CBMS FORM 1

Approval Number : PSA-2142-01 Expiry Date 31 July 2022



REPUBLIC OF THE PHILIPPINES PHILIPPINE STATISTICS AUTHORITY







2021 PILOT COMMUNITY-BASED MONITORING SYSTEM LISTING RECORD OF BUILDINGS, HOUSING UNITS AND HOUSEHOLDS

Dear Sir/Madam:

The Philippine Statistics Authority (PSA) is collecting information from every household in the country using the Community-Based Monitoring System or CBMS. The CBMS aims to gather information about your household on different dimensions such as health, nutrition, water, sanitation, shelter, education, income, employment, security, participation, and disaster-preparedness. The data collected will be used by your city/municipality and national government agencies to craft evidence-based policies and programs for the development of the community.

The PSA highly encourages your participation and cooperation in the CBMS activity since data collected will be used to target beneficiaries of social and economic development programs of the government, among its other goals. However, participation in the CBMS is purely voluntary. If you intend to participate in the activity, it is assured that the data you provide shall be utilized in the betterment of your community. In addition, there is no right or wrong answer in accomplishing this questionnaire, but we encourage you to provide truthful and complete answers.

Please be informed that all information shared are strictly confidential pursuant to Section 10 (Confidentiality of Information) of Republic Act (RA) No. 11315 or the CBMS Act and Section 8 (Confidentiality) of RA No. 10173 or the Data Privacy Act of 2012 and will not be used against you or to any of your household members for taxation, investigation, or law enforcement purposes.

If you have inquiries, you may contact PSA at (02) 8376-1909. You may also send us a message through the following e-mail addresses: cbms@psa.gov.ph and psacbms@gmail.com.

rnank you very much.		
CLAIDE DENNIS S MADA DE D		
CLAIRE DENNIS S. MAPA, Ph.D. Undersecretary		
National Statistician and Civil Registrar		CON
	GEOGRAPHIC IDENTIFICAT	ION
	BOOKLET OF BOOK	CLETS
PROVINCE		
CITY/MUNICIPALITY		
BARANGAY		
= ENUMERATION AREA NUMBER ·····		
	CERTIFICATION	
ENUMERATOR SIGNATURE OVER PRINTED NAME	TEAM SUPERVISO SIGNATURE OVER PRINTED NAME	SIGNATURE
DATE SIGNED (MM/DD/YYYY)	DATE SIGNED (MM/DD/YYYY)	DATE SIGNED (MM/DD/YYYY)
C	ODES FOR SPECIAL SERIAL N	IUMBER
Special Household Serial Number	,	Temporary Relocation Serial Number
HSN = 7777 Non Usual Resident (N	UR)	BSN = 5555
HSN = 8888 Foreign ambassador, n diplomatic representatives	ninister, consul or other	HUSN = 5555
HSN = 8889 Vacation or Rest House	e (VRH)	
HSN = 9999 Vacant Building/Housin	ıg Unit (VBLDG/VHU)	Homeless Serial Number
Newly Tagged Building Serial Nur	nber	BSN = 6000
BSN = 4000 Series, starts at 4001		HUSN = 6000

Но	ouse-	SITIO/PUROK	BUILDING	HOUSING	HOUSE-	TYPE OF BUILDING STRUC- TURE (WRITE	NAME OF HOUSE- HOLD HEAD	ADDRESS (ENTER HOUSE/ BUILDING NUMBER	ER CO SE/ ING ER		EMBER
hol	d Line mber	(IF AVAILA- BLE)	SERIAL NUMBER	UNIT SERI- AL NUM- BER	HOLD SE- RIAL NUM- BER	VHU IF VACANT HOUSING UNIT; VBLDG IF VACANT BUILDING	(LAST NAME, FIRST NAME, MIDDLE INITIAL)	AND STREET, ALSO IN- CLUDES UNIT NUM- BER IF AVAIBLE)	TOTAL	MALE	FEMALE
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	1st Visit										
1	2nd Visit 3rd										
	Visit										
2	Visit 2nd										
	Visit 3rd										
	Visit 1st Visit										
3	2nd Visit										
	3rd Visit										
	1st Visit										
4	2nd Visit										
	3rd Visit										
	1st Visit										
5	2nd Visit										
	3rd Visit										
	1st Visit										
6	2nd Visit										
	3rd Visit										
	1st Visit										
7	2nd Visit										
	3rd Visit										
	1st Visit 2nd										
8	Visit 3rd										
	Visit 1st										
	Visit 2nd										
9	Visit 3rd										
	Visit 1st										
	Visit 2nd										
10	Visit 3rd										
	Visit							TOTAL			
		TOTAL BSN						Male			
		TOTAL HSN						Female			
	TOTAL HUSN Count										

House- hold Line Number		Name of Re- spondent	SIGNED THE CON- SENT WAIVER FORM? (1 IF YES; 2 IF NO)	GE- OTAGGED ?	Date of Visit	Time Start	Time End HH:MM	Result of Visit	Appoint- ment Date for Next Visit (For Callback)	Ap- pointm ent Time for Next Visit (For Callbac k)	RE- MARKS
			Z IF NO)	(1 IF YES; 2 IF NO)	(MM/DD/ YY)				(MM/DD/ YY)	нн:мм	INFOR- MATION)
		(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	1st Visit										
1	2nd Visit										
	3rd Visit										
	1st Visit										
2	2nd Visit										
	3rd										
	Visit 1st										
3	Visit 2nd										
3	Visit 3rd										
	Visit 1st										
	Visit 2nd										
4	Visit 3rd										
	Visit										
	1st Visit										
5	2nd Visit										
	3rd Visit										
	1st Visit										
6	2nd Visit										
	3rd Visit										
	1st Visit										
7	2nd										
	Visit 3rd										
	Visit 1st										
8	Visit 2nd										
ľ	Visit 3rd										
	Visit 1st										
	Visit 2nd										
9	Visit										
	3rd Visit										
	1st Visit										
10	2nd Visit										
	3rd Visit										
							•	•		•	

Н	ouse-	SITIO/PUROK	BUILDING	HOUSING	HOUSE-	TYPE OF BUILDING STRUC- TURE (WRITE	NAME OF HOUSE- HOLD HEAD	ADDRESS (ENTER HOUSE/ BUILDING NUMBER	HOUSEHOLD MEMI COUNT		EMBER
	d Line mber	(IF AVAILA- BLE)	SERIAL NUMBER	UNIT SERI- AL NUM- BER	HOLD SE- RIAL NUM- BER	VHU IF VACANT HOUSING UNIT; VBLDG IF VACANT BUILDING	(LAST NAME, FIRST NAME, MIDDLE INITIAL)	AND STREET, ALSO IN- CLUDES UNIT NUM- BER IF AVAIBLE)	TOTAL	MALE	FEMALE
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	1st Visit										
11	2nd Visit 3rd										
	Visit 1st										
12	Visit 2nd										
	Visit 3rd Visit										
	1st Visit										
13	2nd Visit										
	3rd Visit										
	1st Visit										
14	2nd Visit										
	3rd Visit										
	1st Visit										
15	2nd Visit 3rd										
	Visit 1st										
	Visit 2nd										
16	Visit 3rd										
	Visit 1st										
17	Visit 2nd										
''	Visit 3rd										
	Visit 1st										
18	Visit 2nd Visit										
	3rd Visit										
	1st Visit										
19	2nd Visit										
	3rd Visit										
	1st Visit										
20	2nd Visit										
	3rd Visit										
		TOTAL BSN									
		TOTAL HSN									
		TOTAL HUSN						TOTAL Count			

House- hold Line Number		Name of Re- spondent	SIGNED THE CON- SENT WAIVER FORM? (1 IF YES; 2 IF NO)	GE- OTAGGED ?	Date of Visit	Time Start HH:MM	Time End HH:MM	Result of Visit	Appoint- ment Date for Next Visit (For Callback)	Ap- pointm ent Time for Next Visit (For Callbac k) HH:MM	RE- MARKS
				(1 IF YES; 2 IF NO)	(MM/DD/ YY)				(MM/DD/ YY)	TITI.IVIIVI	INFOR- MATION)
		(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	1st Visit										
11	2nd Visit										
	3rd Visit										
	1st Visit										
12	2nd Visit										
	3rd Visit										
	1st Visit										
13	2nd										
	Visit 3rd										
	Visit 1st										
14	Visit 2nd										
14	Visit 3rd										
	Visit 1st										
	Visit 2nd										
15	Visit										
	3rd Visit										
	1st Visit										
16	2nd Visit										
	3rd Visit										
	1st Visit										
17	2nd Visit										
	3rd Visit										
	1st Visit										
18	2nd										
	Visit 3rd										
	Visit 1st										
19	Visit 2nd										
19	Visit 3rd										
	Visit 1st										
	Visit 2nd										
20	Visit										
	3rd Visit										

Но	old Line (IF AVAILA- SEF		BUILDING	HOUSING UNIT SERI-	HOUSE- HOLD SE-	TYPE OF BUILDING STRUC- TURE (WRITE	NAME OF HOUSE- HOLD HEAD (LAST NAME,	ADDRESS (ENTER HOUSE/ BUILDING NUMBER	HOUS	EHOLD M COUNT				
	d Line mber		SERIAL NUMBER	ER AL NUM-BER BER		VHU IF VACANT HOUSING UNIT; VBLDG IF VACANT BUILDING	(LAST NAME, FIRST NAME, MIDDLE INITIAL)	AND STREET, ALSO IN- CLUDES UNIT NUM- BER IF AVAIBLE)	TOTAL	MALE	FEMALE			
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)			
	1st Visit													
21	2nd Visit 3rd													
	Visit 1st													
22	Visit 2nd													
	Visit 3rd Visit													
	1st Visit													
23	2nd Visit													
	3rd Visit													
	1st Visit													
24	2nd Visit													
	3rd Visit													
	1st Visit													
25	2nd Visit													
	3rd Visit													
	1st Visit													
26	2nd Visit													
	3rd Visit													
	1st Visit													
27	2nd Visit													
	3rd Visit													
	1st Visit													
28	2nd Visit													
	3rd Visit													
	1st Visit													
29	2nd Visit													
	3rd Visit													
	1st Visit													
30	2nd Visit 3rd													
	Visit													
		TOTAL BSN						TOTAL Male						
		TOTAL HSN						TOTAL Female						
		TOTAL HUSN						TOTAL Count	6					

House- hold Line Number		Name of Re-	SIGNED THE CON- SENT	GE- OTAGGED ?	Date of Visit	Time Start	Time End		Appoint- ment Date for Next Visit	Ap- pointm ent Time for Next Visit	RE- MARKS
holo	Line	Name of Re- spondent	WAIVER FORM? (1 IF YES;			HH:MM	HH:MM	Result of Visit	(For Callback)	(For Callbac k)	(OTUED
			2 IF NO)	(1 IF YES; 2 IF NO)	(MM/DD/ YY)				(MM/DD/ YY)	нн:мм	(OTHER INFOR- MATION)
		(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	1st Visit										
21	2nd Visit										
	3rd Visit										
	1st Visit										
22	2nd Visit										
	3rd Visit										
	1st Visit										
23	2nd Visit										
	3rd Visit										
	1st Visit										
24	2nd Visit										
	3rd Visit										
	1st Visit										
25	2nd Visit										
	3rd Visit										
	1st										
26	Visit 2nd										
	Visit 3rd										
	Visit 1st										
27	Visit 2nd										
	Visit 3rd										
	Visit 1st										
28	Visit 2nd										
20	Visit 3rd										
	Visit 1st										
00	Visit 2nd										
29	Visit 3rd										
	Visit 1st										
	Visit 2nd										
30	Visit 3rd										
	Visit										

н	ouse-	SITIO/PUROK	BUILDING	HOUSING	HOUSE- HOLD SE-	TYPE OF BUILDING STRUC- TURE (WRITE	NAME OF HOUSE- HOLD HEAD	ADDRESS (ENTER HOUSE/ BUILDING NUMBER	HOUSEHOLD MEM COUNT		EMBER
hol	d Line mber	(IF AVAILA- BLE)	SERIAL NUMBER	UNIT SERI- AL NUM- BER	R BER	VHU IF VACANT HOUSING UNIT; VBLDG IF VACANT BUILDING	(LAST NAME, FIRST NAME, MIDDLE INITIAL)	AND STREET, ALSO IN- CLUDES UNIT NUM- BER IF AVAIBLE)	TOTAL	MALE	FEMALE
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	1st Visit										
31	2nd Visit 3rd										
	Visit 1st										
32	Visit 2nd										
	Visit 3rd Visit										
	1st Visit										
33	2nd Visit										
	3rd Visit										
	1st Visit										
34	2nd Visit										
	3rd Visit										
	1st Visit										
35	2nd Visit										
	3rd Visit										
	1st Visit 2nd										
36	Visit										
	3rd Visit 1st										
	Visit 2nd										
37	Visit 3rd										
	Visit 1st										
	Visit 2nd										
38	Visit 3rd										
	Visit 1st										
	Visit 2nd										
39	Visit 3rd										
	Visit 1st										
	Visit 2nd										
40	Visit 3rd										
	Visit							TOTAL			
		TOTAL BSN						Male TOTAL			
		TOTAL HSN TOTAL						Female TOTAL			
		HUSN						Count	8		

House- hold Line Number		Name of Re- spondent	THE CON- SENT WAIVER	THE CON- SENT WAIVER FORM? (1	GE- OTAGGED ?	Date of Visit	Time Start	Time End		Appoint- ment Date for Next Visit	Ap- pointm ent Time for Next Visit	RE- MARKS
hold	d Line	Name of Re- spondent	WAIVER			HH:MM	HH:MM	Result of Visit	(For Callback)	(For Callbac k)	(OTHER	
			2 IF NO)	(1 IF YES; 2 IF NO)	(MM/DD/ YY)				(MM/DD/ YY)	нн:мм	INFOR- MATION)	
	•	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
	1st Visit											
31	2nd Visit											
	3rd Visit											
	1st Visit											
32	2nd											
	Visit 3rd											
	Visit 1st											
33	Visit 2nd											
33	Visit 3rd											
	Visit 1st											
	Visit											
34	2nd Visit											
	3rd Visit											
	1st Visit											
35	2nd Visit											
	3rd Visit											
	1st Visit											
36	2nd Visit											
	3rd											
	Visit 1st											
37	Visit 2nd											
01	Visit 3rd											
	Visit 1st		-									
	Visit 2nd											
38	Visit											
	3rd Visit											
	1st Visit											
39	2nd Visit											
	3rd Visit											
	1st Visit											
40	2nd Visit											
	3rd Visit											
	VISIL			1		1	l			<u> </u>		

Н	ouse-	SITIO/PUROK	VIE AVAILA BUILDING U	HOUSING	HOUSE-	TYPE OF BUILDING STRUC- TURE (WRITE	NAME OF HOUSE- HOLD HEAD	ADDRESS (ENTER HOUSE/ BUILDING NUMBER	HOUS	EHOLD M COUNT	EMBER
hol	d Line Imber	(IF AVAILA-	SERIAL	UNIT SERI- AL NUM- BER	HOLD SE- RIAL NUM- BER	VHU IF VACANT HOUSING UNIT; VBLDG IF VACANT BUILDING	(LAST NAME, FIRST NAME, MIDDLE INITIAL)	AND STREET, ALSO IN- CLUDES UNIT NUM- BER IF AVAIBLE)	TOTAL	MALE	FEMALE
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	1st Visit										
41	2nd Visit 3rd										
	Visit 1st										
40	Visit 2nd										
42	Visit 3rd										
-	Visit 1st										
	Visit 2nd										
43	Visit 3rd										
	Visit 1st										
	Visit 2nd										
44	Visit 3rd										
	Visit 1st										
	Visit 2nd										
45	Visit 3rd										
	Visit 1st										
	Visit 2nd										
46	Visit										
	3rd Visit										
	1st Visit										
47	2nd Visit										
	3rd Visit										
	1st Visit										
48	2nd Visit										
	3rd Visit										
	1st Visit										
49	2nd Visit										
	3rd Visit										
	1st Visit										
50	2nd Visit										
	3rd Visit										
		TOTAL BSN		I	I	I	I	TOTAL Male			
		TOTAL HSN						TOTAL Female			
		HUSN						Count	10		

House- hold Line Number		Name of Respondent	SIGNED THE CON- SENT	GE- OTAGGED ?	Date of Visit	Time Start	Time End	Result of	Appoint- ment Date for Next Visit	Ap- pointm ent Time for Next Visit	RE- MARKS
		spondent	WAIVER FORM? (1 IF YES; 2 IF NO)			нн:мм	нн:мм	Visit	(For Callback)	(For Callbac k)	(OTHER
			2 11 110)	(1 IF YES; 2 IF NO)	(MM/DD/ YY)				(MM/DD/ YY)	нн:мм	INFOR- MATION)
		(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	1st Visit										
41	2nd Visit										
	3rd Visit										
	1st Visit										
42	2nd Visit										
	3rd Visit										
	1st Visit										
43	2nd										
	Visit 3rd										
	Visit 1st										
44	Visit 2nd										
44	Visit 3rd										
	Visit 1st										
	Visit 2nd										
45	Visit 3rd										
	Visit										
	1st Visit										
46	2nd Visit										
	3rd Visit										
	1st Visit										
47	2nd Visit										
	3rd Visit										
	1st Visit										
48	2nd Visit										
	3rd										
	Visit										
49	Visit 2nd										
	Visit 3rd										
	Visit 1st										
	Visit 2nd										
50	Visit 3rd										
	Visit										