Unified Registry
for social programs

Main Registration Form

31.442 v003

MAKE THE LETTERS ACCORDING TO THIS TEMPLATE:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Fill OUT The GRID AS SUCH ☒

Federal Government
Ministry of Social Development and Fight against Hunger
National Secretariat of Citizenship Income
Unified Registry Department

MAIN REGISTRATION FORM F1

1 - IDENTIFICATION AND CONTROL

1.01 - Family Code

1.02 - UF

1.03 - Municipality

1.04 - District

1.05 - Sub-District

1.06 - Census Sector

1.07 - Registry Operation:
☐ 1 - Inclusion
☐ 2 - Alteration

1.08 - Data Collection Method:
☐ 1 - Without Household Visit
☐ 2 - With Visit With Household

1.09 - Form(S) Completed
☐ 0 - Main
☐ 1 - Separate 1
☐ 2 - Separate 2
☐ 3 - Supplementary

1.10 - DATE OF INTERVIEW
☐☐ / ☐☐ / 2 0 ☐☐
Day   Month   Yer

FAMILY ADDRESS

1.11 - Location (district, neighbourhood, village, etc.)

Street (type, title, name)

1.12 - Type (street, avenue, road, lane, alley, boulevard, stream, etc..)

1.13 - Title (general, saint, sir, etc..)

1.14 - Name

1.17 - Additional supplement (apartment, house, two story house, back of a house, block, lot, etc.).

1.18 - POSTAL CODE ☐☐☐☐☐ – ☐☐☐

1.19 - Local territorial unit:
a) Code ☐☐☐
b) Description

1.20 - Reference for location

INTERVIEWER

1.21 - Name

1.22 - Interviewer's id number ☐☐☐☐☐☐ - ☐☐

Interviewer's signature

1.23 - Observations

Signature of the representative from city hall / body responsible for registration

31.442 v003

2

2- HOUSEHOLD CHARACTERISTICS:
(Do not fill out for homeless families or persons)

MAIN REGISTRATION FORM CADÚNICO

2.01 - the features of the household location are, mostly:

☐ 1 - Urban   ☐ 2 - Rural

2.02 - what type of household is it?

☐ 1 - Private and permanent

☐ 2 - Private and improvised

☐ 3 - Collective   **Skip to 3.01**

2.03 - How many rooms are there in your home?

2.04 - How many rooms are used permanently as a dormitory by the residents?

2.05 - what is the prevailing material used in the floor of your home?

☐ 1 - Soil

☐ 2 - Cement

☐ 3 - Re-purposed wood

☐ 4 - Wood structures

☐ 5 - Ceramics, tiles or stone

☐ 6 - Carpet

☐ 7 - Another material

2.06 - what is the prevailing construction material in the outer walls of your home?

☐ 1 - Masonry / brick with jacket

☐ 2 - masonry / brick without jacket

☐ 3 - Wood structures

☐ 4 - Coated lath-and-plaster

☐ 5 - Non-coated lath-and-plaster

☐ 6 - Re-purposed wood

☐ 7 - Straw

☐ 8 - Another material

2.07 - Does your home have water piped into, at least, one room?

☐ 1 - Yes   ☐ 2 - No

2.08 - What is the type of water supply used in your home?

☐ 1 - General distribution network

☐ 2 - Well or spring

☐ 3 - Cistern tank

☐ 4 - Other

2.09 - Is there a bathroom or toilet in your home or property?

☐ 1 - Yes   ☐ 2 - No   **Skip to 2.11**

2.10 - How is the bathroom or toilet drained?

☐ 1 - Sewer or rainfall collection network

☐ 2 - Septic tank

☐ 3 - Rudimentary tank

☐ 4 - Open pits

☐ 5 - Direct into a river, lake or sea

☐ 6 - Other

2.11 - How is garbage collected at your home:

☐ 1 - It is collected directly

☐ 2 - It is collected indirectly

☐ 3 - It is burned or buried in the property

☐ 4 - It is dumped on a vacant lot or wasteland

☐ 5 - It is dumped into a river, lake or sea

☐ 6 - Another destination

2.12 - What kind of lighting is used in your home?

☐ 1 - Electric, with its own meter

☐ 2 - Electric, with a community meter

☐ 3 - Electric, without meter

☐ 4 - Oil, kerosene or gas

☐ 5 - Candle

☐ 6 - Other

2.13 – Is there proper pavement along your stretch of the street (road, avenue, etc.) In front of your home?

☐ 1 - Total   ☐ 2 - Partial   ☐ 3 - Does not exist

3 - FAMILY
(Heed the concepts of resident and family on the cover of the form)

3.01 - Is your family indigenous?

☐ 1 - Yes   ☐ 2 - No   **Skip to 3.05**

3.02 - To which indigenous people does your family belong?

3.03 - Does the family reside on indigenous territory or in an indigenous reserve?

☐ 1 - Yes   ☐ 2 - No   **Skip to 3.07**

3.04 - What is the name of the indigenous territory or reserve?

☐ 2 - Does not know   **Skip to 3.07**

31.442 v003

3

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3.05 - Is your family quilombola?

☐ 1 - Yes   ☐ 2 - No   **Skip to 3.07**

3:06 - What is the name of the quilombola community?

☐ 2 - Does not know

3.07 - How many people live in your home? (Do not fill outfor homeless families or persons)

3.08 - How many families live in your home? (Do not fill out for homeless families or persons)

3.09 - Is there a person in this family who is hospitalized, in a health clinic, retirement home, orphanage or similar establishment?

1 - Children and adolescents (0-17 years)   ☐ 0 - None

2 - Youth and adult(s) (18 to 64 years)   ☐ 0 - None

3 - Senior(s) (65 years or older)   ☐ 0 - None

LIST OF FAMILY RESIDENTS IN THE HOUSEHOLD
- Always start by filling out the name of The Head of the Family
- Write the first name of each person

Number in the order	Name of person	Number in the order	Name of person
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

3.10 - The family usually has monthly expenditures with:

1 - Electricity   ,00   ☐ 0 - None

2 - Water and sewage   ,00   ☐ 0 - None

3 - Gas, coal and firewood   ,00   ☐ 0 - None

4 - Food, hygiene and cleaning   ,00   ☐ 0 - None

5 - Transportation   ,00   ☐ 0 - None

6 - Rent   ,00   ☐ 0 - None

7 - Regular-use drugs   ,00   ☐ 0 - None

3.11 - Name and code number of the health care Establishment -where family members are treated when needed

a) Name

b) Code

3.12 - Name and code number of the Social Assistance Reference Centre where family members are treated when needed

a) Name

b) Code

31.442 v003

4. PERSONAL DATA

4.01 - No. In the order

4.02 - Full name

4.03 - Identification (NIS / PIS / PASEP)

4.04 - Nickname

4.05 - Sex
- ☐ 1 - Male
- ☐ 2 - Female

4.06 - Date of birth: day month year
Day ☐☐ Month ☐☐ Year ☐☐☐☐

4.07 – Family relation between (name) and the Head of the Family unit (HF)
- ☐ 1 - Head of the Family Unit (HF)
- ☐ 2 - Spouse or partner(a)
- ☐ 3 - Child(ren)
- ☐ 4 - Stepchild(ren)
- ☐ 5 - Grandchild or great-grandchild
- ☐ 6 - Father or mother
- ☐ 7 - Father / mother in law
- ☐ 8 - Brother or sister
- ☐ 9 - Daughter / son in law
- ☐ 10 - Other relatives
- ☐ 11 - Non-relative

4.08 - Color or race
- ☐ 1 - White
- ☐ 2 - Black
- ☐ 3-Yellow
- ☐ 4 - Mulatto
- ☐ 5 - Indigenous

4.09 - Mother's full name
- ☐ 2 - Does not know

4.10 - Father's full name
- ☐ 2 - Does not know

4.11 – (Name) place of birth ?
- ☐ 1 - This city   **Skip to 4.15**
- ☐ 2 - Another city
- ☐ 3 - Another country   **Skip to 4.14**

4.12 – (Name) state of birth?
- ☐ 2 - Does not know

4.13 – (Name) municipality of birth?
- ☐ 2 - Does not know   **Skip to 4.15**

4.13 – (Name) foreign country of birth ?
- ☐ 2 - Does not know

4:15 - Was (name)'s birth registered?
- ☐ 1 - Yes, and there is a birth certificate
- ☐ 2 - Yes, but there is no birth certificate
- ☐ 3 - No
  - → **If there is a rani**   go to 5.01, option 3
  - → **If there is no rani**   go to 6.01
- ☐ 4 - Does not know

5 - DOCUMENTS

5.01 - Certificate type and data

a) Type   ☐ 1 - Birth   ☐ 2 - Marriage   ☐ 3 - Administrative indigenous birth certificate (rani)

b) Data

1 - Name of the notary's office

2 - No. Of book   3 - No. Of page   4 - No. Of term / rani   5 - Date of registration

Day   Month   Year

6 - Registration state

7 - Registration municipality

8 - Code of the notary office

5.02 - CPF Registration number

5.03 - Data from the identification document (RG)

1 - Number   2 - Complement   3 - Date issued

Day   Month   Year

4 - Issuing state   5 - Abbreviation of issuing body

5.04 - Worker id and social insurance data

1 - Number   2 - Series   3 - Date issued

Day   Month   Year

4 - Issuing state

5.05 - Data from the voter id

1 - Number   2 - Zone   3 - Section

6 - PERSONS WITH DISABILITIES

(respondent must assess his/her disability and those of family members and consider
the use of glasses, contact lenses, hearing aids, prostheses or canes)

6.01 - Does (name) have any permanent disability that limit his / her everyday activities (working, going to school, playing, etc.)

☐ 1 - Yes   ☐ 2 - No   Skip to 7.01

6.02 - What type of disability does (name) have?
(this question may have multiple answers)

☐ 1 - Blindness   ☐ 3 - Severe / deep hearing disability   ☐ 5 - Physical disability   ☐ 7 - Down syndrome

☐ 2 - Low vision   ☐ 4 - Mild / moderate hearing disability   ☐ 6 - Intellectual or mental disability   ☐ 8 - Mental disorder / disease

6.03 - As a result of his / her disability, does (name) receive continuing third-party care? (this question may have multiple answers)

☐ 1 - No   ☐ 3 - Yes - from specialized caregivers   ☐ 5 - Yes - from a social assistance institution

☐ 2 - Yes - from someone in the family   ☐ 4 - Yes - from a neighbor   ☐ 6 - Yes - from another source

Fill OUT The GRID
AS SUCH ☒

MAIN REGISTRATION FORM CADÚNICO

7 - SCHOOLING

7.01 - Can (name) read and write?

☐ 1 - Yes   ☐ 2 - No

7.02 - Does (name) attend school or daycare?

☐ 1 - Yes - public network

☐ 2 - Yes - private network

☐ 3 - No - has attended in the past   **skip to 7.09**

☐ 4 - no - has never attended → **If 10 years or older**   **go to 8.01**

→ **If younger than 10 years**   **terminate this person's interview**

7.03 - What is the name of the school or daycare that (name) attends to?

7.04 - Is this school or daycare is located in this city?

☐ 1 - Yes   **skip to 7.06**   ☐ 2 - No

7.05 - In what state and city is the school or daycare located?

1 - State

2 - Municipality

7.06 - INEP / MEC code number for the school or daycare:

☐ 2 - None

7:07 - what course is (name) attending?

☐ 1 - Nursery school

☐ 2 - Pre-school (except ca)

Terminate this person's interview

☐ 3 - Literacy class - CA   **skip to 8:01**

☐ 4 - Regular basic education (8 year duration)

☐ 5 - Regular basic education (9 year duration)

☐ 6 - Special basic education (for persons with disabilities)

☐ 7 - Regular

☐ 8 - Special secondary education (for persons with disabilities)

☐ 9 - eja basic education - initial grades (remedial courses - 1st to 4th)

☐ 10 - eja basic education - initial grades (remedial courses - 5th to 8th)

☐ 11 - Secondary education eja (remedial)

☐ 12 - Adult literacy (mobral, etc.)

☐ 13 - Higher education, technical, specialization, master's, phd

☐ 14 - Pre-university entrance exam courses

skip to 8:01

7.08 - What year/grade is (name) attending?

☐ 1 - First   ☐ 3 - Third   ☐ 5 - Fifth   ☐ 7 - Seventh   ☐ 9 - Ninth

☐ 2 - Second   ☐ 4 - Fourth   ☐ 6 - Sixth   ☐ 8 - Eighth   ☐ 10 - Course without grades

skip to 8:01

FOR THOSE NOT ATTENDING SCHOOL, BUT WHO HAVE ATTENDED IN THE PAST

7.09 - What was the highest-level course that (name) attended, where at least one grade was concluded?

☐ 1 - Nursery

☐ 2 - Pre-school (except CA)

☐ 3 - Literacy class - CA

skip to 8.01

☐ 4 - Basic Education 1st to 4th grades, Elementary (Primary), First phase of middle school

☐ 5 - Basic Education 5th to 8th grades, Middle 1st cycle (junior), Second phase of middle school

☐ 6 - Basic Education (9 year duration)

☐ 7 - Special Basic Education (persons with disabilities)

☐ 8 - High School Education, 2nd cycle of middle school (Scientific, Classic, Technical, Normal) education

☐ 9 - Special Secondary Education (persons with disabilities)

☐ 10 - EJA Basic Education - initial grades (Remedial courses - 1st to 4th)

☐ 11 - EJA Basic Education - final grades (Remedial courses - 5th to 8th)

☐ 12 - Secondary Education EJA (remedial)

☐ 13 - Higher Education, Technical, Specialization, Master's, Phd

☐ 14 - Adult Literacy (Mobral, etc.)

☐ 15 - None

skip to 8.01

7.10 - What was the last year / grade that (name) concluded successfully?

☐ 1 - First ☐ 3 - Third ☐ 5 - Fifth ☐ 7 - Seventh ☐ 9 - Ninth

☐ 2 - Second ☐ 4 - Fourth ☐ 6 - Sixth ☐ 8 - Eighth ☐ 10 - Course without grades

7.11 - Did (name) conclude the course he/she attended?

☐ 1 - Yes ☐ 2 - No

8 - WORK AND COMPENSATION
(for people 10 years or older)

8:01 - Did (name) work last week?

☐ 1 - Yes **skip to 8.03**   ☐ 2 - No

8.02 - Last week, was (name) away from a paid job due to disease, high voluntary absence, leave, vacation or otherwise?

☐ 1 - Yes   ☐ 2 - No **skip to 8.05**

In case of more than one job, consider the main job the one that typically consumes most hours a week.

8.03 - Was the main work performed by (name) in agriculture, livestock, fishing or collection?

☐ 1 - Yes   ☐ 2 - No

8.04 - In the main job, (name) was:

☐ 1 - A self-employed worker (by gigs, freelancer)   ☐ 7 - Unpaid worker

☐ 2 -Temporary worker in a rural area   ☐ 8 - Military or government servant

☐ 3 - Informal worker   ☐ 9 - Employer

☐ 4 - Formal worker   ☐ 10 - Intern

☐ 5 - Informal domestic worker (house made, caregiver, gardner, butler, etc)   ☐ 11 - Apprentice

☐ 6 - Formal domestic worker (made, caregiver, gardner, butler, etc)

8.05 - Did (name) receive compensation for work in the past month?
(if yes, write down the gross amount effectively earned in all jobs)

| | | | | | ,00   ☐ 0 - Not received

8.06 - Did (name) have paid work in the last 12 months?

☐ 1 - Yes   ☐ 2 - No **skip to 8.09**

8.07 - How many months did he / she work in that period?

| | |

8:08 - What was the gross compensation (name) received for all jobs during this period?

| | | | | | ,00

8.09 - How much does (name) typically earn per month:

1 - Regular aid/donation fromnon-residents | | | | | ,00   ☐ 0 - Does not receive

2 - Retirement, rural retirement, pension, or unconditional cash transfer for elderly and disabled | | | | | ,00   ☐ 0 - Does not receive

3 - Unemployment insurance | | | | | ,00   ☐ 0 - Does not receive

4 - Alimony | | | | | ,00   ☐ 0 - Does not receive

5 - Other sources of incomeexcept bolsa familia or other ccts | | | | | ,00   ☐ 0 - Does not receive

4. PERSONAL DATA

4.01 - No. In the order

4.03 - Identification (NIS / PIS / PASEP)

4.04 - Nickname

4.05 - Sex

☐ 1 - Male ☐ 2 - Female

4.06 - Date of birth: day month year

Day ☐☐ Month ☐☐ Year ☐☐☐☐

4.07 – Family relation between (name) and the Head of the Family unit (HF)

☐ 1 - Head of the Family Unit (HF)
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4.08 - Color or race

☐ 1 - White ☐ 2 - Black ☐ 3-Yellow ☐ 4 - Mulatto ☐ 5 - Indigenous

4.09 - Mother's full name

☐ 2 - Does not know

4.10 - Father's full name

☐ 2 - Does not know

4.11 – (Name) place of birth ?

☐ 1 - This city **Skip to 4.15**
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4.12 – (Name) state of birth?

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4.13 – (Name) municipality of birth?

☐ 2 - Does not know **Skip to 4.15**

4.13 – (Name) foreign country of birth ?

☐ 2 - Does not know

4:15 - Was (name)'s birth registered?

☐ 1 - Yes, and there is a birth certificate

☐ 2 - Yes, but there is no birth certificate

☐ 3 - No ─ → **If there is a rani** **go to 5.01, option 3**
           → **If there is no rani** **go to 6.01**

☐ 4 - Does not know

MAIN REGISTRATION FORM CADÚNICO

31.442 v003

9

5 - DOCUMENTS

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a) Type ☐ 1 - Birth ☐ 2 - Marriage ☐ 3 - Administrative indigenous birth certificate (rani)

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6.01 - Does (name) have any permanent disability that limit his / her everyday activities (working, going to school, playing, etc.)

☐ 1 - Yes   ☐ 2 - No   Skip to 7.01

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31.442 v003

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☐ 1 - Yes **skip to 7.06**   ☐ 1 - No

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1 - State

2 - Municipality

7.06 - INEP / MEC code number for the school or daycare:

☐ 2 - None

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or other ccts | | | | | ,00   ☐ 0 - Does not receive

MAIN REGISTRATION FORM
CADÚNICO

31.442 v003

12

4. PERSONAL DATA

MAIN REGISTRATION FORM CADÚNICO

**4.01 - No.
In the order**

4.03 - Identification (NIS / PIS / PASEP)

4.04 - Nickname

4.05 - Sex

☐ 1 - Male   ☐ 2 - Female

**4.06 - Date of birth:
day month year**

Day ☐ Month ☐ Year ☐☐☐

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4.09 - Mother's full name

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☐ 1 - Yes, and there is a birth certificate

☐ 3 - No ┌→ **If there is a rani**   **go to 5.01, option 3**
         └→ **If there is no rani** **go to 6.01**

☐ 2 - Yes, but there is no birth certificate   ☐ 4 - Does not know

31.442 v003

13

5 - DOCUMENTS

5.01 - Certificate type and data

a) Type ☐ 1 - Birth ☐ 2 - Marriage ☐ 3 - Administrative indigenous birth certificate (rani)

b) Data

1 - Name of the notary's office

2 - No. Of book   3 - No. Of page   4 - No. Of term / rani   5 - Date of registration

Day   Month   Year

6 - Registration state

7 - Registration municipality

8 - Code of the notary office

5.02 - CPF Registration number

5.03 - Data from the identification document (RG)

1 - Number   2 - Complement   3 - Date issued

Day   Month   Year

4 - Issuing state   5 - Abbreviation of issuing body

5.04 - Worker id and social insurance data

1 - Number   2 - Series   3 - Date issued

Day   Month   Year

4 - Issuing state

5.05 - Data from the voter id

1 - Number   2 - Zone   3 - Section

6 - PERSONS WITH DISABILITIES
(respondent must assess his/her disability and those of family members and consider the use of glasses, contact lenses, hearing aids, prostheses or canes)

6.01 - Does (name) have any permanent disability that limit his / her everyday activities (working, going to school, playing, etc.)

☐ 1 - Yes   ☐ 2 - No   Skip to 7.01

6.02 - What type of disability does (name) have?
(this question may have multiple answers)

☐ 1 - Blindness   ☐ 3 - Severe / deep hearing disability   ☐ 5 - Physical disability   ☐ 7 - Down syndrome

☐ 2 - Low vision   ☐ 4 - Mild / moderate hearing disability   ☐ 6 - Intellectual or mental disability   ☐ 8 - Mental disorder / disease

6.03 - As a result of his / her disability, does (name) receive continuing third-party care? (this question may have multiple answers)

☐ 1 - No   ☐ 3 - Yes - from specialized caregivers   ☐ 5 - Yes - from a social assistance institution

☐ 2 - Yes - from someone in the family   ☐ 4 - Yes - from a neighbor   ☐ 6 - Yes - from another source

MAIN REGISTRATION FORM CADÚNICO

31.442 v003

14

Fill OUT The GRID AS SUCH ☒

MAIN REGISTRATION FORM CADÚNICO

7 - SCHOOLING

7.01 - Can (name) read and write?

☐ 1 - Yes   ☐ 2 - No

7.02 - Does (name) attend school or daycare?

☐ 1 - Yes - public network

☐ 2 - Yes - private network

☐ 3 - No - has attended in the past **skip to 7.09**

☐ 4 - no - has never attended → If 10 years or older **go to 8.01**

→ If younger than 10 years **terminate this person's interview**

7.03 - What is the name of the school or daycare that (name) attends to?

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

7.04 - Is this school or daycare is located in this city?

☐ 1 - Yes **skip to 7.06**   ☐ 1 - No

7.05 - In what state and city is the school or daycare located?

1 - State

2 - Municipality

7.06 - INEP / MEC code number for the school or daycare:

| | | | | | | | ☐ 2 - None

7:07 - what course is (name) attending?

☐ 1 - Nursery school

☐ 2 - Pre-school (except ca)

Terminate this person's interview

☐ 3 - Literacy class - CA **skip to 8:01**

☐ 4 - Regular basic education (8 year duration)

☐ 5 - Regular basic education (9 year duration)

☐ 6 - Special basic education (for persons with disabilities)

☐ 7 - Regular

☐ 8 - Special secondary education (for persons with disabilities)

☐ 9 - eja basic education - initial grades (remedial courses - 1st to 4th)

☐ 10 - eja basic education - initial grades (remedial courses - 5th to 8th)

☐ 11 - Secondary education eja (remedial)

☐ 12 - Adult literacy (mobral, etc.)

☐ 13 - Higher education, technical, specialization, master's, phd

☐ 14 - Pre-university entrance exam courses

skip to 8:01

7:08 - What year/grade is (name) attending?

☐ 1 - First   ☐ 3 - Third   ☐ 5 - Fifth   ☐ 7 - Seventh   ☐ 9 - Ninth

☐ 2 - Second   ☐ 4 - Fourth   ☐ 6 - Sixth   ☐ 8 - Eighth   ☐ 10 - Course without grades

skip to 8:01

FOR THOSE NOT ATTENDING SCHOOL, BUT WHO HAVE ATTENDED IN THE PAST

7.09 - What was the highest-level course that (name) attended, where at least one grade was concluded?

☐ 1 - Nursery

☐ 2 - Pre-school (except CA)

☐ 3 - Literacy class - CA

skip to 8:01

☐ 4 - Basic Education 1st to 4th grades, Elementary (Primary), First phase of middle school

☐ 5 - Basic Education 5th to 8th grades, Middle 1st cycle (junior), Second phase of middle school

☐ 6 - Basic Education (9 year duration)

☐ 7 - Special Basic Education (persons with disabilities)

☐ 8 - High School Education, 2nd cycle of middle school (Scientific, Classic, Technical, Normal) education

☐ 9 - Special Secondary Education (persons with disabilities)

☐ 10 - EJA Basic Education - initial grades (Remedial courses - 1st to 4th)

☐ 11 - EJA Basic Education - final grades (Remedial courses - 5th to 8th)

☐ 12 - Secondary Education EJA (remedial)

☐ 13 - Higher Education, Technical, Specialization, Master's, Phd

☐ 14 - Adult Literacy (Mobral, etc.)

☐ 15 - None

skip to 8:01

31.442 v003

15

7.10 - What was the last year / grade that (name) concluded successfully?

☐ 1 - First   ☐ 3 - Third   ☐ 5 - Fifth   ☐ 7 - Seventh   ☐ 9 - Ninth

☐ 2 - Second   ☐ 4 - Fourth   ☐ 6 - Sixth   ☐ 8 - Eighth   ☐ 10 - Course without grades

7.11 - Did (name) conclude the course he/she attended?

☐ 1 - Yes   ☐ 2 - No

8 - WORK AND COMPENSATION
(for people 10 years or older)

8:01 - Did (name) work last week?

☐ 1 - Yes skip to 8:03   ☐ 2 - No

8.02 - Last week, was (name) away from a paid job due to disease, high voluntary absence, leave, vacation or otherwise?

☐ 1 - Yes   ☐ 2 - No skip to 8:05

In case of more than one job, consider the main job the one that typically consumes most hours a week.

8.03 - Was the main work performed by (name) in agriculture, livestock, fishing or collection?

☐ 1 - Yes   ☐ 2 - No

8.04 - In the main job, (name) was:

☐ 1 - A self-employed worker (by gigs, freelancer)   ☐ 7 - Unpaid worker

☐ 2 -Temporary worker in a rural area   ☐ 8 - Military or government servant

☐ 3 - Informal worker   ☐ 9 - Employer

☐ 4 - Formal worker   ☐ 10 - Intern

☐ 5 - Informal domestic worker (house made, caregiver, gardner, butler, etc)   ☐ 11 - Apprentice

☐ 6 - Formal domestic worker (made, caregiver, gardner, butler, etc)

8.05 - Did (name) receive compensation for work in the past month? (if yes, write down the gross amount effectively earned in all jobs)

| | | | | | | ,00   ☐ 0 - Not received

8.06 - Did (name) have paid work in the last 12 months?

☐ 1 - Yes   ☐ 2 - No skip to 8:09

8:07 - How many months did he / she work in that period?

| | |

8:08 - What was the gross compensation (name) received for all jobs during this period?

| | | | | | | ,00

8.09 - How much does (name) typically earn per month:

1 - Regular aid/donation fromnon-residents | | | | | ,00   ☐ 0 - Does not receive

2 - Retirement, rural retirement, pension, or unconditional cash transfer for elderly and disabled | | | | | ,00   ☐ 0 - Does not receive

3 - Unemployment insurance | | | | | ,00   ☐ 0 - Does not receive

4 - Alimony | | | | | ,00   ☐ 0 - Does not receive

5 - Other sources of incomeexcept bolsa familia or other ccts | | | | | ,00   ☐ 0 - Does not receive

31.442 v003

16

4. PERSONAL DATA

MAIN REGISTRATION FORM CADÚNICO

4.01 - No. In the order

4.03 - Identification (NIS / PIS / PASEP)

4.04 - Nickname

4.05 - Sex

☐ 1 - Male   ☐ 2 - Female

4.06 - Date of birth: day month year

Day ☐☐ Month ☐☐ Year ☐☐☐☐

4.07 – Family relation between (name) and the Head of the Family unit (HF)

☐ 1 - Head of the Family Unit (HF)
☐ 2 - Spouse or partner(a)
☐ 3 - Child(ren)
☐ 4 - Stepchild(ren)

☐ 5 - Grandchild or great-grandchild
☐ 6 - Father or mother
☐ 7 - Father / mother in law
☐ 8 - Brother or sister

☐ 9 - Daughter / son in law
☐ 10 - Other relatives
☐ 11 - Non-relative

4.08 - Color or race

☐ 1 - White   ☐ 2 - Black   ☐ 3-Yellow   ☐ 4 - Mulatto   ☐ 5 - Indigenous

4.09 - Mother's full name

☐ 2 - Does not know

4.10 - Father's full name

☐ 2 - Does not know

4.11 – (Name) place of birth ?

☐ 1 - This city   **Skip to 4.15**   ☐ 2 - Another city   ☐ 3 - Another country   **Skip to 4.14**

4.12 – (Name) state of birth?

☐ 2 - Does not know

4.13 – (Name) municipality of birth?

☐ 2 - Does not know   **Skip to 4.15**

4.13 – (Name) foreign country of birth ?

☐ 2 - Does not know

4:15 - Was (name)'s birth registered?

☐ 1 - Yes, and there is a birth certificate

☐ 2 - Yes, but there is no birth certificate

☐ 3 - No ─ → **If there is a rani** **go to 5.01, option 3**
            → **If there is no rani** **go to 6.01**

☐ 4 - Does not know

31.442 v003

17

5 - DOCUMENTS

5.01 - Certificate type and data

a) Type   ☐ 1 - Birth   ☐ 2 - Marriage   ☐ 3 - Administrative indigenous birth certificate (rani)

b) Data

1 - Name of the notary's office

2 - No. Of book   3 - No. Of page   4 - No. Of term / rani   5 - Date of registration

Day   Month   Year

6 - Registration state

7 - Registration municipality

8 - Code of the notary office

5.02 - CPF Registration number

5.03 - Data from the identification document (RG)

1 - Number   2 - Complement   3 - Date issued

Day   Month   Year

4 - Issuing state   5 - Abbreviation of issuing body

5.04 - Worker id and social insurance data

1 - Number   2 - Series   3 - Date issued

Day   Month   Year

4 - Issuing state

5.05 - Data from the voter id

1 - Number   2 - Zone   3 - Section

MAIN REGISTRATION FORM CADÚNICO

6 - PERSONS WITH DISABILITIES

(respondent must assess his/her disability and those of family members and consider the use of glasses, contact lenses, hearing aids, prostheses or canes)

6.01 - Does (name) have any permanent disability that limit his / her everyday activities (working, going to school, playing, etc.)

☐ 1 - Yes   ☐ 2 - No   Skip to 7.01

6.02 - What type of disability does (name) have?
(this question may have multiple answers)

☐ 1 - Blindness   ☐ 3 - Severe / deep hearing disability   ☐ 5 - Physical disability   ☐ 7 - Down syndrome

☐ 2 - Low vision   ☐ 4 - Mild / moderate hearing disability   ☐ 6 - Intellectual or mental disability   ☐ 8 - Mental disorder / disease

6.03 - As a result of his / her disability, does (name) receive continuing third-party care? (this question may have multiple answers)

☐ 1 - No   ☐ 3 - Yes - from specialized caregivers   ☐ 5 - Yes - from a social assistance institution

☐ 2 - Yes - from someone in the family   ☐ 4 - Yes - from a neighbor   ☐ 6 - Yes - from another source

31.442 v003

18

`0 1 2 3 4 5 6 7 8 9`

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7 - SCHOOLING

MAIN REGISTRATION FORM CADÚNICO

7.01 - Can (name) read and write?

- ☐ 1 - Yes
- ☐ 2 - No

7.02 - Does (name) attend school or daycare?

- ☐ 1 - Yes - public network
- ☐ 2 - Yes - private network
- ☐ 3 - No - has attended in the past **skip to 7.09**
- ☐ 4 - no - has never attended → If 10 years or older **go to 8.01**
  → If younger than 10 years **terminate this person's interview**

7.03 - What is the name of the school or daycare that (name) attends to?

`| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |`

7.04 - Is this school or daycare is located in this city?

- ☐ 1 - Yes **skip to 7.06**
- ☐ 1 - No

7.05 - In what state and city is the school or daycare located?

1 - State `| | | | | | | | | | | | | | | | | | | | | | | | | |`

2 - Municipality `| | | | | | | | | | | | | | | | | | | | | | | | | |`

7.06 - INEP / MEC code number for the school or daycare:

`| | | | | | | | |`   ☐ 2 - None

7:07 - what course is (name) attending?

- ☐ 1 - Nursery school
- ☐ 2 - Pre-school (except ca) } **Terminate this person's interview**
- ☐ 3 - Literacy class - CA **skip to 8:01**
- ☐ 4 - Regular basic education (8 year duration)
- ☐ 5 - Regular basic education (9 year duration)
- ☐ 6 - Special basic education (for persons with disabilities)
- ☐ 7 - Regular
- ☐ 8 - Special secondary education (for persons with disabilities)
- ☐ 9 - eja basic education - initial grades (remedial courses - 1st to 4th)
- ☐ 10 - eja basic education - initial grades (remedial courses - 5th to 8th)
- ☐ 11 - Secondary education eja (remedial)
- ☐ 12 - Adult literacy (mobral, etc.)
- ☐ 13 - Higher education, technical, specialization, master's, phd
- ☐ 14 - Pre-university entrance exam courses

skip to 8:01

7:08 - What year/grade is (name) attending?

- ☐ 1 - First
- ☐ 2 - Second
- ☐ 3 - Third
- ☐ 4 - Fourth
- ☐ 5 - Fifth
- ☐ 6 - Sixth
- ☐ 7 - Seventh
- ☐ 8 - Eighth
- ☐ 9 - Ninth
- ☐ 10 - Course without grades

skip to 8:01

FOR THOSE NOT ATTENDING SCHOOL, BUT WHO HAVE ATTENDED IN THE PAST

7.09 - What was the highest-level course that (name) attended, where at least one grade was concluded?

- ☐ 1 - Nursery
- ☐ 2 - Pre-school (except CA) } **skip to 8:01**
- ☐ 3 - Literacy class - CA
- ☐ 4 - Basic Education 1st to 4th grades, Elementary (Primary), First phase of middle school
- ☐ 5 - Basic Education 5th to 8th grades, Middle 1st cycle (junior), Second phase of middle school
- ☐ 6 - Basic Education (9 year duration)
- ☐ 7 - Special Basic Education (persons with disabilities)
- ☐ 8 - High School Education, 2nd cycle of middle school (Scientific, Classic, Technical, Normal) education
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- ☐ 10 - EJA Basic Education - initial grades (Remedial courses - 1st to 4th)
- ☐ 11 - EJA Basic Education - final grades (Remedial courses - 5th to 8th)
- ☐ 12 - Secondary Education EJA (remedial)
- ☐ 13 - Higher Education, Technical, Specialization, Master's, Phd
- ☐ 14 - Adult Literacy (Mobral, etc.)
- ☐ 15 - None

skip to 8:01

7.10 - What was the last year / grade that (name) concluded successfully?

- ☐ 1 - First
- ☐ 2 - Second
- ☐ 3 - Third
- ☐ 4 - Fourth
- ☐ 5 - Fifth
- ☐ 6 - Sixth
- ☐ 7 - Seventh
- ☐ 8 - Eighth
- ☐ 9 - Ninth
- ☐ 10 - Course without grades

7.11 - Did (name) conclude the course he/she attended?

- ☐ 1 - Yes
- ☐ 2 - No

8 - WORK AND COMPENSATION
(for people 10 years or older)

8:01 - Did (name) work last week?

- ☐ 1 - Yes skip to 8:03
- ☐ 2 - No

8.02 - Last week, was (name) away from a paid job due to disease, high voluntary absence, leave, vacation or otherwise?

- ☐ 1 - Yes
- ☐ 2 - No skip to 8:05

In case of more than one job, consider the main job the one that typically consumes most hours a week.

8.03 - Was the main work performed by (name) in agriculture, livestock, fishing or collection?

- ☐ 1 - Yes
- ☐ 2 - No

8.04 - In the main job, (name) was:

- ☐ 1 - A self-employed worker (by gigs, freelancer)
- ☐ 2 -Temporary worker in a rural area
- ☐ 3 - Informal worker
- ☐ 4 - Formal worker
- ☐ 5 - Informal domestic worker (house made, caregiver, gardner, butler, etc)
- ☐ 6 - Formal domestic worker (made, caregiver, gardner, butler, etc)
- ☐ 7 - Unpaid worker
- ☐ 8 - Military or government servant
- ☐ 9 - Employer
- ☐ 10 - Intern
- ☐ 11 - Apprentice

8.05 - Did (name) receive compensation for work in the past month?
(if yes, write down the gross amount effectively earned in all jobs)

| | | | | | | ,00

- ☐ 0 - Not received

8.06 - Did (name) have paid work in the last 12 months?

- ☐ 1 - Yes
- ☐ 2 - No skip to 8:09

8:07 - How many months did he / she work in that period?

| | |

8.08 - What was the gross compensation (name) received for all jobs during this period?

| | | | | | ,00

8.09 - How much does (name) typically earn per month:

	Amount	
1 - Regular aid/donation fromnon-residents	| | | | | ,00	☐ 0 - Does not receive
2 - Retirement, rural retirement, pension, or unconditional cash transfer for elderly and disabled	| | | | | ,00	☐ 0 - Does not receive
3 - Unemployment insurance	| | | | | ,00	☐ 0 - Does not receive
4 - Alimony	| | | | | ,00	☐ 0 - Does not receive
5 - Other sources of incomeexcept bolsa familia or other ccts	| | | | | ,00	☐ 0 - Does not receive

MAIN REGISTRATION FORM CADÚNICO

31.442 v003

MAIN REGISTRATION FORM CADÚNICO

4. PERSONAL DATA

4.01 - No. In the order

4.03 - Identification (NIS / PIS / PASEP)

4.04 - Nickname

4.05 - Sex

☐ 1 - Male   ☐ 2 - Female

4.06 - Date of birth: day month year

Day ☐☐   Month ☐☐   Year ☐☐☐☐

4.07 – Family relation between (name) and the Head of the Family unit (HF)

☐ 1 - Head of the Family Unit (HF)
☐ 2 - Spouse or partner(a)
☐ 3 - Child(ren)
☐ 4 - Stepchild(ren)

☐ 5 - Grandchild or great-grandchild
☐ 6 - Father or mother
☐ 7 - Father / mother in law
☐ 8 - Brother or sister

☐ 9 - Daughter / son in law
☐ 10 - Other relatives
☐ 11 - Non-relative

4.08 - Color or race

☐ 1 - White   ☐ 2 - Black   ☐ 3-Yellow   ☐ 4 - Mulatto   ☐ 5 - Indigenous

4.09 - Mother's full name

☐ 2 - Does not know

4.10 - Father's full name

☐ 2 - Does not know

4.11 – (Name) place of birth ?

☐ 1 - This city   **Skip to 4.15**   ☐ 2 - Another city   ☐ 3 - Another country   **Skip to 4.14**

4.12 – (Name) state of birth?

☐ 2 - Does not know

4.13 – (Name) municipality of birth?

☐ 2 - Does not know   **Skip to 4.15**

4.13 – (Name) foreign country of birth ?

☐ 2 - Does not know

4:15 - Was (name)'s birth registered?

☐ 1 - Yes, and there is a birth certificate

☐ 2 - Yes, but there is no birth certificate

☐ 3 - No ┌→ **If there is a rani**   **go to 5.01, option 3**
          └→ **If there is no rani** **go to 6.01**

☐ 4 - Does not know

5 - DOCUMENTS

5.01 - Certificate type and data

a) Type   ☐ 1 - Birth   ☐ 2 - Marriage   ☐ 3 - Administrative indigenous birth certificate (rani)

b) Data

1 - Name of the notary's office

2 - No. Of book   3 - No. Of page   4 - No. Of term / rani   5 - Date of registration

Day   Month   Year

6 - Registration state

7 - Registration municipality

8 - Code of the notary office

5.02 - CPF Registration number

5.03 - Data from the identification document (RG)

1 - Number   2 - Complement   3 - Date issued

Day   Month   Year

4 - Issuing state   5 - Abbreviation of issuing body

5.04 - Worker id and social insurance data

1 - Number   2 - Series   3 - Date issued

Day   Month   Year

4 - Issuing state

5.05 - Data from the voter id

1 - Number   -   2 - Zone   3 - Section

6 - PERSONS WITH DISABILITIES
(respondent must assess his/her disability and those of family members and consider the use of glasses, contact lenses, hearing aids, prostheses or canes)

6.01 - Does (name) have any permanent disability that limit his / her everyday activities (working, going to school, playing, etc.)

☐ 1 - Yes   ☐ 2 - No   Skip to 7.01

6.02 - What type of disability does (name) have?
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☐ 1 - No   ☐ 3 - Yes - from specialized caregivers   ☐ 5 - Yes - from a social assistance institution

☐ 2 - Yes - from someone in the family   ☐ 4 - Yes - from a neighbor   ☐ 6 - Yes - from another source

MAIN REGISTRATION FORM CADÚNICO

31.442 v003

Fill OUT The GRID AS SUCH ☒

7 - SCHOOLING

MAIN REGISTRATION FORM CADÚNICO

7.01 - Can (name) read and write?

☐ 1 - Yes   ☐ 2 - No

7.02 - Does (name) attend school or daycare?

☐ 1 - Yes - public network
☐ 2 - Yes - private network

☐ 3 - No - has attended in the past **skip to 7.09**
☐ 4 - no - has never attended → If 10 years or older **go to 8.01**
→ If younger than 10 years **terminate this person's interview**

7.03 - What is the name of the school or daycare that (name) attends to?

7.04 - Is this school or daycare is located in this city?

☐ 1 - Yes **skip to 7.06**   ☐ 1 - No

7.05 - In what state and city is the school or daycare located?

1 - State

2 - Municipality

7.06 - INEP / MEC code number for the school or daycare:

☐ 2 - None

7:07 - what course is (name) attending?

☐ 1 - Nursery school
☐ 2 - Pre-school (except ca) **Terminate this person's interview**
☐ 3 - Literacy class - CA **skip to 8:01**
☐ 4 - Regular basic education (8 year duration)
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☐ 13 - Higher education, technical, specialization, master's, phd
☐ 14 - Pre-university entrance exam courses

skip to 8:01

7:08 - What year/grade is (name) attending?

☐ 1 - First   ☐ 3 - Third   ☐ 5 - Fifth   ☐ 7 - Seventh   ☐ 9 - Ninth
☐ 2 - Second   ☐ 4 - Fourth   ☐ 6 - Sixth   ☐ 8 - Eighth   ☐ 10 - Course without grades

skip to 8:01

FOR THOSE NOT ATTENDING SCHOOL, BUT WHO HAVE ATTENDED IN THE PAST

7.09 - What was the highest-level course that (name) attended, where at least one grade was concluded?

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☐ 9 - Special Secondary Education (persons with disabilities)
☐ 10 - EJA Basic Education - initial grades (Remedial courses - 1st to 4th)
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☐ 12 - Secondary Education EJA (remedial)
☐ 13 - Higher Education, Technical, Specialization, Master's, Phd
☐ 14 - Adult Literacy (Mobral, etc.)
☐ 15 - None

skip to 8:01

31.442 v003

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

7.10 - What was the last year / grade that (name) concluded successfully?

☐ 1 - First ☐ 3 - Third ☐ 5 - Fifth ☐ 7 - Seventh ☐ 9 - Ninth

☐ 2 - Second ☐ 4 - Fourth ☐ 6 - Sixth ☐ 8 - Eighth ☐ 10 - Course without grades

7.11 - Did (name) conclude the course he/she attended?

☐ 1 - Yes ☐ 2 - No

8 - WORK AND COMPENSATION
(for people 10 years or older)

8:01 - Did (name) work last week?

☐ 1 - Yes skip to 8:03 ☐ 2 - No

8.02 - Last week, was (name) away from a paid job due to disease, high voluntary absence, leave, vacation or otherwise?

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In case of more than one job, consider the main job the one that typically consumes most hours a week.

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☐ 1 - A self-employed worker (by gigs, freelancer) ☐ 7 - Unpaid worker

☐ 2 -Temporary worker in a rural area ☐ 8 - Military or government servant

☐ 3 - Informal worker ☐ 9 - Employer

☐ 4 - Formal worker ☐ 10 - Intern

☐ 5 - Informal domestic worker (house made, caregiver, gardner, butler, etc) ☐ 11 - Apprentice

☐ 6 - Formal domestic worker (made, caregiver, gardner, butler, etc)

8.05 - Did (name) receive compensation for work in the past month? (if yes, write down the gross amount effectively earned in all jobs)

| | | | | | | ,00 ☐ 0 - Not received

8.06 - Did (name) have paid work in the last 12 months?

☐ 1 - Yes ☐ 2 - No skip to 8:09

8:07 - How many months did he / she work in that period?

| | |

8.08 - What was the gross compensation (name) received for all jobs during this period?

| | | | | | | ,00

8.09 - How much does (name) typically earn per month:

1 - Regular aid/donation fromnon-residents | | | | | | ,00 ☐ 0 - Does not receive

2 - Retirement, rural retirement, pension, or unconditional cash transfer for elderly and disabled | | | | | | ,00 ☐ 0 - Does not receive

3 - Unemployment insurance | | | | | | ,00 ☐ 0 - Does not receive

4 - Alimony | | | | | | ,00 ☐ 0 - Does not receive

5 - Other sources of incomeexcept bolsa familia or other ccts | | | | | | ,00 ☐ 0 - Does not receive

31.442 v003

MAIN REGISTRATION FORM CADÚNICO

4. PERSONAL DATA

4.01 - No. In the order

4.03 - Identification (NIS / PIS / PASEP)

4.04 - Nickname

4.05 - Sex
- ☐ 1 - Male
- ☐ 2 - Female

4.06 - Date of birth: day month year
Day ☐☐ Month ☐☐ Year ☐☐☐☐

4.07 – Family relation between (name) and the Head of the Family unit (HF)
- ☐ 1 - Head of the Family Unit (HF)
- ☐ 2 - Spouse or partner(a)
- ☐ 3 - Child(ren)
- ☐ 4 - Stepchild(ren)
- ☐ 5 - Grandchild or great-grandchild
- ☐ 6 - Father or mother
- ☐ 7 - Father / mother in law
- ☐ 8 - Brother or sister
- ☐ 9 - Daughter / son in law
- ☐ 10 - Other relatives
- ☐ 11 - Non-relative

4.08 - Color or race
- ☐ 1 - White
- ☐ 2 - Black
- ☐ 3 - Yellow
- ☐ 4 - Mulatto
- ☐ 5 - Indigenous

4.09 - Mother's full name
- ☐ 2 - Does not know

4.10 - Father's full name
- ☐ 2 - Does not know

4.11 – (Name) place of birth ?
- ☐ 1 - This city   **Skip to 4.15**
- ☐ 2 - Another city
- ☐ 3 - Another country   **Skip to 4.14**

4.12 – (Name) state of birth?
- ☐ 2 - Does not know

4.13 – (Name) municipality of birth?
- ☐ 2 - Does not know   **Skip to 4.15**

4.13 – (Name) foreign country of birth ?
- ☐ 2 - Does not know

4:15 - Was (name)'s birth registered?
- ☐ 1 - Yes, and there is a birth certificate
- ☐ 2 - Yes, but there is no birth certificate
- ☐ 3 - No — If there is a rani   **go to 5.01, option 3**
  - If there is no rani   **go to 6.01**
- ☐ 4 - Does not know

MAKE THE LETTERS ACCORDING TO THIS TEMPLATE:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Fill OUT The GRID AS SUCH X

5 - DOCUMENTS

5.01 - Certificate type and data

a) Type ☐ 1 - Birth ☐ 2 - Marriage ☐ 3 - Administrative indigenous birth certificate (rani)

b) Data

1 - Name of the notary's office

2 - No. Of book   3 - No. Of page   4 - No. Of term / rani   5 - Date of registration

Day   Month   Year

6 - Registration state

7 - Registration municipality

8 - Code of the notary office

5.02 - CPF Registration number

5.03 - Data from the identification document (RG)

1 - Number   2 - Complement   3 - Date issued

Day   Month   Year

4 - Issuing state   5 - Abbreviation of issuing body

5.04 - Worker id and social insurance data

1 - Number   2 - Series   3 - Date issued

Day   Month   Year

4 - Issuing state

5.05 - Data from the voter id

1 - Number   2 - Zone   3 - Section

(sidebar) MAIN REGISTRATION FORM CADÚNICO

6 - PERSONS WITH DISABILITIES

(respondent must assess his/her disability and those of family members and consider the use of glasses, contact lenses, hearing aids, prostheses or canes)

6.01 - Does (name) have any permanent disability that limit his / her everyday activities (working, going to school, playing, etc.)

☐ 1 - Yes   ☐ 2 - No   Skip to 7.01

6.02 - What type of disability does (name) have?
(this question may have multiple answers)

☐ 1 - Blindness   ☐ 3 - Severe / deep hearing disability   ☐ 5 - Physical disability   ☐ 7 - Down syndrome

☐ 2 - Low vision   ☐ 4 - Mild / moderate hearing disability   ☐ 6 - Intellectual or mental disability   ☐ 8 - Mental disorder / disease

6.03 - As a result of his / her disability, does (name) receive continuing third-party care? (this question may have multiple answers)

☐ 1 - No   ☐ 3 - Yes - from specialized caregivers   ☐ 5 - Yes - from a social assistance institution

☐ 2 - Yes - from someone in the family   ☐ 4 - Yes - from a neighbor   ☐ 6 - Yes - from another source

31.442 v003

7 - SCHOOLING

7.01 - Can (name) read and write?

☐ 1 - Yes   ☐ 2 - No

7.02 - Does (name) attend school or daycare?

☐ 1 - Yes - public network

☐ 2 - Yes - private network

☐ 3 - No - has attended in the past   **skip to 7.09**

☐ 4 - no - has never attended → If 10 years or older   **go to 8.01**

→ If younger than 10 years   **terminate this person's interview**

7.03 - What is the name of the school or daycare that (name) attends to?

7.04 - Is this school or daycare is located in this city?

☐ 1 - Yes   **skip to 7.06**   ☐ 1 - No

7.05 - In what state and city is the school or daycare located?

1 - State

2 - Municipality

7.06 - INEP / MEC code number for the school or daycare:

☐ 2 - None

7:07 - what course is (name) attending?

☐ 1 - Nursery school

☐ 2 - Pre-school (except ca)   **Terminate this person's interview**

☐ 3 - Literacy class - CA   **skip to 8:01**

☐ 4 - Regular basic education (8 year duration)

☐ 5 - Regular basic education (9 year duration)

☐ 6 - Special basic education (for persons with disabilities)

☐ 7 - Regular

☐ 8 - Special secondary education (for persons with disabilities)

☐ 9 - eja basic education - initial grades (remedial courses - 1st to 4th)

☐ 10 - eja basic education - initial grades (remedial courses - 5th to 8th)

☐ 11 - Secondary education eja (remedial)

☐ 12 - Adult literacy (mobral, etc.)

☐ 13 - Higher education, technical, specialization, master's, phd

☐ 14 - Pre-university entrance exam courses

skip to 8:01

7:08 - What year/grade is (name) attending?

☐ 1 - First   ☐ 3 - Third   ☐ 5 - Fifth   ☐ 7 - Seventh   ☐ 9 - Ninth

☐ 2 - Second   ☐ 4 - Fourth   ☐ 6 - Sixth   ☐ 8 - Eighth   ☐ 10 - Course without grades

skip to 8:01

FOR THOSE NOT ATTENDING SCHOOL, BUT WHO HAVE ATTENDED IN THE PAST

7.09 - What was the highest-level course that (name) attended, where at least one grade was concluded?

☐ 1 - Nursery

☐ 2 - Pre-school (except CA)   **skip to 8:01**

☐ 3 - Literacy class - CA

☐ 4 - Basic Education 1st to 4th grades, Elementary (Primary), First phase of middle school

☐ 5 - Basic Education 5th to 8th grades, Middle 1st cycle (junior), Second phase of middle school

☐ 6 - Basic Education (9 year duration)

☐ 7 - Special Basic Education (persons with disabilities)

☐ 8 - High School Education, 2nd cycle of middle school (Scientific, Classic, Technical, Normal) education

☐ 9 - Special Secondary Education (persons with disabilities)

☐ 10 - EJA Basic Education - initial grades (Remedial courses - 1st to 4th)

☐ 11 - EJA Basic Education - final grades (Remedial courses - 5th to 8th)

☐ 12 - Secondary Education EJA (remedial)

☐ 13 - Higher Education, Technical, Specialization, Master's, Phd

☐ 14 - Adult Literacy (Mobral, etc.)

☐ 15 - None

skip to 8:01

7.10 - What was the last year / grade that (name) concluded successfully?

☐ 1 - First ☐ 3 - Third ☐ 5 - Fifth ☐ 7 - Seventh ☐ 9 - Ninth

☐ 2 - Second ☐ 4 - Fourth ☐ 6 - Sixth ☐ 8 - Eighth ☐ 10 - Course without grades

7.11 - Did (name) conclude the course he/she attended?

☐ 1 - Yes ☐ 2 - No

8 - WORK AND COMPENSATION
(for people 10 years or older)

8:01 - Did (name) work last week?

☐ 1 - Yes skip to 8:03 ☐ 2 - No

8.02 - Last week, was (name) away from a paid job due to disease, high voluntary absence, leave, vacation or otherwise?

☐ 1 - Yes ☐ 2 - No skip to 8:05

In case of more than one job, consider the main job the one that typically consumes most hours a week.

8.03 - Was the main work performed by (name) in agriculture, livestock, fishing or collection?

☐ 1 - Yes ☐ 2 - No

8.04 - In the main job, (name) was:

☐ 1 - A self-employed worker (by gigs, freelancer) ☐ 7 - Unpaid worker

☐ 2 -Temporary worker in a rural area ☐ 8 - Military or government servant

☐ 3 - Informal worker ☐ 9 - Employer

☐ 4 - Formal worker ☐ 10 - Intern

☐ 5 - Informal domestic worker (house made, caregiver, gardner, butler, etc) ☐ 11 - Apprentice

☐ 6 - Formal domestic worker (made, caregiver, gardner, butler, etc)

8.05 - Did (name) receive compensation for work in the past month? (if yes, write down the gross amount effectively earned in all jobs)

| | | | | | | ,00 ☐ 0 - Not received

8.06 - Did (name) have paid work in the last 12 months?

☐ 1 - Yes ☐ 2 - No skip to 8:09

8:07 - How many months did he / she work in that period?

| | |

8.08 - What was the gross compensation (name) received for all jobs during this period?

| | | | | | | ,00

8.09 - How much does (name) typically earn per month:

1 - Regular aid/donation fromnon-residents | | | | | | ,00 ☐ 0 - Does not receive

2 - Retirement, rural retirement, pension, or unconditional cash transfer for elderly and disabled | | | | | | ,00 ☐ 0 - Does not receive

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5 - Other sources of incomeexcept bolsa familia or other ccts | | | | | | ,00 ☐ 0 - Does not receive

31.442 v003

28

9 - HEAD OF HOUSEHOLD - HF

I declare, under the penalties of law (art. 299 of the Criminal Code) that the statements contained in this form are accurate and i commit to updating them, at the municipal level, whenever there are any changes in the information provided by me in this interview, or maximum two years from the date of this interview

Signature of the head of household – (HF)

9.01 - Phone (s) for contact

10 - FREE MARKING FOR MUNICIPALITY

10.01 - Is there childlabor in the family? ☐ **1 - Yes** ☐ **2 - No**

10.02 - Identify the child(ren) involved in child labour

Number of order	Name of child

MAIN REGISTRATION FORM CADÚNICO

COMPROVANTE DE PRESTAÇÃO DE INFORMAÇÕES

Federal Government
Ministry of Social Development and Fight against Hunger
National Secretariat of Citizenship Income
Unified Registry Department

**MAIN
REGISTRATION FORM**

I declare, under the penalties of law (art. 299 of the criminal code) that the statements contained in this form are accurate and i commit to updating them, at the municipal level, whenever there are any changes in the information provided By me in this interview. , or in a maximum of two years from the date of this interview

Name:

Indentification (CPF)

Identificação (Título de Eleitor)

Signature of the head of the family – (HF)

Date of interview

/ / 2 0
Day   Month   Year

Phone number of entity in charge

Name of the municipality

Family code

Mode of operation:

Inclusion

Change

Interviewer

Identification (CPF)

Interviewer signature

**Ministry of Social Development
and Fight against Hunger**

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