

**To All Enumerators,**

*The quality of BLES survey data greatly relies on the quality of field operations in which you have been a part of. The Statistics Support Group of BLES has prepared this questionnaire to gather feedback/comments from you that will help us assess the effectiveness of the conduct of Enumerators' Training and the supervision rendered by our technical staff during the delivery of questionnaires.*

*Please accomplish this form and return to your supervisor. Thank you very much.*

**Statistics Support Group**

**Note to all Supervisors:** *Please administer this form to your enumerators a month after start of delivery operations.*

**Enumerator:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Area(s) of Assignment:** \_\_\_\_\_ **Number of Workload:** \_\_\_\_\_

**Number of Questionnaires Delivered** *(A month after start of delivery operations)* : \_\_\_\_\_

**Date Accomplished:** \_\_\_\_\_

1. How many visits have you made before you completed the delivery of a questionnaire to an establishment?

(a) Minimum: \_\_\_\_\_

(b) Maximum: \_\_\_\_\_

2. Generally, how difficult/easy was it to locate the establishments? *(Encircle answer)*

1 – Very Easy      2 – Easy      3 – Difficult      4 – Very Difficult

3. To what extent did the following factors contribute to the successful delivery of questionnaires? *(Check only one for each factor)*

Factors	Very Great Extent	Great Extent	Moderate Extent	Less Extent	No Help
Operational Strategy from the Enumerators' Training					
Assistance of Supervisor					
Assistance of Monthly PBI					
Use of Control List					
Use of Maps					
Use of Telephone Directory					
Familiarity with the Area					
Others, specify					
_____					
_____					
_____					

4. What were the common problems you encountered in the delivery of questionnaire?

*(Check as many as applicable)*

- Incomplete/Incorrect Address Labels
- Too Many CBL, PCL and TCL Samples
- Improper Allocation of Workloads
- Uncooperative Establishment Personnel
- Ignorance of Establishment about the Survey
- Strict Security Personnel in the Establishment
- Others *(Please specify)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Comments and Suggestions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reviewed by Supervisor:**

Signature:

Name:

Position:

Date:

***THANK YOU VERY MUCH!!!***