



THE REPUBLIC OF THE  
UNION OF MYANMAR  
MINISTRY OF IMMIGRATION AND POPULATION  
2014 POPULATION AND HOUSING CENSUS

Main Questionnaire

INSTRUCTIONS FOR COMPLETION

USE 2B BLACK PENCIL ONLY. Write then shade like this:

23

or this:

1 2 3 4 5 6 7 8 9 10

Write numbers like this:

1 2 3 4 5 6 7 8 9 0

Questionnaire number

of

for this household

HOUSEHOLD IDENTIFICATION

State/Region	District	Township/ SubTownship	Ward/Village Tract	Urban or Rural	Enumeration Area (Block No.)	Household No.
<input type="text"/> [1] [2] [3] [4] [5] [6] [7] [8] [9] [0]	<input type="text"/> [1] [2] [3] [4] [5] [6] [7] [8] [9] [0]	<input type="text"/> [1] [2] [3] [4] [5] [6] [7] [8] [9] [0]	<input type="text"/> [1] [2] [3] [4] [5] [6] [7] [8] [9] [0]	<input type="text"/> Urban [1]  Rural [2]	<input type="text"/> [1] [2] [3] [4] [5] [6] [7] [8] [9] [0]	<input type="text"/> [1] [2] [3] [4] [5] [6] [7] [8] [9] [0]

FOR ALL MEMBERS OF THE HOUSEHOLD

1. Serial number of household member	2. Name (Write all persons who spent the night of 29 March 2014 in this household. Make sure to include babies, elderly persons, disabled persons and visitors)  ONLY PERSONS WHO SPENT THE CENSUS NIGHT IN THIS HOUSEHOLD	3. Relationship to the head of the household Head of Household Spouse Son/Daughter Son/Daughter-in-law Grandchild/Great grandchild Parent/Parent-in-Law Sibling Grandparent Other Relative Adopted Child Non Relative	4. Sex Male Female	5. Completed Age <i>If age greater than or equal to 98, write "98". If less than one write "00".</i>  In Years	6. Marital status Single (Never married) Married Widowed Divorced/Separated Renounced	7. Religion Buddhist Christian Islam Hindu Animist Other Religion No Religion	8. Ethnicity	DISABILITY			
								9. Does (Name) have any difficulty...? i. Seeing, even if wearing glasses ii. Hearing, even if using hearing aid iii. Walking, climbing steps, carrying items iv. Remembering or concentrating  Codes No - no difficulty = 1 Yes - some difficulty = 2 Yes a lot of difficulty = 3 Cannot do at all = 4			
								Seeing	Hearing	Walking	Remembering
[1]		[1] [2] [3] [4] [5] [6] [7] [8] [9] [10] [11]	[1] [2]	<input type="text"/>	[1] [2] [3] [4] [5]	[1] [2] [3] [4] [5] [6] [7]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
[2]		[1] [2] [3] [4] [5] [6] [7] [8] [9] [10] [11]	[1] [2]	<input type="text"/>	[1] [2] [3] [4] [5]	[1] [2] [3] [4] [5] [6] [7]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
[3]		[1] [2] [3] [4] [5] [6] [7] [8] [9] [10] [11]	[1] [2]	<input type="text"/>	[1] [2] [3] [4] [5]	[1] [2] [3] [4] [5] [6] [7]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
[4]		[1] [2] [3] [4] [5] [6] [7] [8] [9] [10] [11]	[1] [2]	<input type="text"/>	[1] [2] [3] [4] [5]	[1] [2] [3] [4] [5] [6] [7]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
[5]		[1] [2] [3] [4] [5] [6] [7] [8] [9] [10] [11]	[1] [2]	<input type="text"/>	[1] [2] [3] [4] [5]	[1] [2] [3] [4] [5] [6] [7]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
[6]		[1] [2] [3] [4] [5] [6] [7] [8] [9] [10] [11]	[1] [2]	<input type="text"/>	[1] [2] [3] [4] [5]	[1] [2] [3] [4] [5] [6] [7]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
[7]		[1] [2] [3] [4] [5] [6] [7] [8] [9] [10] [11]	[1] [2]	<input type="text"/>	[1] [2] [3] [4] [5]	[1] [2] [3] [4] [5] [6] [7]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
[8]		[1] [2] [3] [4] [5] [6] [7] [8] [9] [10] [11]	[1] [2]	<input type="text"/>	[1] [2] [3] [4] [5]	[1] [2] [3] [4] [5] [6] [7]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONFIDENTIALITY:

We assure that the personal information collected in this interview is confidential and will not be disclosed in any way.



12345678 (90)



FOR ALL MEMBERS OF THE HOUSEHOLD											AGE 5 AND ABOVE			AGE 10 AND ABOVE
Serial Number	IDENTITY CARD	MIGRATION						EDUCATION			LABOUR FORCE			
	10. Type of identity card	Place of Birth		Place of Usual Residence		15. Duration in place of usual residence (in years)	16. Reason for movement to this township (usual residence)	Place of Previous Usual Residence		19. Can (Name) read and write in any language?	20. Is (Name) currently attending, previously attended or never attended school/college?	21. What is the highest education grade/level (Name) completed?	22. What was (Name's) activity status during the last 12 months? (April 2013 - March 2014)	
	Citizenship Scrutiny Card (pink) Associate Scrutiny Citizenship Card (blue) Naturalised Scrutiny Citizenship Card (green) National Registration Card (three fold card, green for men, pink for women) Religious Card Temporary Registration Card (white) Foreign Registration Card (FRC) Foreign Passport None of the documents above Child below 10 years	11. Township <i>If born here write "000", if not write Township code</i>	12. Urban or Rural	13. Township <i>If here write "000", if not write Township code</i>	14. Urban or Rural	<i>If less than 1 year write "00"</i>	Employment/in search for employment Education Marriage Followed family Conflict Did not move Other	17. Township <i>If here write "000", if not write Township code</i>	18. Urban or Rural	Yes No	Currently attending Previously attended Never attended	None - 00 Grade - 01-11 College - 12 Vocational training - 13 Undergraduate diploma - 14 Graduate - 15 Postgraduate diploma - 16 Masters Degree - 17 PhD - 18 Other - 19	<i>If options 6 to 11 skip to Q25</i> Employee (Government) Employee (Private, Org) Employer Own account worker Contributing family worker Sought work Did not seek work Full time student Household work Pensioner, retired, elderly person Ill, disabled Other	
1	1 2 3 4 5 6 7 8 9 10	Enter code from manual	Urban Rural	Enter code from manual	Urban Rural		1 2 3 4 5 6 7	Enter code from manual	Urban Rural	1 2	1 2 3		1 2 3 4 5 6 7 8 9 10 11 12	
2	1 2 3 4 5 6 7 8 9 10	Enter code from manual	Urban Rural	Enter code from manual	Urban Rural		1 2 3 4 5 6 7	Enter code from manual	Urban Rural	1 2	1 2 3		1 2 3 4 5 6 7 8 9 10 11 12	
3	1 2 3 4 5 6 7 8 9 10	Enter code from manual	Urban Rural	Enter code from manual	Urban Rural		1 2 3 4 5 6 7	Enter code from manual	Urban Rural	1 2	1 2 3		1 2 3 4 5 6 7 8 9 10 11 12	
4	1 2 3 4 5 6 7 8 9 10	Enter code from manual	Urban Rural	Enter code from manual	Urban Rural		1 2 3 4 5 6 7	Enter code from manual	Urban Rural	1 2	1 2 3		1 2 3 4 5 6 7 8 9 10 11 12	
5	1 2 3 4 5 6 7 8 9 10	Enter code from manual	Urban Rural	Enter code from manual	Urban Rural		1 2 3 4 5 6 7	Enter code from manual	Urban Rural	1 2	1 2 3		1 2 3 4 5 6 7 8 9 10 11 12	
6	1 2 3 4 5 6 7 8 9 10	Enter code from manual	Urban Rural	Enter code from manual	Urban Rural		1 2 3 4 5 6 7	Enter code from manual	Urban Rural	1 2	1 2 3		1 2 3 4 5 6 7 8 9 10 11 12	
7	1 2 3 4 5 6 7 8 9 10	Enter code from manual	Urban Rural	Enter code from manual	Urban Rural		1 2 3 4 5 6 7	Enter code from manual	Urban Rural	1 2	1 2 3		1 2 3 4 5 6 7 8 9 10 11 12	
8	1 2 3 4 5 6 7 8 9 10	Enter code from manual	Urban Rural	Enter code from manual	Urban Rural		1 2 3 4 5 6 7	Enter code from manual	Urban Rural	1 2	1 2 3		1 2 3 4 5 6 7 8 9 10 11 12	

AGE 10 AND ABOVE AND EMPLOYED			EVER MARRIED WOMEN (AGED 15 AND ABOVE)											
Serial Number	LABOUR FORCE		Number of children ever born alive								Particulars of last live birth			
	Occupation	Industry	25. Number of children ever born alive <i>(If no children, write "00")</i>		26. How many of those children are living in this household?		27. How many of those children are living elsewhere (not in this household)?		28. How many of those children are no longer alive (dead)?		29. Date of last live birth		30. Sex of last live birth	31. Is the child still alive?
	23. What work was (Name) mainly doing during the last 12 months? Write detailed work descriptions (for example, Primary teacher, Rice farmer, Taxi driver)	24. What is the major product or service provided in the organisation/enterprise where (Name) mainly worked during the last 12 months? Write detailed descriptions (e.g. Hotel service, Building construction, Garment manufacture)	Male	Female	Male	Female	Male	Female	Male	Female	Month	Year	Male Female	Yes No
[1]			[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]	[1][2]	[1][2]
[2]			[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]	[1][2]	[1][2]
[3]			[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]	[1][2]	[1][2]
[4]			[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]	[1][2]	[1][2]
[5]			[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]	[1][2]	[1][2]
[6]			[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]	[1][2]	[1][2]
[7]			[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]	[1][2]	[1][2]
[8]			[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]	[1][2]	[1][2]

HOUSING CHARACTERISTICS											
<div>32. Type of housing unit occupied by this household</div> <div>Condominium [1]</div> <div>Apartment/Flat [2]</div> <div>Bungalow/Brick house [3]</div> <div>Semi-pacca house [4]</div> <div>Wooden House [5]</div> <div>Bamboo [6]</div> <div>Hut 2-3 years [7]</div> <div>Hut 1 year [8]</div> <div>Other [9]</div>	<div>33. Type of ownership of housing unit</div> <div>Owner [1]</div> <div>Renter [2]</div> <div>Provided free (Individual) [3]</div> <div>Government Quarter [4]</div> <div>Private Company Quarter [5]</div> <div>Other [6]</div>	<div>34. Main source of lighting in the household</div> <div>Electricity [1]</div> <div>Kerosene [2]</div> <div>Candle [3]</div> <div>Battery [4]</div> <div>Generator (Private) [5]</div> <div>Water mill (Private) [6]</div> <div>Solar System/energy [7]</div> <div>Other [8]</div>	<div>35. Main source of water for drinking and non-drinking in this household</div> <div><div>Drinking</div><div>Non-Drinking</div></div> <div>Tap water/Piped [1]</div> <div>Tube well, borehole [2]</div> <div>Protected well/Spring [3]</div> <div>Unprotected well/Spring [4]</div> <div>Pool/Pond/Lake [5]</div> <div>River/Stream/Canal [6]</div> <div>Waterfall/Rain water [7]</div> <div>Bottled water/water from vending machine [8]</div> <div>Tanker/Truck [9]</div> <div>Other [10]</div>	<div>36. Main type of cooking fuel used in this household</div> <div>Electricity [1]</div> <div>Liquefied Petroleum Gas (LPG) [2]</div> <div>Kerosene [3]</div> <div>BioGas [4]</div> <div>Firewood [5]</div> <div>Charcoal [6]</div> <div>Coal [7]</div> <div>Straw/Grass [8]</div> <div>Other [9]</div>	<div>37. Type of toilet used in this household</div> <div>Flush [1]</div> <div>Water Seal (Improved PL) [2]</div> <div>Pit (Traditional pit latrine) [3]</div> <div>Bucket (Surface latrine) [4]</div> <div>Other [5]</div> <div>No toilet [6]</div>	<div>38. Main construction material of the housing unit</div> <div><div>Roof</div><div>Wall</div><div>Floor</div></div> <div>Dhani/Theke/In leaf [1]</div> <div>Bamboo [2]</div> <div>Earth [3]</div> <div>Wood [4]</div> <div>Corrugated Sheet [5]</div> <div>Tile/Brick/Concrete [6]</div> <div>Other [7]</div>	<div>39. Which of the following items does your household have? (mark all that apply)</div> <div><div>Yes</div><div>No</div></div> <div>Radio [1]</div> <div>Television [2]</div> <div>Land line phone [3]</div> <div>Mobile phone [4]</div> <div>Computer [5]</div> <div>Internet at home [1]</div> <div>Car/Pick-up/Truck/Van [1]</div> <div>Motorcycle/Moped/Tuk Tuk [1]</div> <div>Bicycle [2]</div> <div>4 wheel tractor [2]</div> <div>Canoe/Boat [2]</div> <div>Motor Boat [2]</div> <div>Cart (Bullock) [1]</div>				

## SUMMARY COUNT

40. Number of former household members living abroad

Serial number	Name of former household member living abroad	Relationship to head of household  Spouse Son/Daughter Son/Daughter-in-law Grandchild Parent/Parent-in-Law Sibling Grandparent Other Relative Adopted Child Non Relative	Completed age (current)	Sex  Male Female	Year of Departure	Country of residence								
						Thailand Malaysia Singapore China Japan Korea India USA Other								
1		2 3 4 5 6 7 8 9 10 11	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>								
2		2 3 4 5 6 7 8 9 10 11	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>								
3		2 3 4 5 6 7 8 9 10 11	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>								
4		2 3 4 5 6 7 8 9 10 11	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>								
5		2 3 4 5 6 7 8 9 10 11	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>								
6		2 3 4 5 6 7 8 9 10 11	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>								

MALE

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0  
1  
2  
3  
4  
5  
6  
7  
8  
9

FEMALE

--	--

0  
1  
2  
3  
4  
5  
6  
7  
8  
9

TOTAL

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

## ENUMERATOR

Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

SUPERVISOR

Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

## DEATHS IN THE HOUSEHOLD DURING THE LAST 12 MONTHS

41. Number of deaths in this household in the last 12 months (30-3-2013 to 29-3-2014)

9

Serial number	Name of the deceased	Was the deceased Male or Female?	Age at death <i>If age is unknown, estimate age using local historic calendar. Record age in completed years.</i>	FEMALES AGED 15-49		
				Did the death occur during ...?		
				pregnancy?	delivery?	the first 6 weeks after delivery?
[1]		Male [1]		Yes [1]	Yes [1]	Yes [1]
		Female [2]		No [2]	No [2]	No [2]
[2]		Male [1]		Yes [1]	Yes [1]	Yes [1]
		Female [2]		No [2]	No [2]	No [2]
[3]		Male [1]		Yes [1]	Yes [1]	Yes [1]
		Female [2]		No [2]	No [2]	No [2]
[4]		Male [1]		Yes [1]	Yes [1]	Yes [1]
		Female [2]		No [2]	No [2]	No [2]

IF MORE THAN ONE QUESTIONNAIRE IS  
USED IN THE HOUSEHOLD, THEN SUMMARY  
COUNTS OF ALL MEMBERS MUST BE FILLED  
IN ON THE FIRST QUESTIONNAIRE USED



1 2 3 4 5 6 7 8 9 0

State/ Region	District	Township/ SubTownship	Ward/ Village Tract	Urban or Rural	Enumeration Area (Block No.)	Institution No.	Name of the Institution
[0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0]	[0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0]	[0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0]	[0][0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0]	[0]  Urban 1   Rural 2	[0][0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0]	[0][0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0] [0][0]	Type of Institution
							Hotel/Motel/Inn/Guest House
							Military
							Police
							Orphanage/Old People's Home
							Religious Centre
							Boarding School/College/University
							Correctional Facility/Prison
							Hospital
							Camp/Hostel for workers
							Homeless/other collective quarters

1. Serial number of institution member	2. NAME (Write for all persons who spent the night of 29 March 2014 in this institution)	3. Sex  Male Female	4. Completed Age  <i>If age greater than or equal to 98, write "98". If less than one write "00".</i>	5. Marital status  Single (Never married) Married Widowed Divorced/Separated Renounced	6. Religion  Buddhist Christian Islam Hindu Animist Other Religion No Religion	7. Ethnicity  Enter code from manual	8. Does (Name) have any difficulty...? <small>i. Seeing, even if wearing glasses ii. Hearing, even if using hearing aid iii. Walking, climbing steps, carrying items iv. Remembering or concentrating</small> <i>No - no difficulty = 1 Yes - some difficulty = 2 Yes a lot or difficulty = 3 Cannot do at all = 4</i>				9. Type of identity card  Citizenship Scrutiny Card (pink) Associate Scrutiny Citizenship Card (blue) Naturalised Scrutiny Citizenship Card (green) National Registration Card (three fold card, green for men, pink for women) Religion Card Temporary Registration Card (white) Foreign Registration Card (PRC) Foreign Passport None of the documents above Child below 10 years										10. What is the highest education grade/level (Name) completed?  None - 00 Grade - 01-11 College - 12 Vocational training - 13 Undergraduate diploma - 14 Graduate - 15 Postgraduate diploma - 16 Masters Degree - 17 PhD - 18 Other - 19	11. What was (Name's) activity status during the last 12 months?  Employee (Government) Employee (Private, Org) Employer Own account worker Contributing family worker Sought work Did not seek work Full time student Household work Pensioner, retired, elderly person Ill, disabled Other											
							Seeing	Hearing	Walking	Remembering	1	2	3	4	5	6	7	8	9	10		1	2	3	4	5	6	7	8	9	10	11	12
1		1 2	<input type="text"/> <input type="text"/>	1 2 3 4 5	1 2 3 4 5 6 7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 3 4 5 6 7 8 9 10	<input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9 10 11 12																				
2		1 2	<input type="text"/> <input type="text"/>	1 2 3 4 5	1 2 3 4 5 6 7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 3 4 5 6 7 8 9 10	<input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9 10 11 12																				
3		1 2	<input type="text"/> <input type="text"/>	1 2 3 4 5	1 2 3 4 5 6 7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 3 4 5 6 7 8 9 10	<input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9 10 11 12																				
4		1 2	<input type="text"/> <input type="text"/>	1 2 3 4 5	1 2 3 4 5 6 7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 3 4 5 6 7 8 9 10	<input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9 10 11 12																				
5		1 2	<input type="text"/> <input type="text"/>	1 2 3 4 5	1 2 3 4 5 6 7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 3 4 5 6 7 8 9 10	<input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9 10 11 12																				
6		1 2	<input type="text"/> <input type="text"/>	1 2 3 4 5	1 2 3 4 5 6 7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 3 4 5 6 7 8 9 10	<input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9 10 11 12																				
7		1 2	<input type="text"/> <input type="text"/>	1 2 3 4 5	1 2 3 4 5 6 7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 3 4 5 6 7 8 9 10	<input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9 10 11 12																				
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9		1 2	<input type="text"/> <input type="text"/>	1 2 3 4 5	1 2 3 4 5 6 7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 3 4 5 6 7 8 9 10	<input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9 10 11 12																				
10		1 2	<input type="text"/> <input type="text"/>	1 2 3 4 5	1 2 3 4 5 6 7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 3 4 5 6 7 8 9 10	<input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9 10 11 12																				

**CONFIDENTIALITY:** We assure that the personal information collected in this interview is confidential and will not be disclosed in any way.

**SAMPLE**  
12345678(90)

SUMMARY COUNT																							
MALE		0	1	2	3	4	5	6	7	8	9	TOTAL		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9			0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9			0	1	2	3	4	5	6	7	8	9
FEMALE		0	1	2	3	4	5	6	7	8	9	TOTAL		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9			0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9			0	1	2	3	4	5	6	7	8	9

<b>SUPERVISOR</b>	
Signature	_____
Name	_____
Date	_____