



Appendix B
PIAAC Cycle II Field Test
Case Initialization
Questions

I need to verify a few pieces of information. CI_LEAD

Your First Name CI_NAME

Respondent first name:

Your Gender CI_GENDER

Male

Female

The month of your birth CI_NAME

January

February

March

April

May

June

July

August

September

October

November

December

DK

RF



The year of your birth

CI_YEAR

Year:

Your age

CI_AGE

Respondent age:

Your telephone number

CI_TELEPHONE

Do not enter the country code, enter the area code and the full number in a continuous sequence

Respondent telephone number:

Your address

CI_ADDRESS

Enter the respondent address in the following way: Number, Street, Zip code, Locality

Address:

