





<b>CBMS FORM 1</b> Approval Number : PSA-2142-01 Expiry Date : 31 July 2022		 <div>REPUBLIC OF THE PHILIPPINES PHILIPPINE STATISTICS AUTHORITY</div>		 <div>COMMUNITY-BASED MONITORING SYSTEM CBMS</div>	 <div>Management System ISO 9001:2015 www.tuv.com ID: 912864081</div>	
<div>2021 PILOT COMMUNITY-BASED MONITORING SYSTEM</div> <div>LISTING RECORD OF BUILDINGS, HOUSING UNITS AND HOUSEHOLDS</div>						
<p>Dear Sir/Madam:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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: <a href="mailto:cbms@psa.gov.ph">cbms@psa.gov.ph</a> and <a href="mailto:psacbms@gmail.com">psacbms@gmail.com</a>.</p> <p>Thank you very much.</p> <p><b>CLAIRE DENNIS S. MAPA, Ph.D.</b> Undersecretary National Statistician and Civil Registrar General</p>						
<div>GEOGRAPHIC IDENTIFICATION</div>						
<div>BOOKLET <input type="text"/> OF <input type="text"/> BOOKLETS</div> <div>PROVINCE <input type="text"/></div> <div>CITY/MUNICIPALITY <input type="text"/></div> <div>BARANGAY <input type="text"/></div> <div>ENUMERATION AREA NUMBER <input type="text"/></div>						
<div>CERTIFICATION</div>						
<div>ENUMERATOR</div> <div>SIGNATURE</div> <div>OVER PRINTED NAME</div>		<div>TEAM SUPERVISOR</div> <div>SIGNATURE</div> <div>OVER PRINTED NAME</div>		<div>CBMS AREA SUPERVISOR</div> <div>SIGNATURE</div> <div>OVER PRINTED NAME</div>		
<div>DATE SIGNED</div> <div>(MM/DD/YYYY)</div>		<div>DATE SIGNED</div> <div>(MM/DD/YYYY)</div>		<div>DATE SIGNED</div> <div>(MM/DD/YYYY)</div>		
<div>CODES FOR SPECIAL SERIAL NUMBER</div>						
<div>Special Household Serial Number</div> <div>HSN = 7777 Non Usual Resident (NUR)</div> <div>HSN = 8888 Foreign ambassador, minister, consul or other diplomatic representatives</div> <div>HSN = 8889 Vacation or Rest House (VRH)</div> <div>HSN = 9999 Vacant Building/Housing Unit (VBLDG/VHU)</div>			<div>Temporary Relocation Serial Number</div> <div>BSN = 5555</div> <div>HUSN = 5555</div>			
<div>Newly Tagged Building Serial Number</div> <div>BSN = 4000 Series, starts at 4001</div>			<div>Homeless Serial Number</div> <div>BSN = 6000</div> <div>HUSN = 6000</div>			

Household Line Number		SITIO/PUROK (IF AVAILABLE)	BUILDING SERIAL NUMBER	HOUSING UNIT SERIAL NUMBER	HOUSEHOLD SERIAL NUMBER	TYPE OF BUILDING STRUCTURE (WRITE VHU IF VACANT HOUSING UNIT; VBLDG IF VACANT BUILDING	NAME OF HOUSEHOLD HEAD (LAST NAME, FIRST NAME, MIDDLE INITIAL)	ADDRESS (ENTER HOUSE/ BUILDING NUMBER AND STREET, ALSO INCLUDES UNIT NUMBER IF AVAILABLE)	HOUSEHOLD MEMBER COUNT		
									TOTAL	MALE	FEMALE
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	1st Visit										
	2nd Visit										
	3rd Visit										
2	1st Visit										
	2nd Visit										
	3rd Visit										
3	1st Visit										
	2nd Visit										
	3rd Visit										
4	1st Visit										
	2nd Visit										
	3rd Visit										
5	1st Visit										
	2nd Visit										
	3rd Visit										
6	1st Visit										
	2nd Visit										
	3rd Visit										
7	1st Visit										
	2nd Visit										
	3rd Visit										
8	1st Visit										
	2nd Visit										
	3rd Visit										
9	1st Visit										
	2nd Visit										
	3rd Visit										
10	1st Visit										
	2nd Visit										
	3rd Visit										
TOTAL BSN _____								TOTAL Male _____			
TOTAL HSN _____								TOTAL Female _____			
TOTAL HUSN _____								TOTAL Count _____			

Household Line Number		Name of Respondent	SIGNED THE CONSENT WAIVER FORM? (1 IF YES; 2 IF NO)	GE-TAGGED ?	Date of Visit	Time Start HH:MM	Time End HH:MM	Result of Visit	Appointment Date for Next Visit	Appointment Time for Next Visit	RE-MARKS
									(For Callback)	(For Callback)	(OTHER INFORMATION)
				(1 IF YES; 2 IF NO)	(MM/DD/YY)				(MM/DD/YY)	HH:MM	
		(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
1	1st Visit										
	2nd Visit										
	3rd Visit										
2	1st Visit										
	2nd Visit										
	3rd Visit										
3	1st Visit										
	2nd Visit										
	3rd Visit										
4	1st Visit										
	2nd Visit										
	3rd Visit										
5	1st Visit										
	2nd Visit										
	3rd Visit										
6	1st Visit										
	2nd Visit										
	3rd Visit										
7	1st Visit										
	2nd Visit										
	3rd Visit										
8	1st Visit										
	2nd Visit										
	3rd Visit										
9	1st Visit										
	2nd Visit										
	3rd Visit										
10	1st Visit										
	2nd Visit										
	3rd Visit										

Household Line Number		SITIO/PUROK (IF AVAILABLE)	BUILDING SERIAL NUMBER	HOUSING UNIT SERIAL NUMBER	HOUSEHOLD SERIAL NUMBER	TYPE OF BUILDING STRUCTURE (WRITE VHU IF VACANT HOUSING UNIT; VBLDG IF VACANT BUILDING	NAME OF HOUSEHOLD HEAD (LAST NAME, FIRST NAME, MIDDLE INITIAL)	ADDRESS (ENTER HOUSE/ BUILDING NUMBER AND STREET, ALSO INCLUDES UNIT NUMBER IF AVAILABLE)	HOUSEHOLD MEMBER COUNT		
									TOTAL	MALE	FEMALE
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
11	1st Visit										
	2nd Visit										
	3rd Visit										
12	1st Visit										
	2nd Visit										
	3rd Visit										
13	1st Visit										
	2nd Visit										
	3rd Visit										
14	1st Visit										
	2nd Visit										
	3rd Visit										
15	1st Visit										
	2nd Visit										
	3rd Visit										
16	1st Visit										
	2nd Visit										
	3rd Visit										
17	1st Visit										
	2nd Visit										
	3rd Visit										
18	1st Visit										
	2nd Visit										
	3rd Visit										
19	1st Visit										
	2nd Visit										
	3rd Visit										
20	1st Visit										
	2nd Visit										
	3rd Visit										
TOTAL BSN _____								TOTAL Male _____			
TOTAL HSN _____								TOTAL Female _____			
TOTAL HUSN _____								TOTAL Count _____			

Household Line Number		Name of Respondent	SIGNED THE CONSENT WAIVER FORM? (1 IF YES; 2 IF NO)	GE-OTAGGED ?	Date of Visit	Time Start HH:MM	Time End HH:MM	Result of Visit	Appointment Date for Next Visit	Appointment Time for Next Visit	RE-MARKS
									(For Callback)	(For Callback)	(OTHER INFORMATION)
				(1 IF YES; 2 IF NO)	(MM/DD/YY)				(MM/DD/YY)	HH:MM	
		(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
11	1st Visit										
	2nd Visit										
	3rd Visit										
12	1st Visit										
	2nd Visit										
	3rd Visit										
13	1st Visit										
	2nd Visit										
	3rd Visit										
14	1st Visit										
	2nd Visit										
	3rd Visit										
15	1st Visit										
	2nd Visit										
	3rd Visit										
16	1st Visit										
	2nd Visit										
	3rd Visit										
17	1st Visit										
	2nd Visit										
	3rd Visit										
18	1st Visit										
	2nd Visit										
	3rd Visit										
19	1st Visit										
	2nd Visit										
	3rd Visit										
20	1st Visit										
	2nd Visit										
	3rd Visit										

Household Line Number		SITIO/PUROK (IF AVAILA- BLE)	BUILDING SERIAL NUMBER	HOUSING UNIT SERI- AL NUM- BER	HOUSE- HOLD SE- RIAL NUM- BER	TYPE OF BUILDING STRUC- TURE (WRITE VHU IF VACANT HOUSING UNIT; VBLDG IF VACANT BUILDING	NAME OF HOUSE- HOLD HEAD (LAST NAME, FIRST NAME, MIDDLE INITIAL)	ADDRESS (ENTER HOUSE/ BUILDING NUMBER AND STREET, ALSO IN- CLUDES UNIT NUM- BER IF AVAIBLE)	HOUSEHOLD MEMBER COUNT		
									TOTAL	MALE	FEMALE
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
21	1st Visit										
	2nd Visit										
	3rd Visit										
22	1st Visit										
	2nd Visit										
	3rd Visit										
23	1st Visit										
	2nd Visit										
	3rd Visit										
24	1st Visit										
	2nd Visit										
	3rd Visit										
25	1st Visit										
	2nd Visit										
	3rd Visit										
26	1st Visit										
	2nd Visit										
	3rd Visit										
27	1st Visit										
	2nd Visit										
	3rd Visit										
28	1st Visit										
	2nd Visit										
	3rd Visit										
29	1st Visit										
	2nd Visit										
	3rd Visit										
30	1st Visit										
	2nd Visit										
	3rd Visit										
TOTAL BSN _____								TOTAL Male _____			
TOTAL HSN _____								TOTAL Female _____			
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	Ap- pointm ent Time for Next Visit	RE- MARKS
									(For Callback)	(For Callbac k)	
				(1 IF YES; 2 IF NO)	(MM/DD/ YY)				(MM/DD/ YY)	HH:MM	(OTHER INFOR- MATION)
		(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
21	1st Visit										
	2nd Visit										
	3rd Visit										
22	1st Visit										
	2nd Visit										
	3rd Visit										
23	1st Visit										
	2nd Visit										
	3rd Visit										
24	1st Visit										
	2nd Visit										
	3rd Visit										
25	1st Visit										
	2nd Visit										
	3rd Visit										
26	1st Visit										
	2nd Visit										
	3rd Visit										
27	1st Visit										
	2nd Visit										
	3rd Visit										
28	1st Visit										
	2nd Visit										
	3rd Visit										
29	1st Visit										
	2nd Visit										
	3rd Visit										
30	1st Visit										
	2nd Visit										
	3rd Visit										

House- hold Line Number		SITIO/PUROK (IF AVAILA- BLE)	BUILDING SERIAL NUMBER	HOUSING UNIT SERI- AL NUM- BER	HOUSE- HOLD SE- RIAL NUM- BER	TYPE OF BUILDING STRUC- TURE (WRITE VHU IF VACANT HOUSING UNIT; VBLDG IF VACANT BUILDING	NAME OF HOUSE- HOLD HEAD (LAST NAME, FIRST NAME, MIDDLE INITIAL)	ADDRESS (ENTER HOUSE/ BUILDING NUMBER AND STREET, ALSO IN- CLUDES UNIT NUM- BER IF AVAILABLE)	HOUSEHOLD MEMBER COUNT		
									TOTAL	MALE	FEMALE
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
31	1st Visit										
	2nd Visit										
	3rd Visit										
32	1st Visit										
	2nd Visit										
	3rd Visit										
33	1st Visit										
	2nd Visit										
	3rd Visit										
34	1st Visit										
	2nd Visit										
	3rd Visit										
35	1st Visit										
	2nd Visit										
	3rd Visit										
36	1st Visit										
	2nd Visit										
	3rd Visit										
37	1st Visit										
	2nd Visit										
	3rd Visit										
38	1st Visit										
	2nd Visit										
	3rd Visit										
39	1st Visit										
	2nd Visit										
	3rd Visit										
40	1st Visit										
	2nd Visit										
	3rd Visit										
TOTAL BSN _____								TOTAL Male _____			
TOTAL HSN _____								TOTAL Female _____			
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	Ap- pointm ent Time for Next Visit	RE- MARKS
									(For Callback)	(For Callbac k)	(OTHER INFOR- MATION)
				(1 IF YES; 2 IF NO)	(MM/DD/ YY)				(MM/DD/ YY)	HH:MM	
		(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
31	1st Visit										
	2nd Visit										
	3rd Visit										
32	1st Visit										
	2nd Visit										
	3rd Visit										
33	1st Visit										
	2nd Visit										
	3rd Visit										
34	1st Visit										
	2nd Visit										
	3rd Visit										
35	1st Visit										
	2nd Visit										
	3rd Visit										
36	1st Visit										
	2nd Visit										
	3rd Visit										
37	1st Visit										
	2nd Visit										
	3rd Visit										
38	1st Visit										
	2nd Visit										
	3rd Visit										
39	1st Visit										
	2nd Visit										
	3rd Visit										
40	1st Visit										
	2nd Visit										
	3rd Visit										

Household Line Number		SITIO/PUROK (IF AVAILABLE)	BUILDING SERIAL NUMBER	HOUSING UNIT SERIAL NUMBER	HOUSEHOLD SERIAL NUMBER	TYPE OF BUILDING STRUCTURE (WRITE VHU IF VACANT HOUSING UNIT; VBLDG IF VACANT BUILDING	NAME OF HOUSEHOLD HEAD (LAST NAME, FIRST NAME, MIDDLE INITIAL)	ADDRESS (ENTER HOUSE/ BUILDING NUMBER AND STREET, ALSO INCLUDES UNIT NUMBER IF AVAILABLE)	HOUSEHOLD MEMBER COUNT		
									TOTAL	MALE	FEMALE
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
41	1st Visit										
	2nd Visit										
	3rd Visit										
42	1st Visit										
	2nd Visit										
	3rd Visit										
43	1st Visit										
	2nd Visit										
	3rd Visit										
44	1st Visit										
	2nd Visit										
	3rd Visit										
45	1st Visit										
	2nd Visit										
	3rd Visit										
46	1st Visit										
	2nd Visit										
	3rd Visit										
47	1st Visit										
	2nd Visit										
	3rd Visit										
48	1st Visit										
	2nd Visit										
	3rd Visit										
49	1st Visit										
	2nd Visit										
	3rd Visit										
50	1st Visit										
	2nd Visit										
	3rd Visit										
TOTAL BSN _____								TOTAL Male _____			
TOTAL HSN _____								TOTAL Female _____			
TOTAL HUSN _____								TOTAL Count _____			

Household Line Number		Name of Respondent	SIGNED THE CONSENT WAIVER FORM? (1 IF YES; 2 IF NO)	GE-TAGGED ?	Date of Visit	Time Start HH:MM	Time End HH:MM	Result of Visit	Appointment Date for Next Visit	Appointment Time for Next Visit	RE-MARKS
									(For Callback)	(For Callback)	(OTHER INFORMATION)
				(1 IF YES; 2 IF NO)	(MM/DD/YY)				(MM/DD/YY)	HH:MM	
		(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
41	1st Visit										
	2nd Visit										
	3rd Visit										
42	1st Visit										
	2nd Visit										
	3rd Visit										
43	1st Visit										
	2nd Visit										
	3rd Visit										
44	1st Visit										
	2nd Visit										
	3rd Visit										
45	1st Visit										
	2nd Visit										
	3rd Visit										
46	1st Visit										
	2nd Visit										
	3rd Visit										
47	1st Visit										
	2nd Visit										
	3rd Visit										
48	1st Visit										
	2nd Visit										
	3rd Visit										
49	1st Visit										
	2nd Visit										
	3rd Visit										
50	1st Visit										
	2nd Visit										
	3rd Visit										