

The Ministry of Finance  
GENERAL STATISTICS OFFICE

**QUESTIONNAIRE OF THE POPULATION CHANGE AND FAMILY  
PLANNING SURVEY**  
*(Questionnaire for households having all members being  
foreigners)*

**IDENTIFICATION INFORMATION (Recorded by Enumerator)**

COMMUNE/WARD/TOWN: \_\_\_\_\_

ENUMERATION AREA: \_\_\_\_\_

HOUSEHOLD NUMBER: \_\_\_\_\_

Information collected in this survey is carried out according to Decision No. 1693/QĐ-BKHĐT dated August 5, 2024 of the Minister of Planning and Investment, used and kept confidential in accordance with regulations of the Law on Statistics of Viet Nam

**PART 1: INFORMATION ABOUT HOUSEHOLD MEMBERS**

MEMBER QUESTION	PERSON 01	PERSON 02	PERSON 03	PERSON 04	PERSON 05	PERSON 06	
1. Please provide full name of each person in the household, starting with the household head - using Latin transliteration.							
2. [NAME] What is the relationship of each person above with the household head?	HOUSEHOLD HEAD.....1 <input type="checkbox"/> WIFE/HUSBAND .....2 <input type="checkbox"/> OFFSPRING.....3 <input type="checkbox"/> PATERNAL/MATERNAL GRANDCHILDREN.....4 <input type="checkbox"/> FATHER/MOTHER .....5 <input type="checkbox"/> OTHER FAMILY RELATIONS.....6 <input type="checkbox"/> NO FAMILY RELATIONS.....7 <input type="checkbox"/>	HOUSEHOLD HEAD.....1 <input type="checkbox"/> WIFE/HUSBAND .....2 <input type="checkbox"/> OFFSPRING .....3 <input type="checkbox"/> PATERNAL/MATERNAL GRANDCHILDREN .....4 <input type="checkbox"/> FATHER/MOTHER .....5 <input type="checkbox"/> OTHER FAMILY RELATIONS.....6 <input type="checkbox"/> NO FAMILY RELATIONS.....7 <input type="checkbox"/>	HOUSEHOLD HEAD.....1 <input type="checkbox"/> WIFE/HUSBAND .....2 <input type="checkbox"/> OFFSPRING.....3 <input type="checkbox"/> PATERNAL/MATERNAL GRANDCHILDREN.....4 <input type="checkbox"/> FATHER/MOTHER .....5 <input type="checkbox"/> OTHER FAMILY RELATIONS.....6 <input type="checkbox"/> NO FAMILY RELATIONS.....7 <input type="checkbox"/>	HOUSEHOLD HEAD.....1 <input type="checkbox"/> WIFE/HUSBAND.....2 <input type="checkbox"/> OFFSPRING .....3 <input type="checkbox"/> PATERNAL/MATERNAL GRANDCHILDREN.....4 <input type="checkbox"/> FATHER/MOTHER .....5 <input type="checkbox"/> OTHER FAMILY RELATIONS.....6 <input type="checkbox"/> NO FAMILY RELATIONS.....7 <input type="checkbox"/>	HOUSEHOLD HEAD.....1 <input type="checkbox"/> WIFE/HUSBAND .....2 <input type="checkbox"/> OFFSPRING.....3 <input type="checkbox"/> PATERNAL/MATERNAL GRANDCHILDREN.....4 <input type="checkbox"/> FATHER/MOTHER .....5 <input type="checkbox"/> OTHER FAMILY RELATIONS.....6 <input type="checkbox"/> NO FAMILY RELATIONS.....7 <input type="checkbox"/>	HOUSEHOLD HEAD.....1 <input type="checkbox"/> WIFE/HUSBAND .....2 <input type="checkbox"/> OFFSPRING.....3 <input type="checkbox"/> PATERNAL/MATERNAL GRANDCHILDREN.....4 <input type="checkbox"/> FATHER/MOTHER .....5 <input type="checkbox"/> OTHER FAMILY RELATIONS.....6 <input type="checkbox"/> NO FAMILY RELATIONS.....7 <input type="checkbox"/>	HOUSEHOLD HEAD.....1 <input type="checkbox"/> WIFE/HUSBAND .....2 <input type="checkbox"/> OFFSPRING .....3 <input type="checkbox"/> PATERNAL/MATERNAL GRANDCHILDREN.....4 <input type="checkbox"/> FATHER/MOTHER .....5 <input type="checkbox"/> OTHER FAMILY RELATIONS.....6 <input type="checkbox"/> NO FAMILY RELATIONS.....7 <input type="checkbox"/>
3. What is the sex of each person above?	MALE:1 <input type="checkbox"/> FEMALE 2 <input type="checkbox"/>	MALE:1 <input type="checkbox"/> FEMALE 2 <input type="checkbox"/>	MALE:1 <input type="checkbox"/> FEMALE 2 <input type="checkbox"/>	MALE:1 <input type="checkbox"/> FEMALE 2 <input type="checkbox"/>	MALE:1 <input type="checkbox"/> FEMALE 2 <input type="checkbox"/>	MALE:1 <input type="checkbox"/> FEMALE 2 <input type="checkbox"/>	
4. In what month and year (according to the western/solar calendar) was each person above born?	MONTH ..... YEAR .....	MONTH ..... YEAR .....	MONTH ..... YEAR .....	MONTH ..... YEAR .....	MONTH ..... YEAR .....	MONTH ..... YEAR .....	
6a. What is the nationality of [NAME] above - using Latin transliteration?	VIETNAMESE ..... 1 <input type="checkbox"/> FOREIGNER.....2 <input type="checkbox"/> COUNTRY NAME	VIETNAMESE ..... 1 <input type="checkbox"/> FOREIGNER.....2 <input type="checkbox"/> COUNTRY NAME	VIETNAMESE.....1 <input type="checkbox"/> FOREIGNER .....2 <input type="checkbox"/> COUNTRY NAME	VIETNAMESE ..... 1 <input type="checkbox"/> FOREIGNER.....2 <input type="checkbox"/> COUNTRY NAME	VIETNAMESE .....1 <input type="checkbox"/> FOREIGNER .....2 <input type="checkbox"/> COUNTRY NAME	VIETNAMESE.....1 <input type="checkbox"/> FOREIGNER.....2 <input type="checkbox"/> COUNTRY NAME	
6b. Where was [NAME] born - using Latin transliteration?	VIETNAM ..... 1 <input type="checkbox"/> ABROAD .....2 <input type="checkbox"/> COUNTRY NAME	VIETNAM ..... 1 <input type="checkbox"/> ABROAD .....2 <input type="checkbox"/> COUNTRY NAME	VIETNAM.....1 <input type="checkbox"/> ABROAD.....2 <input type="checkbox"/> COUNTRY NAME	VIETNAM ..... 1 <input type="checkbox"/> ABROAD .....2 <input type="checkbox"/> COUNTRY NAME	VIETNAM.....1 <input type="checkbox"/> ABROAD .....2 <input type="checkbox"/> COUNTRY NAME	VIETNAM.....1 <input type="checkbox"/> ABROAD .....2 <input type="checkbox"/> COUNTRY NAME	

MEMBER QUESTION	PERSON 01	PERSON 02	PERSON 03	PERSON 04	PERSON 05	PERSON 06
9. Where did [NAME] live in which province/ city or abroad 1 year ago since 1 April last year – using Latin transliteration?	DON'T RESIDE IN VIETNAM.....2 <input type="checkbox"/> COUNTRY NAME _____ IN VIET NAM.....1 <input type="checkbox"/> PROVINCE/CITY _____	DON'T RESIDE IN VIETNAM.....2 <input type="checkbox"/> COUNTRY NAME _____ IN VIET NAM.....1 <input type="checkbox"/> PROVINCE/CITY _____	DON'T RESIDE IN VIETNAM.....2 <input type="checkbox"/> COUNTRY NAME _____ IN VIET NAM.....1 <input type="checkbox"/> PROVINCE/CITY _____	DON'T RESIDE IN VIETNAM.....2 <input type="checkbox"/> COUNTRY NAME _____ IN VIET NAM.....1 <input type="checkbox"/> PROVINCE/CITY _____	DON'T RESIDE IN VIETNAM.....2 <input type="checkbox"/> COUNTRY NAME _____ IN VIET NAM.....1 <input type="checkbox"/> PROVINCE/CITY _____	DON'T RESIDE IN VIETNAM.....2 <input type="checkbox"/> COUNTRY NAME _____ IN VIET NAM.....1 <input type="checkbox"/> PROVINCE/CITY _____
53. As of April 1 this year, for how many months has [NAME] been living in Viet Nam continuously?	BELOW 6 MONTHS.....1 <input type="checkbox"/> → MOVE TO Q65 FROM 6 MONTHS AND ABOVE.....2 <input type="checkbox"/> → QUESTIONS ON HOUSING	BELOW 6 MONTHS.....1 <input type="checkbox"/> → MOVE TO Q65 FROM 6 MONTHS AND ABOVE.....2 <input type="checkbox"/> → QUESTIONS ON HOUSING	BELOW 6 MONTHS.....1 <input type="checkbox"/> → MOVE TO Q65 FROM 6 MONTHS AND ABOVE.....2 <input type="checkbox"/> → QUESTIONS ON HOUSING	BELOW 6 MONTHS.....1 <input type="checkbox"/> → MOVE TO Q65 FROM 6 MONTHS AND ABOVE.....2 <input type="checkbox"/> → QUESTIONS ON HOUSING	BELOW 6 MONTHS.....1 <input type="checkbox"/> → MOVE TO Q65 FROM 6 MONTHS AND ABOVE.....2 <input type="checkbox"/> → QUESTIONS ON HOUSING	BELOW 6 MONTHS.....1 <input type="checkbox"/> → MOVE TO Q65 FROM 6 MONTHS AND ABOVE.....2 <input type="checkbox"/> → QUESTIONS ON HOUSING
54. Does [NAME] intend to live in Viet Nam for a long time (which means from 6 months and above)?	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>

FULL NAME OF RESPONDENT: \_\_\_\_\_

PHONE NUMBER OF RESPONDENT: \_\_\_\_\_

HOUSEHOLD ADDRESS: \_\_\_\_\_

*The National Statistic Office would like to express our sincere thanks for your response.  
 The information provided is used for statistical purposes only  
 and is kept confidential in accordance with regulations of the Law on Statistics of Viet Nam.*