Appendix B

PIAAC Cycle II Field Test

Case Initialization

Questions

**I need to verify a few pieces of information.**                                     CI_LEAD

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**Your First Name**                                                                   CI_NAME

Respondent first name: [                    ]

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**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: [          ]

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**Your age**                                                     CI_AGE

Respondent age: [          ]

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**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: [          ]

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**Your address**                                                 CI_ADDRESS

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

Address: [          ]