play a sport	days a	day?	evaluate your	reason for	any chronic
d	of your health?	physical	do you participate in?	every week?	week?		breathing when you	exercising or	health
е		exercise or	(indicate most		(include all	(include all	are exercising or	participating in a	problems
r		play a sport?	frequent)		exercises or	exercises or	participating in a	sport?	that require
			Soccer, 1		sports)	sports)	sport?		constant
Ν			volleyball, basketball						monitoring?
u			Running, 2						
m	Excellent 1	Yes 1	walking, bicycling	Yes 1	Once 1	LT 30 min. 1	Normal 1	Recreation, 1	Yes 1
b	Very good 2	No 2	Gym workouts 3	No 2	2 days 2	30-40 min. 2	A little hard 2	amusement	No 2
е	Good 3		weight lifting,		3 days 3	GT 40 min. 3	Hard 3	Health, 2	
r	Average 4	(If 2, skip to	water exercise	(If 2, skip to	4 days 4		Very hard 4	medical advice	(If 2, skip to
	Poor 5	question 9)	Swimming, 4	question 9)	5-7 day: 5		No opinion 5	or phys. therapy	question 22)
	No opinion 6		water polo				Don't know 6	Esthetic or 3	
	Don't know 7		Judo, karate 5					cosmetic reasons	
	Neglected 9		other martial arts					Other 4	
			Other 6						
-					-				

	10	1 1	1 2	13		1 4	15-	-16	1 7	1 8	19-	·20	2 1
0	What is the primary	Are you	Are you	Where do you		Do you pay	What is the	e month	On average,	Do you have	What was	the	On average,
r	cause of this health	receiving	always	receive medical	1	for the visit	and year o	of your	how many	periodic	month and	l year of	how many
d	problem?	medical care	cared for by	care?	١	when you	latest med	ical	appointments	examinations	your last e	xam	examinations
е		for this	the same		ŀ	receive	appointme	ent for	do you have	because of	for this hea	alth	do you have
r	(see codes below)	problem?	physician or		ŀ	medical	this health	problem?	every year	this health	problem?		every year
			specialist	Public hospital	1	treatment?			for this	problem?			for this
N				Health station	2				health				health
u				or center					problem?				problem?
m					3								
b				Private hospital		Yes 1				Yes 1			
е		No 2	No 2	by agreement		No 2				No 2			
r				Private clinic	5								
		(If 2, skip to		by agreement						(If 2, skip to			
		question 22)			6					question 22)			
				or doctor's office			15	16			19	20	
					7		Month	Year			Month	Year	
				Other	8		<u>  _</u>						
					1								
					1								
					+								
					$\dashv$								
					$\dashv$								
-					4								
					4								

Codes for question 10			
Heart problem	1	Allergy	8
High blood pressure	2	Cancer	9
Diabetes	3	Bone/muscle/joint problems	10
Respiratory problems	4	Neuro-psychiatric problems	11
Digestive problems	5	High cholesterol	12
Gynecological problems	6	Other	13
Prostate problems	7		

	22	23	24	25	26	27	28	29	
0	Have you had any	What health problems	Have you had to	What type of	For how many days	Did you seek	Did you seek	What was the	
r	health problems in	have you had in the	stop doing any of	activity did you stop	did you stop	medical care to	medical care to	reason for	
d	the last 30 days?	last 30 days?	your normal	doing?	performing these	treat this problem?	treat this problem	seeking medical	
е			activities as a		activities?		or for any other	care?	
r			result of this problem				reason in the last 30		
			in the past 30 days?	Working 1			days?	Accident or	1
Ν				Going to 2				injury	
u	Yes 1	Flu/cold/ 1	Yes 1	school		Yes 1	Yes 1	Dental	2
m	No 2	pneumonia	No 2	Participating 4		No 2	No 2	Check-up	3
b		Infection 2		in sport or				Childbirth	4
е	(If 2, skip to	Accident/injury 3	(If 2, skip to	exercise		(If 1, skip to	(If 2, skip to	Obtain	5
r	question 28)	Digestive 4	question 28)	Playing 8		question 30)	question 37)	certificate	
		problem		Household 16		(If 2, skip to		Rehabilitation	6
		Pain 5		chores		question 37)		treatment	
		Infarction 6		Other 32				Prenatal care	7
		Dental problem 7		Sum of codes				Inoculation	8
		Other 8			_			Other	9
									_
									_
									_
									$\dashv$
									$\neg$

	30	31		32	33-	34	35-	36	37	38
0	Who took care of	Where did the		Did you pay	How long	did it take	How long	did you	Why didn't you seek treatment?	Do you have any
r	you?	treatment take		for this care?	to reach th	e place	have to wa	ait for		health insurance or
d		place?			of treatmen	nt?	treatment?	)		agreement aside
е		Public hospital	1		(If no trave	l was	(If there w	as no		from government
r		Health station	2		involved, e	nter 0	wait, enter	0		welfare?
		or center			under hou	rs and	under hou	rs and		
N		At home	3		minutes		minutes			
u	Physician	1 Private hospital	4	Yes 1					It wasn't necessary	1 Yes 1
m	Dentist	2 Private hospital	5	No 2					Treatment place far from home	2 No 2
b	Nurse	3 by agreement							Transportation problems	3
е	Pharmacist	4 Private clinic	6						No money for transport or medical care	4
r	Healer	5 by agreement							No time for medical care	5
	Other	6 Private clinic	7						Treatment takes a long time	6
	No care given	7 or doctor's office							The establishment did not have any	7
	(If 7, skip to	Pharmacy	8		33	34	35	36	time available for medical care	
	question 38)	Other	0		Hours	Min.	Hours	Min.	The establishment had no specialists	8
	. ,					1 1 1	li i i	1.1	Other	0
						<u> </u>	<u> </u>			
-										
				<del></del>						

	39	40	41	42	43	44	45	46
0		How much did you	Have you incurred		-		_	How much did you
	-	spend on total	hospitalization					spend on medicine?
		doctor visits in the	expenses in the		expenses related		the purchase of	spend on medicine:
	medical appointment		last 30 days?				medicines in the	
	or treatment?	last 30 days?	last 30 days?			last 30 days?	last 30 days?	
'	or treatment?				xrays, and the like?		last 30 days?	
	V 1		V 1		V 1		V 1	
N	Yes 1		Yes 1		Yes 1		Yes 1	
	No 2		No 2		No 2		No 2	
m	//r O 1: 1		450 1: 1		450 1: 1		450 1 541	
	(If 2, skip to		(If 2, skip to		(If 2, skip to		(If 2, end of this	
	question 41)		question 43)		question 45)		part)	
r								
		R\$   _		R\$   _		R\$   _ _ .		R\$   _ . _ . _
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	1			<u> </u>	l .		l .	l .

#### **SECTION 6 - ECONOMIC ACTIVITY**

This Section examines the economic activity of all residents 5 years of age and older.

#### PART A - FOR ALL RESIDENTS 5 YEARS OF AGE AND OLDER

This Part covers information on the first job and unemployment at the present time.

#### PART B - PRIMARY WORK IN THE LAST 7 DAYS

This Part investigates the primary job of every resident who was working during the 7 days prior to the interview. In the event that the person has more than one job, it will be up to the INTERVIEWEE to determine which is the primary job.

#### PART C - SECONDARY WORK IN THE LAST 7 DAYS

All residents who were working during the 7 days prior to the interview and who reported that they had another job during that same time period, considered by them as secondary to the work previously indicated, will answer this Part.

#### PART D - PRIMARY WORK IN THE LAST 365 DAYS

This Part examines the work of residents who may or may not have worked in the last 7 days, but who worked during the last 365 days.

# SECTION 6 - ECONOMIC ACTIVITY - PART A: GENERAL INFORMATION - FOR ALL RESIDENTS 5 YEARS OF AGE AND OLDER

	1	2	3		4	5	6	7	_
0	Have you ever	At what age did you	What was your first job?		In that job you	_	_	Why haven't you	
	worked?	begin working?	What was your mist job!		were:		have not worked in	worked in the last	
ď	WOIREG!	begin working:			were.	days?	the last 7 days, do	7 days?	
							you have a job?	r days!	
e							you have a job?		
r					Encolor 4	V 4	V		
١	Yes	<u> </u>						Illness	1
	No 2	2						Holiday	2
u	//r O 1: 1				Self-employed 3			On strike	3
m	(If 2, skip to				Employer 4		(If 2, skip to	Other	4
b	question 11)					question 11)	question 8)	(0.1.	
е								(Skip to	
r								question 11)	
				<u> </u>					
				Code					
				<u> </u>					_

# SECTION 6 - ECONOMIC ACTIVITY - PART A: GENERAL INFORMATION - FOR ALL RESIDENTS 5 YEARS OF AGE AND OLDER

	8 9-10		11	12	13	14
0	Have you worked during	What was the last month		How many hours a week?	During the last 7 days,	How many hours a
	the last 12 months?	and year that you worked?	have you done any		have you done	day?
d			unremunerated		household chores?	
е			community or volunteer			
r			work?			
l						
N 	Yes 1 No 2		Yes 1 No 2		Yes 1 No 2	
u m	INO Z		INO Z		INO Z	
b			(If 2, skip to question 13)		(If 2, end of this Part)	
e			( <u>_</u> ,p to quostion 10)		(,	
r						
		9 10				
		Month Year				
		<u>                                     </u>		<u>                                     </u>		<u>                                     </u>

	1	2	3	4	5	6	7	8
0	Is this your primary	What was your job	What is the primary	What is your status	Do you have a	Would you trade	Do you contribute	Do you contribute
	job?	in the last 7 days?	business of the		license, registration,		to the Social	to a pension fund?
d			company, institute,		or legal authorization		Security Institute	
е			or firm where you		to perform this work?	employment?	in this job?	
r			worked during the		•	, ,	•	
			last 7 days?					
N			,					
u	Yes 1			Employee 1	Yes 1	Yes 1	Yes 1	Yes 1
m	No 2				No 2			No 2
b				Self-employed 3				
е				Employer 4				
r								
				(If 1 or 2, skip to				
				question 27)				
		Code	Code					
		_ _	_ _					

	9	10	11	12	13	14		15-17		18	19
0	Are you	What type of	How many	How many	In the last 12	Is this work	How long have y	ou been working	for this	Where do you	What means of
r	affiliated	union is it?	persons work	hours a week	months, how	seasonal, i.e.	company, firm of	r business?		currently	transportation
d	with a		for the company	did you devote	many months	only done at				work?	do you use to
е	union or		firm or business?	exclusively to	did you work	certain times					go to work?
r	association?	Independent 1		this work?	for this	of the year?				(see codes	
		workers			company,					below)	
N		Misc. 2			firm or						On foot 1
u		workers	Work alon∈ 1		business?						Private 2
m		Professional: 3	2 to 5 2								car or
b	Yes 1	Farm 4	6 to 10 3			Yes 1					motorcycle
е	No 2	employers	11 to 20 4			No 2					Public 3
r		Independent 5	21 to 50 5								transportation
	(If 2, skip	agents	51 to 100 6								Other 4
	to ques.	Other 6	101 to 200 7								Do not 5
	11)	unions	Over 200 8				15	16	17		travel
				Hours	Months		Years	Months	Weeks		(If 5 skip to
							_	<u>   </u>	<u>  _</u>		question 22)
								i	i i		
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Codes for question 18

Shop, office, shed, factory, institution, etc.	1
At a fixed place on a public road	2
At home	3
In other persons' homes	4
On a public road, but not at a fixed place	5
Transporting persons or cargo	6
Ranch, farm etc.	7
Other	8

	20-21		22	23	24	25	26	27	28	29	
0	How long does	it take you	In the last 30	How much?	In the last 12	How much?	Besides this	This work is	This work is:	This work is:	
r	to get to work?	•	days, did		months, did		job, have	in the:			
d			your		your		you had any				
е	(one way only)	)	company,		company,		other work				
r			firm or		firm or		in the last 7				
			business		business		days?				
N			make a net		make a net						
u			profit?		profit?						
m											
b			Yes 1		Yes 1		Yes 1	Public 1	Military 1	Federal	4
e r			No 2		No 2			sector	•	State	2
'			NO Z		INO Z		INO Z		•	Municipal	3
			(If 2, skip to		(If 2, skip to		(If 2, end of	sector	CLT 3		0
	20	21	question 24)		question 26)		this Part)			(Pass to question	
	1	Minutes	9.000.0	R\$	94.004.011.20)	R\$			without association	32)	
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	30	31	32	33	34	35	36	37	38	39	40
0		_	ls your		In this job		Are you a	-	How many persons		In the last 12
	-		supervisor,		social				work in the		months, how
d	assinada?	-	employer,		security		union?		business?		many months
е		-	manager or		contributions	fund?					did you work
r			director		are paid at:						at this job?
		assinada?	related to					City 1		to this work?	-
N			you?					employees			
u								Farm 2			
m	Yes 1	Yes 1	Yes 1	Paid 1	Federal 1	Yes 1	Yes 1	workers	Work alone 1		
b	No 2	No 2	No 2	vacation	State 2	No 2	No 2	Independent 3	2 to 5		
е				Paid 2	Municip 3			workers	6 to 10 3		
r	(If 1, skip to			medical	Not 4		(If 2, skip to	Miscellaneous 4	11 to 20 4		
	question 32)			leave	paid		question 38)	workers	21 to 50 5		
				Both 3				Professionals 5	51 to 100 6		
				Neither 4				Other 6	101 to 200 7		
								unions	Over 200 8	<u> </u>  _	_
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-											
-											

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	41		42-44		45	46	47-48		49		50
0	Is this work	How long have	e you been wo	rking	Where do you currently work?	What means	How long doe	s it take	Which	How often	
r		at this job?				of	you to get to v		month did	are you pai	id?
d	i.e. only done	-				transportation			you receive		
е	at certain					do you use?	(one way only	)	your last	Daily	1
r	times of the				Shop, office, shed, factory, institution, etc. 1				payment?	Weekly	2
	year?				At a fixed place on a public road 2	(see codes			(If the job is	Every	3
N					At home 3	below)			not salaried,	2 weeks	
u	Yes 1				In other persons' homes 4	ļ. <b>1</b>			enter 98 and	Monthly	4
m	No 2					(If 5, skip to			3	Other	5
b						question 49)			next Part.)		
е					Ranch, farm etc. 7	<b>'</b>					
r					Other 8	3					
		42	43	44			47	48			
		Years	Months	Wks			Hours	Minutes			
			<u> </u>	<u>   </u>							
			<u> </u>	<u> </u>							
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			<u> </u>	<u> </u>							_
				!							

Codes for question 46

On foot 1
Private car or motorbike 2
Public transportation 3
Other 4
Do not travel 5

	51	52	53	54	55	ı	56	57	58	59
0		What was your net				Do you		Have you received	What is the value	Did you receive
r		salary in the last			paychecks	receive			of this benefit?	food or meal
d		payment?	extra income			holidays?		vouchers or free	or time perione.	vouchers or a
e	last paymont.		in your last		receive	nondayo.		transportation		"food basket" in
r			payment,		every year?			in the last 30 days?		the last 30 days?
'			such as the		every year:			in the last 50 days:		the last oo days:
N			"13th month"							
u			bonus,							
m			compensation							
b			for holidays,							
e			etc.?							
r			etc.:							
'			Yes 1			Yes	1	Yes 1		Yes 1
			No 2			No		No 2		No 2
			(If 2, skip to			110		(If 2, skip to		(If 2, skip to
	R\$	R\$	question 55)	R\$	1			question 59)	R\$	question 61)
			question 66)	ΙΙΙΙΙΙΙΙΙ	1 1 1			question 66)		question or)
-										
-										

	60	61	62	63	64	65	66	67
0			What is the value		What is the value			In addition to this
		a housing allowance		clothing or	of this benefit?			job, have you
d		or housing aid in the		uniforms in the		benefit or		worked at any
e		last 30 days?		last 12 months?		subsidized goods		other job in the
ľ		lactor days:				in the last 30 days?		last 7 days?
						in the last of days.		last raajo.
N		Yes 1		Yes 1		Yes 1		Yes 1
u		No 2		No 2		No 2		No 2
m								_
b		(If 2, skip to		(If 2, skip to		(If 2, skip to		
e		question 63)		question 65)		question 67)		
r						,		
	R\$	1	R\$	1	R\$		R\$	•

# SECTION 6 - ECONOMIC ACTIVITY - PART C: SECONDARY WORK - FOR PERSONS WHO HAVE HAD MORE THAN ONE JOB IN THE LAST 7 DAYS

	1	2	3	4	5	6
r d e r	What was your job in the last 7 days?	What is the principal business of the company, institute, or firm where you worked during the last 7 days?	What is your status in this work?	Do you have a license, registration, or legal authorization to perform this work?	This work is in the:	This work is:
N u m b e r			Unsalaried worker 2 Self-employed 3	No 2		Military 1 Statutory (RJU) 2 CLT 3 Employed without 4 association
	Code	Code				

# SECTION 6 - ECONOMIC ACTIVITY - PART C: SECONDARY WORK - FOR PERSONS WHO HAVE HAD MORE THAN ONE JOB IN THE LAST 7 DAYS

	7	8	9	10	11	12	13	14
0	Do you have a	How many hours a	In the last 12 months	Is this work	What was your	What was your net	Did you have	How much do you
r		week are devoted				income in the last		receive for all
d		exclusively to this				30 days?		other secondary
e		work?		time of the year?	ino last so days.	oo aayo.		jobs?
r		WOTE.	at ano job.		(including benefits)		days?	Jobo .
1 '					(moldaring benefits)		dayo	
N	Yes 1			Yes 1			Yes 1	
u	No 2			No 2			No 2	
m	140 2						2	
b							(If 2, end of this	
e							Part)	
r							l ait)	
'								
					R\$	R\$		R\$
			1			Γ.Φ		KΦ
		_	_					
	l .							

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	1	2	3		4	5	6	7
0	In the last 12 months	What was your occupat	_		What was your	Did you have a	Did you contribute	How many persons
		in the last 12 months?	business of th		status in that work?	license, registration	to social security	worked in that company,
	job other than the		institution, or f			or legal authorization		firm or business?
	one you had in the		you worked in			to perform this		
	last 12 days?		12 months?			work?		
N	Yes 1				Employee	Yes 1	Yes	1 Work alone
	No 2							2 2 to 5
m					worker		-	6 to 10
b	(If 2, end of this				Self-employed 3	3		11 to 20
	Part)				Employer 4	1		21 to 50
r	,				' '			51 to 100
					(If 1 or 2, skip to			101 to 200
					question 19)			Over 200 8
					,			
		Code		Code	1			
			_					
			İ					

	8	9	10		11-13		14	15	16
0		In the last 12		How long have		rkina for this	Where do	In the last 30 days,	What was the
		months, how		company, firm or business?			you currently	did your company,	amount?
		many months		, , , , , , , , , , , , , , , , , , , ,			work?	firm or business	
		did you work						turn a net profit?	
			of the year?				(see codes	, , , , , , , , , , , , , , , , , , ,	
		company,	, , , , , ,				below)		
Ν		firm or					,		
u		business?							
m									
b			Yes 1					Yes 1	
е			No 2					No 2	
r									
								(If 2, skip to question 1	7)
				11	12	13			
	Hours	Months		Years	Months	Weeks			R\$
					<u>  _</u>	_			_ _ _ -  -  -  -  -  -  -  -  -  -  -
						! ! !			
						<u> </u> 			
						<u> </u>			
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						! !			
						! !			
						. ————————————————————————————————————			
						I I			
Codes	for question 14	•		•	•		•		•

obdection question in			
Shop, office, shed, factory, institution, etc.	1	On a public road, but not at a fixed place	5
At a fixed place on a public road	2	Transporting persons or cargo	6
At home	3	Ranch, farm etc.	7
In other persons' homes	4	Other	8

	17	18	19	20	21	22	23	24
0	In the last 12 months	What was the	This work is in the:	This work was:	This work was:		Was your supervisor,	This job had:
r	did your company,	amount?				carteira assinada?	employer, manager,	•
d	firm or business						or director related	
е	turn a net profit?						to you?	
r								
	Yes 1		Public sector 1	Military 1	Federal	Yes 1	Yes 1	Paid vacation 1
N	No 2		Private 2	Statutory 2	State	No 2	No 2	Paid medical 2
u			sector	(RJU)	Municipal			leave
m	(If 2, end of Part)	(End of this Part)		CLT 3				Both 3
b			(If 2, skip to	Employed 4	(Skip to question 23)			Neither 4
е			question 22)	without association				
r								
		R\$						

	25	26	27	28	29		30-32	
0				In the last 12 months		How long did you wor		
						How long ala you wor	k at this job?	
r	security contributions				seasonal, i.e. done			
	•	business?			only at specific			
	which level?		to this work?	job?	times during the			
r					year?			
l								
		Work alone 1			Yes 1			
		2 to 5 2			No 2			
	· ·	6 to 10 3						
		11 to 20 4						
е		21 to 50 5						
r		51 to 100 6						
		101 to 200 7						
		Over 200 8						
						30	31	32
						Years	Months	Weeks

	33	34	35	36	37	38
0	Where do you do this	Which month did you	How were you paid?	What was your gross	What was your net	Did you receive any
r	work?	receive your last payment?		salary in the last payment?	salary in the last payment?	extra income in your last
d						payment, such as the
е		(If the job was not salaried				"13th month" bonus,
r		enter 98 and go on to the				compensation for
		next Part)				holidays, etc.?
N						
u			Daily 1			Yes 1
m			Weekly 2			No 2
b			Every 2 weeks 3			(If 2 plain to guaration 40)
e r			Monthly 4 Other 5			(If 2, skip to question 40)
			Other			
				R\$	R\$	

5

Codes for question 33
Shop, office, shed, factory, institution, etc.

1 On a public road, but not at a fixed place

At a fixed place on a public road 2 Transporting persons or cargo 6 At home 3 Ranch, farm etc. 7

In other persons' homes 4 Other 8

	39	40	14	42	42	4.4	45
		40	41	42	43	44	
		How many pay	Did you receive	Did you receive	What was the value of	Did you receive	What is the value of this
r	income?	checks a year did	holidays?	transportation	this benefit?	food or meal	benefit?
d		you receive?		vouchers or free		vouchers or a	
е				transportation?		"food basket" in	
r						the last 30 days?	
						and lade do days.	
NI NI			Voc.	Yes 1		Yes	1
N							
u			No 2	No 2		No	2
m							
b				(If 2, skip to		(If 2, skip to	
е				question 44)		question 46)	
r				, ,		,	
	5.4		ļ			-	
	R\$				R\$		R\$
	<u>                                     </u>				<u>                                     </u>		_ ·

	46	47	48	49	50	51
0						What was the value of this
	Did you receive a					
r		benefit?	or uniforms?	benefit?		benefit?
d	housing aid?				subsidized goods?	
е						
r	Yes 1		Yes 1		Yes 1	
	No 2		No 2		No 2	
N						
u	(If 2, skip to question 48)		(If 2, skip to question 50)		(If 2, end of this Part)	
m						
b						
е						
r						
		R\$	1	R\$	1	R\$
						<u>                                     </u>
-						
-						
-						

# SECTION 6 - ECONOMIC ACTIVITY - PART E: JOB SEARCH - FOR RESIDENTS 5 YEARS OF AGE AND OLDER

	1	2	3	4		5		
0	Did you look for	And in the last 12	For what reason?	How many weeks	What steps did you take to obtain			
	work in the last 30	months?		did you spend	, ,			
	days?			looking for work in				
e				the last 12 months?				
r								
	Yes 1	Yes 1	To replace 1		Contacted employers	1	Consulted with relatives, friends	6
N			current job		Took a test	2	or colleagues	-
u			To find 2nd 2		Entered a competition	3	Took steps to start up a	7
	(If 1, skip to	(If 2, skip to	job in addition		Contacted an agency or a	4	business	·
	question 3)	question 6)	to current job		labor union	•	Other	8
e	4	4	Because not 3	3	Placed or answered an ad	5		
r			working now					
			Other 4					
					(Skip to qu	uestion 7)		
					(5	,		
				1 1 1				
							_	

# SECTION 6 - ECONOMIC ACTIVITY - PART E: JOB SEARCH - FOR RESIDENTS 5 YEARS OF AGE AND OLDER

	6	7	8	9	10	11
0	Why didn't you look for work?	Did you look for	Did you look for	Type of work		What is the minimum
r		work as:	work in:	sought:	work you were	monthly pay that you
d					looking for?	would agree to for your
е						work?
r						
	Already employed 1	Employee 1	Private sector 1	Agriculture 1	Yes 1	
N	Student 2				No 2	
u	Do household work 3			Both 3		
m	Retired/pensioner 4					
b	Have income to live on 5					
е	6					
r	Was ill 7					
	Awaiting reply from employer 8					
	Cannot find work 9					
	Other 10					
	(End of this Part)					R\$
						<u>                                     </u>

SECTION 7 NOT YET TRANSLATED

#### **SECTION 8 NOT YET TRANSLATED**

SECTION 9 NOT YET TRANSLATED

#### SECTION 10 - EXPENDITURES AND INVENTORY OF GOODS

This Section is designed to obtain information regarding household expenditures on goods and services made in the last 30, 90, 180, or 365 days prior to the interview.

#### PART A - EXPENDITURES ON GOODS AND SERVICES

Under **public municipal and inter-municipal transportation**, omit expenditures on school transportation since they are included in Section 4 on education.

Under **medicines and pharmaceuticals**, include only those medical supplies that are commonly found in homes, such as cotton, mercurochrome, medicine for headaches, etc. Medical supplies used to treat chronic and/or serious disorders will be reported in Section 5 on health.

# SECTION 10 - EXPENDITURES AND INVENTORY OF GOODS - PART A: EXPENDITURES ON GOODS AND SERVICES

INTERVIEWER: Ask about every item. Enter the relevant code. For every affirmative answer, fill in the amount.

In the last 30 days, has any person residing in this household incurred expenditures for the following:

1 Description		Yes No	2 1 2	3 How much was spent? R\$   _   _   _   _   _
Food and drinks consumed outside the home (i.e. in a restaurant, bar, cafeteria, etc.)	01			
Cigars, tobacco, etc.	02			
Soap, shampoo, and other articles of personal hygiene, toiletries (such as combs, perfume, powder, lotions, etc.	03			
Detergents and other household cleaning products.	04			
Public municipal and inter-city transportation, including the metro	05			
Air travel	06			
Household employees, daily workers	07			
Recreation and amusements, such as movies, sports, music, toys, etc.	08			
Fuel and lubricants for vehicles (alcohol, gasoline, diesel)	09			
Gambling and betting (lotteries, lotto, horse racing, etc.)	10			

# SECTION 10 - EXPENDITURES AND INVENTORY OF GOODS - PART A: EXPENDITURES ON GOODS AND SERVICES

INTERVIEWER: Ask about every item. Enter the relevant code. For every affirmative answer, fill in the amount.

		In the last 3 m	nonths	In the last 30 days		
Description		5. Yes 1	6. How much was spent?	7. Yes 1	8. How much was spent?	
		No 2	R\$   _ _ _ .	No 2	R\$   _ _ _ . _ . _	
Fabric and clothing for adults	01					
Fabric and clothing for children	02					
Shoes and shoe repair for adults	03					
Shoes and shoe repair for children	04					
Maintenance and repair of vehicles (excluding gasoline, diesel, and alcohol)	05					
Kitchen and cooking articles (cups, pots and pans, utensils, tableware)	06					
Medicines and pharmaceuticals, including home and herbal remedies, etc. (excluding the expenditures covered in Section 5, Heal	07 th)					
Health insurance	08					
Books, except for textbooks, and subscriptions to periodicals and communications (including parcels, mail, public telephone, stamp	09 s)					
Personal services and goods, including beauty parlors, barbershops, dry cleaning, laundry	10					
Gifts	11					
Cost of special classes such as English, sewing, computers	12					

#### SECTION 10 - EXPENDITURES AND INVENTORY OF GOODS - PART A: EXPENDITURES ON GOODS AND SERVICES

INTERVIEWER: Ask about every item. Enter the relevant code. For every affirmative answer, fill in the amount.

9		In the last 6 m	onths	In the last 30 days		
Description		10. Yes 1	11. How much was spent?	12. Yes 1	13. How much was spent?	
		No 2	R\$   _ _	No 2	R\$   _ _	
Home maintenance	01					
Home furnishings (including curtains, carpets, towels)	02					

INTERVIEWER: Ask about every item. Enter the relevant code. For every affirmative answer, fill in the amount.

14		In the last 12 r	months	In the last 30 of	In the last 30 days		
Description		15. Yes 1	16. How much was spent?	17. Yes 1	18. How much was spent?		
		No 2	R\$   _ _ _	No 2	R\$   _ _ _		
Vehicle insurance	01						
Home/property insurance	02						
Weddings	03						
Funerals	04						
Attorney, architect, forwarding agent fees	05						

# SECTION 10 - EXPENDITURES AND INVENTORY OF GOODS - PART B: LIST OF GOODS

INTERVIEWER: (instructions not translated)

1	ı		2	3	4	1 1		1	2	3	4
Description		Yes	1	How acquired?	Condition on date	Description		Yes	1	How acquired?	Condition on date
Description		No	2	now adquired:	of acquisition	Всосприон		No	2	now acquired:	of acquisition
		110			or doquisition			140			or adquiction
Stove	01					Tape recorder	12				
Blender	02					Floor-waxing	13				
						machine					
Television (	03					Motorbike	14				
Television						MOTOFORC					
Iron	04					Automobile	15				
Radio	05					Vacuum	16				
				+		cleaner					
Freezer	06					Air-conditioner	17				
Sewing	07					Washing	18				
machine	01					machine	10				
Bicycle	80					Dishwashing machine	19				
						machine					
Fan	09					Clothes dryer	20				
				1							<del>                                     </del>
Audio	10					Personal	21				
System	. Ŭ					computer	- 1				
Microwave	11					Videotape	22				
						player					

Codes for question 3

1- Purchase 2 - Exchange or swap 3 - Gift 4 - Other

Codes for question 4

1 - New 2 - Used

# SECTION 10 - EXPENDITURES AND INVENTORY OF GOODS - PART C: OTHER EXPENDITURES

In the last 30 days, has any person residing in the household incurred expenditures for any of the following items:

1 Description	Yes No	2 1 2	3 How much was spent? R\$   _   _   _   _   _   _
Alimony 01			
Donations to charities 02			
Income tax 03			
Other direct taxes 04			
Social security payments 05			
Life insurance premiums 06			
Dues or fees for clubs, associations, etc. 07			

#### PART D. REMITTANCES

In question 3, list in order the persons not residing in the household who have received payments, goods, and/or gifts from a resident of the household, and enter the real or estimated value of those items in Question 7.

#### Question 6 - Codes for Units of the Federation

RO - 11	AC - 12	AM - 13	RR - 14	PA - 15	AP - 16
TO - 17	MA - 21	PI - 22	CE - 23	RN - 24	PB - 25
PE - 26	FN - 20	AL - 27	SE - 28	BA - 29	ES - 32
MG - 31	RJ - 33	SP - 35	PR - 41	SC - 42	RS - 43
MT - 51	MS - 50	GO - 52	DF - 53	Foreign c	ountry - 60

#### SECTION 10 - EXPENDITURES AND INVENTORY OF GOODS - PART D: REMITTANCES OF PAYMENTS

	g the past 30 days, has any per regularly or not, in the form of hold? 1 No 2 (end of Part	f money or goods to				2 sons were these contributions s uestion 3, fill out a line for each	
Order Number	What is the relationship of the head of household?  Spouse Child Son- or daughter-in-law Parents/in-laws Other relatives Household employee Not related	1 2 3 4 5 6 7	Where does the person live?  Urban area Rural area	In what unit of the Federati person live?  1 RO - 11 AC - 12 AM - 13 RR - 1 2 TO - 17 MA - 21 PI - 22 CE - 2 PE - 26 FN - 20 AL - 27 SE - 20 MG - 31 RJ - 33 SP - 35 PR - 4 MT - 51 MS - 50 GO - 52 DF - 50	4 PA - 15 AP - 16 3 RN - 24 PB - 25 8 BA - 29 ES - 32 1 SC - 42 RS - 43 3 Foreign country - 60	7 How much was sent to that person in the last 30 days? (Include the monetary value of goods and gifts)	8 Will you get or have you gotten part of this contribution back?  Yes No
					·		

#### SECTION 11 - EXPENDITURES ON AND CONSUMPTION OF FOOD

Section 11 is designed to obtain information on consumption of food by residents of the household during the 14 days prior to the date of the interview.

Enter the precise amount or, if that is not possible, the estimated amount of food consumed, using the unit of measure given by the interviewee. The table below lists the units of measure with their corresponding codes

Unit of Measure	Code
Arroba (15kg)	01
Wash basin or bowl	40
Hamper, basket	44
Bucket	45
Tray	43
Bar	25
Barrel	32
Tube	27
Head	02
Bunch	30
Case, box	03
Hundred	04
Cup	05
Tooth	07
Dose	06
Dozen	08

Unit of Measure	Code
Envelope	39
Bale	38
Slice	09
Bundle, cluster	31
Flask	36
Bottle	10
Large jug	28
Gram	11
Unknown	99
Can	12
Liter	13
Packet	14
Handful	29
Milliliter	35
Bundle, bunch	15
Package	16

Unit of Measure	Code
Foot	20
Piece	17
Stalk	18
Portion, batch	19
Small jug, pitcher	26
Plate, dish	35
Kilo/kilogram	21
String, short rope	33
Roll	42
Sack	37
Tablet	22
Ton	23
Pipe, metal tube	41
Unit	24

# SECTION 11 - EXPENDITURES ON AND CONSUMPTION OF FOOD

INTERVIEWER	2	3	4	5-6	
Ask about all the items	Code	How was the food	In the last 14 days, how	What was the quantity co	onsumed
Enter the corresponding code.	Yes 1	obtained?	much was spent on	in the last 14 days?	
For every affirmative answer, ask the following questions	No 2	Purchased 1	purchasing this food for		
		Bartered 2	consumption at home?		
1		Donated 4		(see codes above	e)
In the last 14 days, have any of the following foods been		Produced at home 8		,	,
consumed by residents of the household at home?		Other 16			
		(If 4, 8, or 16, skip to			
		question 5)			
		Sum of codes	R\$	Quantity Uni	nit of Measure
ITEM		1 1 1			
Rice, maize and other grains 01		11		<u>   </u>	II
Beans, lentils, peas, etc. 02					
Root vegetables, such as celery, cassava, yams, etc. 03					
Legumes 04					
Greens 05					
All types of fruits, except preserved fruit 06					
Flour 07					
Breads 08					
Cakes 09					
Pasta and noodles 10					
Crackers and cookers 11					
Sugar 12					
Salt 13					
Coffee, mate, and tea 14					

# SECTION 11 - EXPENDITURES ON AND CONSUMPTION OF FOOD

INTERVIEWER	2	3	4	5-6	
Ask about all the items	Code	How was the food	In the last 14 days, how	What was the quantity	consumed
Enter the corresponding code.	Yes 1	obtained?	much was spent on	in the last 14 days?	
For every affirmative answer, ask the following questions	No 2	Purchased 1	purchasing this food for		
		Bartered 2	consumption at home?		
1		Donated 4		(see codes abo	ove)
In the last 14 days, have any of the following foods been		Produced at home 8			
consumed by residents of the household at home?		Other 16			
		(If 4, 8, or 16, skip to			
		question 5)			
		Sum of codes	R\$	Quantity l	Jnit of Measure
ITEM			_ .		_
Milk 15					
Milk byproducts (butter, yogurt, cheese, etc.)					
Fish and shellfish 17					
Chicken and poultry 18					
Beef 19					
Pork 20					
Meat of other animals (goat, rabbit, etc.) 21					
Eggs 22					
Vegetable oils and fats 23					
Seasoning, sauces, and condiments 24					
Ready-to-eat canned products 25					
Beverages in general 26					
Sweets and candy 27					
Others 28					

#### SECTION 12 NOT YET TRANSLATED

#### SECTION 13 NOT YET TRANSLATED

#### SECTION 14 NOT YET TRANSLATED

#### SECTION 15 - EVALUATION OF STANDARD OF LIVING

The purpose of this Section is to obtain the interviewees' views as to their standard of living. It therefore calls for an opinion, and this means that the interviewer must be skilled at making the interviewees feel comfortable enough to give their opinions, and that the interviewer must refrain from exerting influence of any kind or from criticizing the answers given.

This Section must be answered by the persons RESPONSIBLE for the household.

#### SECTION 15 - EVALUATION OF STANDARD OF LIVING INTERVIEWER: This Section must be answered by the head/s of household. In your opinion, what is the minimum monthly income What would be the minimum monthly income required What would be the minimum monthly income required to cover food costs for your family? that a family of four (i.e. a couple and two children) to cover all the expenses involved in supporting your family? would need to survive? R\$ |\_\_|\_|.|\_|.|\_|.| R\$ |\_\_|\_|\_|.|\_\_|. R\$ | | | | | | | | | | 5-8 In your opinion, how does your total income enable your Taking into account the current situation of your family, what is the monthly income that you would consider family to live: With difficulty 1 With some difficulty 2 With ease 3 5 Good R\$ |\_\_|\_|.|.| 7 Inadequate R\$ |\_\_|\_|.|\_|. 6 Adequate R\$ |\_\_|\_|\_|.|\_\_|. 8 Poor R\$ |\_\_|\_|. If you could improve the standard of living of the members of this household, how would How would you evaluate the standard of living of the members of this household in relation to each of the following: you rank the importance of each of the following items? 12 10 Poor 1 Relatively Very good 4 Very Good 2 5 important important Very Average 2 Unimportant 3 poor Important Education/schooling Education/schooling Health/medical care Health/medical care Housing/sanitation Housing/sanitation Public safety Public safety 4 5 Recreation/amusement Recreation/amusement Food Food 6 6 Clothing Clothina 7 Employment/work Employment/work 8 Transportation Transportation

#### SECTION 16 - ANTHROPOMETRY - FOR ALL RESIDENTS

In this Section the weight and height of the residents will be recorded.

Note that Questions 4 and 8 should be filled in with 0 (zero) in the case of exact measurements.

# SECTION 16 - ANTHROPOMETRY - FOR ALL RESIDENTS

	1	2	3	5	6	7	9
0	Was the person	How was s/he	What is his/her	Why wasn't s/he	Was s/he weighed?	What does he/she	Why wasn't s/he weighed?
r	measured?	measured?	height/length?	measured?		weigh?	
d							
е							
r			(Pass to question 6)		Yes 1		Absent 1
	No	2 Laying 2			No 2		Sick 2
N		down		Didn't want 3			Didn't want or 3
u	(If 2, skip to				(If 2, skip to		didn't allow
m	question 5)				question 9)		Other 4
b				Other 4			
e							
r							
			3 ! 4	-		į.	-
			•				
			Centi-			L	
			Meters meters			7. Kilos 8. Grams	
						l i	
	<u> </u>		† †				
			<u>l</u>		1		