

<div>CPH FORM 4</div> <div>AUTHORITY: Commonwealth Act No. 591, Batas Pambansa Blg. 72, and Executive Order No. 121 authorize the National Statistics Office (NSO) to conduct and collect information for this census.</div> <div>CONFIDENTIALITY: Section 4 of the Commonwealth Act No. 591 provides that all information furnished in this questionnaire shall be kept STRICTLY CONFIDENTIAL.</div>		<div><div><div><div></div></div><div>Republic of the Philippines</div><div>NATIONAL STATISTICS OFFICE</div></div><div>2010 CENSUS OF POPULATION AND HOUSING</div><div>INSTITUTIONAL POPULATION QUESTIONNAIRE</div></div>		<div>4A</div> <div>NSCB Approval No. NSO-1003-04</div> <div>Expires on: June 30, 2011</div>																																																														
<div>CERTIFICATION</div> <div>I hereby certify that the data set forth herein were personally obtained/reviewed by me and in accordance with the instructions given by the NSO.</div> <div><div>ENUMERATOR/STAFF OF ILQ</div><div>(SIGNATURE OVER PRINTED NAME)</div></div> <div><div>DATE ACCOMPLISHED</div></div> <div><div>TEAM SUPERVISOR</div><div>(SIGNATURE OVER PRINTED NAME)</div></div> <div><div>DATE REVIEWED</div></div> <div><div>CAS/ACAS</div><div>(SIGNATURE OVER PRINTED NAME)</div></div> <div><div>DATE REVIEWED</div></div> <div><div>CO/RO/PO SUPERVISOR</div><div>(SIGNATURE OVER PRINTED NAME)</div></div> <div><div>DATE REVIEWED</div></div>		<div>GEOGRAPHIC IDENTIFICATION</div> <div>BOOKLET<div></div><div></div> OF <div></div><div></div> BOOKLETS</div> <div>PROVINCE<div></div></div> <div>CITY/MUNICIPALITY<div></div></div> <div>BARANGAY<div></div></div> <div>ENUMERATION AREA<div></div></div> <div>BUILDING SERIAL NUMBER<div></div></div> <div>INSTITUTIONAL SERIAL NUMBER<div></div></div> <div>TYPE OF INSTITUTIONAL LIVING QUARTER (SEE CODES BELOW)<div></div></div> <div>NAME OF INSTITUTIONAL LIVING QUARTER<div></div></div> <div>ADDRESS<div></div></div> <div>NUMBER AND STREET NAME OR NAME OF SITIO<div></div></div>		<div>INSTITUTIONAL POPULATION DEFINITION</div> <div>Institutional population comprises of persons who are found living in institutional living quarters. They may have their own families or households elsewhere but at the time of the census, they are committed or confined in institutions, or they live in institutional living quarters and are usually subject to a common authority or management, or are bound by either a common public objective or a common personal interest.</div> <div>INSTITUTIONAL POPULATION MEMBERSHIP</div> <div><div>1. Permanent lodgers in boarding houses</div><div>2. Dormitory residents who do not go home at least once a week</div><div>3. Hotel residents who have stayed for more than six months at the time of the census</div><div>4. Boarders in residential houses provided that their number is 10 or more (Note: If the number of boarders in a house is less than 10, they will be considered members of regular households, not institutional)</div><div>5. Patients in hospitals who are confined for more than six months</div><div>6. Wards in orphanages</div><div>7. Inmates of penal colonies or prison cells</div><div>8. Seminarians, nuns in convents, monks</div><div>9. Soldiers residing in military camps</div><div>10. Workers in mining and similar camps</div></div>																																																														
<div>INTERVIEW RECORD</div> <table><tr><td>VISIT NUMBER</td><td>VISIT 1</td><td>VISIT 2</td><td>VISIT 3</td><td>SUMMARY OF VISIT</td></tr><tr><td>DATE OF VISIT MONTH:DATE</td><td><div></div><div></div></td><td><div></div><div></div></td><td><div></div><div></div></td><td>ENUMERATOR'S CODE<div></div><div></div></td></tr><tr><td>TIME BEGAN HOUR:MINUTE</td><td><div></div><div></div></td><td><div></div><div></div></td><td><div></div><div></div></td><td>NUMBER OF VISITS MADE<div></div></td></tr><tr><td>TIME ENDED HOUR:MINUTE</td><td><div></div><div></div></td><td><div></div><div></div></td><td><div></div><div></div></td><td>RESULT OF FINAL VISIT *<div></div></td></tr><tr><td>RESULT OF VISIT * (SEE CODES FOR RESULT OF VISIT)</td><td><div></div></td><td><div></div></td><td><div></div></td><td>TOTAL MEMBERS IN THE INSTITUTION<div></div><div></div></td></tr><tr><td>NEXT VISIT</td><td></td><td></td><td></td><td>NUMBER OF MALES IN THE INSTITUTION<div></div><div></div></td></tr><tr><td>DATE MONTH:DATE</td><td><div></div><div></div></td><td><div></div><div></div></td><td><div></div><div></div></td><td>NUMBER OF FEMALES IN THE INSTITUTION<div></div><div></div></td></tr><tr><td>TIME HOUR:MINUTE</td><td><div></div><div></div></td><td><div></div><div></div></td><td><div></div><div></div></td><td>WITH SELF-ADMINISTERED QUESTIONNAIRE INSTRUCTIONS<div></div><div>1 Yes</div><div>2 No</div></td></tr><tr><td></td><td></td><td></td><td></td><td>* CODES FOR RESULT OF VISIT</td></tr><tr><td></td><td></td><td></td><td></td><td>1 Completed<div></div>4 Postponed<div></div></td></tr><tr><td></td><td></td><td></td><td></td><td>2 Partly completed<div></div>5 No respondent around<div></div></td></tr><tr><td></td><td></td><td></td><td></td><td>3 Refused<div></div>6 Others, SPECIFY<div></div></td></tr></table>					VISIT NUMBER	VISIT 1	VISIT 2	VISIT 3	SUMMARY OF VISIT	DATE OF VISIT MONTH:DATE	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	ENUMERATOR'S CODE <div></div> <div></div>	TIME BEGAN HOUR:MINUTE	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	NUMBER OF VISITS MADE <div></div>	TIME ENDED HOUR:MINUTE	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	RESULT OF FINAL VISIT * <div></div>	RESULT OF VISIT * (SEE CODES FOR RESULT OF VISIT)	<div></div>	<div></div>	<div></div>	TOTAL MEMBERS IN THE INSTITUTION <div></div> <div></div>	NEXT VISIT				NUMBER OF MALES IN THE INSTITUTION <div></div> <div></div>	DATE MONTH:DATE	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	NUMBER OF FEMALES IN THE INSTITUTION <div></div> <div></div>	TIME HOUR:MINUTE	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	WITH SELF-ADMINISTERED QUESTIONNAIRE INSTRUCTIONS <div></div> <div>1 Yes</div> <div>2 No</div>					* CODES FOR RESULT OF VISIT					1 Completed <div></div> 4 Postponed <div></div>					2 Partly completed <div></div> 5 No respondent around <div></div>					3 Refused <div></div> 6 Others, SPECIFY <div></div>	<div>CODES FOR TYPES OF INSTITUTIONAL LIVING QUARTERS</div> <div><div>01 Hotels, lodging houses, dormitories, and others</div><div>02 Hospitals and nurses' home</div><div>03 Welfare institutions</div><div>04 Corrective and penal institutions</div><div>05 Convents, nunneries, seminaries, and boarding schools</div><div>21 Military camps and stations</div><div>22 Logging, mining, and construction/public works camps</div><div>23 Oceangoing and inter island/coastal vessels</div><div>24 Refugee camps</div><div>25 Others, SPECIFY<div></div></div></div>	
VISIT NUMBER	VISIT 1	VISIT 2	VISIT 3	SUMMARY OF VISIT																																																														
DATE OF VISIT MONTH:DATE	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	ENUMERATOR'S CODE <div></div> <div></div>																																																														
TIME BEGAN HOUR:MINUTE	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	NUMBER OF VISITS MADE <div></div>																																																														
TIME ENDED HOUR:MINUTE	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	RESULT OF FINAL VISIT * <div></div>																																																														
RESULT OF VISIT * (SEE CODES FOR RESULT OF VISIT)	<div></div>	<div></div>	<div></div>	TOTAL MEMBERS IN THE INSTITUTION <div></div> <div></div>																																																														
NEXT VISIT				NUMBER OF MALES IN THE INSTITUTION <div></div> <div></div>																																																														
DATE MONTH:DATE	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	NUMBER OF FEMALES IN THE INSTITUTION <div></div> <div></div>																																																														
TIME HOUR:MINUTE	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	WITH SELF-ADMINISTERED QUESTIONNAIRE INSTRUCTIONS <div></div> <div>1 Yes</div> <div>2 No</div>																																																														
				* CODES FOR RESULT OF VISIT																																																														
				1 Completed <div></div> 4 Postponed <div></div>																																																														
				2 Partly completed <div></div> 5 No respondent around <div></div>																																																														
				3 Refused <div></div> 6 Others, SPECIFY <div></div>																																																														

48

POPULATION CENSUS QUESTIONS

LINE NUMBER	Name	For All Persons											For All 5 Years Old and Over			
		Residence Status	Sex	Date of Birth	Age	Birth Registration	Marital Status	Religious Affiliation	Citizenship		Ethnicity	Disability	Functional Difficulty		Highest Grade/ Year Completed	
		What is _____'s position or status?	Is _____ male or female?	In what month and year was _____ born?	What is _____'s age as of his/her last birthday?	Was _____'s birth registered with the Civil Registry Office?	Is _____ single, married, widowed, divorced/ separated, or in a common- law/live-in arrangement?	What is _____'s religious affiliation?	Is _____ a citizen of the Philippines?	What country is _____ a citizen of?	What is _____'s ethnicity by blood? Is he/she a/an _____?	Does _____ have any physical or mental disability?	Does _____ have any difficulty/ problem in...?		What is the highest grade/year completed by _____?	
		1 Male 2 Female	MM Month YYYY Year		1 Yes 2 No 3 Don't know	1 Single 2 Married 3 Widowed 4 Divorced/Separated 5 Common-law/Live-in 6 Unknown WRITE X IN THE BOX CORRESPONDING TO THE ANSWER. FOR PERSONS 0 TO 9 YEARS OLD, WRITE X IN THE BOX FOR SINGLE.	WRITE THE ANSWER ON THE SPACE PROVIDED.	1 Yes, (Filipino citizen) 2 Yes, (Filipino with dual citizenship) 3 No  WRITE X IN THE BOX. IF CODE "1" SKIP TO P11.	WRITE THE ANSWER ON THE SPACE PROVIDED.	MENTION THE PREDOMINANT/ COMMON IP OR NON-IP GROUPS IN THE AREA.  WRITE THE ANSWER ON THE SPACE PROVIDED.	1 Yes 2 No	a Seeing, even when wearing eyeglasses b Hearing, even when using a hearing aid c Walking or climbing steps d Remembering or concentrating e Self-caring (bathing or dressing) f Communicating using his/her usual language	WRITE ANSWER ON THE SPACE PROVIDED.  IF GRADUATE IN POST SECONDARY OR COLLEGE, SPECIFY THE COURSE.			
P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13		P16		
1	LAST NAME	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div></div><div></div></div><div>MM</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>YYYY</div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div> <div>4</div> <div>5</div> <div>6</div>	<div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div> <div>a</div> <div>b</div> <div>c</div>	<div><div>1</div><div>2</div></div> <div>d</div> <div>e</div> <div>f</div>	<div><div></div><div></div><div></div></div> <div>SPECIFY</div>		
	FIRST NAME	<div><div></div><div></div></div> <div>SPECIFY</div>														
2	LAST NAME	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div></div><div></div></div><div>MM</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>YYYY</div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div> <div>4</div> <div>5</div> <div>6</div>	<div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div> <div>a</div> <div>b</div> <div>c</div>	<div><div>1</div><div>2</div></div> <div>d</div> <div>e</div> <div>f</div>	<div><div></div><div></div><div></div></div> <div>SPECIFY</div>		
	FIRST NAME	<div><div></div><div></div></div> <div>SPECIFY</div>														
3	LAST NAME	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div></div><div></div></div><div>MM</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>YYYY</div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div> <div>4</div> <div>5</div> <div>6</div>	<div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div> <div>a</div> <div>b</div> <div>c</div>	<div><div>1</div><div>2</div></div> <div>d</div> <div>e</div> <div>f</div>	<div><div></div><div></div><div></div></div> <div>SPECIFY</div>		
	FIRST NAME	<div><div></div><div></div></div> <div>SPECIFY</div>														
4	LAST NAME	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div></div><div></div></div><div>MM</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>YYYY</div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div> <div>4</div> <div>5</div> <div>6</div>	<div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div> <div>a</div> <div>b</div> <div>c</div>	<div><div>1</div><div>2</div></div> <div>d</div> <div>e</div> <div>f</div>	<div><div></div><div></div><div></div></div> <div>SPECIFY</div>		
	FIRST NAME	<div><div></div><div></div></div> <div>SPECIFY</div>														
5	LAST NAME	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div></div><div></div></div><div>MM</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>YYYY</div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div> <div>4</div> <div>5</div> <div>6</div>	<div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div> <div>a</div> <div>b</div> <div>c</div>	<div><div>1</div><div>2</div></div> <div>d</div> <div>e</div> <div>f</div>	<div><div></div><div></div><div></div></div> <div>SPECIFY</div>		
	FIRST NAME	<div><div></div><div></div></div> <div>SPECIFY</div>														
6	LAST NAME	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div></div><div></div></div><div>MM</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>YYYY</div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div> <div>4</div> <div>5</div> <div>6</div>	<div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div> <div>a</div> <div>b</div> <div>c</div>	<div><div>1</div><div>2</div></div> <div>d</div> <div>e</div> <div>f</div>	<div><div></div><div></div><div></div></div> <div>SPECIFY</div>		
	FIRST NAME	<div><div></div><div></div></div> <div>SPECIFY</div>														
7	LAST NAME	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div></div><div></div></div><div>MM</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>YYYY</div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div> <div>4</div> <div>5</div> <div>6</div>	<div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div> <div>a</div> <div>b</div> <div>c</div>	<div><div>1</div><div>2</div></div> <div>d</div> <div>e</div> <div>f</div>	<div><div></div><div></div><div></div></div> <div>SPECIFY</div>		
	FIRST NAME	<div><div></div><div></div></div> <div>SPECIFY</div>														
8	LAST NAME	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div></div><div></div></div><div>MM</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>YYYY</div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div> <div>4</div> <div>5</div> <div>6</div>	<div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div> <div>a</div> <div>b</div> <div>c</div>	<div><div>1</div><div>2</div></div> <div>d</div> <div>e</div> <div>f</div>	<div><div></div><div></div><div></div></div> <div>SPECIFY</div>		
	FIRST NAME	<div><div></div><div></div></div> <div>SPECIFY</div>														

CODES FOR P2 (RESIDENCE STATUS)

01 Manager, director, person-in-charge

02 Staff member/employee/including physicians  
and nurses

03 Officer/enlisted man, trainee

04 Office/crew member in merchant vessel

21 Priest, seminarian, nun

22 Lodger or boarder

23 Patient (hospital, sanitarium, and others)

24 Inmate/ward (home for the aged, orphanage)

31 Prisoner/detainee

32 Others

CODES FOR P16 (HIGHEST GRADE/YEAR COMPLETED)

000 No grade completed

010 Preschool

Elementary

210 Grade 1

220 Grade 2

230 Grade 3

240 Grade 4

250 Grade 5

260 Grade 6

270 Grade 7

280 Elementary graduate

High school

310 1<sup>st</sup> Year

320 2<sup>nd</sup> Year

330 3<sup>rd</sup> Year

340 4<sup>th</sup> Year

350 High school graduate

Post secondary \*\*

410 1<sup>st</sup> Year

420 2<sup>nd</sup> Year

430 3<sup>rd</sup> Year

College \*\*

810 1<sup>st</sup> Year

820 2<sup>nd</sup> Year

830 3<sup>rd</sup> Year

840 4<sup>th</sup> Year

850 5<sup>th</sup> Year

860 6<sup>th</sup> Year

900 Post baccalaureate

\*\*IF GRADUATE  
IN POST SECONDARY  
OR COLLEGE,  
SPECIFY COURSE.

POPULATION CENSUS QUESTIONS

4C

LINE NUMBER	Name	For All Persons											For All 5 Years Old and Over				
		Residence Status	Sex	Date of Birth	Age	Birth Registration	Marital Status	Religious Affiliation	Citizenship		Ethnicity	Disability	Functional Difficulty		Highest Grade/Year Completed		
		What is _____'s position or status?	Is _____ male or female?	In what month and year was _____ born?	What is _____'s age as of his/her last birthday?	Was _____'s birth registered with the Civil Registry Office?	Is _____ single, married, widowed, divorced, separated, or in a common-law/live-in arrangement?	What is _____'s religious affiliation?	Is _____ a citizen of the Philippines?	What country is _____ a citizen of?	What is _____'s ethnicity by blood? Is he/she a/an _____?	Does _____ have any physical or mental disability?	Does _____ have any difficulty/problem in...?		What is the highest grade/year completed by _____?		
		1 Male 2 Female	MM Month YYYY Year	1 Yes 2 No 3 Don't know	1 Single 2 Married 3 Widowed 4 Divorced/Separated 5 Common-law/Live-in 6 Unknown	1 Yes 2 No 3 Don't know	1 Yes, (Filipino citizen) 2 Yes, (Filipino with dual citizenship) 3 No	MENTION THE PREDOMINANT/COMMON IP OR NON-IP GROUPS IN THE AREA.	1 Yes 2 No	a Seeing, even when wearing eyeglasses b Hearing, even when using a hearing aid c Walking or climbing steps d Remembering or concentrating e Self-caring (bathing or dressing) f Communicating using his/her usual language	WRITE ANSWER ON THE SPACE PROVIDED.						
		P1	P2	P3	P4	P5	P6	P7		P8	P9	P10	P11	P12	P13		P16
9	LAST NAME	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div></div><div></div></div><div>MM</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
	FIRST NAME	<div><div></div><div></div></div>		<div><div><div></div><div></div><div></div><div></div><div></div></div><div>YYYY</div></div>					<div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
	SPECIFY								<div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
10	LAST NAME	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div></div><div></div></div><div>MM</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
	FIRST NAME	<div><div></div><div></div></div>		<div><div><div></div><div></div><div></div><div></div><div></div></div><div>YYYY</div></div>					<div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
	SPECIFY								<div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
11	LAST NAME	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div></div><div></div></div><div>MM</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
	FIRST NAME	<div><div></div><div></div></div>		<div><div><div></div><div></div><div></div><div></div><div></div></div><div>YYYY</div></div>					<div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
	SPECIFY								<div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
12	LAST NAME	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div></div><div></div></div><div>MM</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
	FIRST NAME	<div><div></div><div></div></div>		<div><div><div></div><div></div><div></div><div></div><div></div></div><div>YYYY</div></div>					<div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
	SPECIFY								<div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
13	LAST NAME	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div></div><div></div></div><div>MM</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
	FIRST NAME	<div><div></div><div></div></div>		<div><div><div></div><div></div><div></div><div></div><div></div></div><div>YYYY</div></div>					<div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
	SPECIFY								<div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
14	LAST NAME	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div></div><div></div></div><div>MM</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
	FIRST NAME	<div><div></div><div></div></div>		<div><div><div></div><div></div><div></div><div></div><div></div></div><div>YYYY</div></div>					<div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
	SPECIFY								<div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
15	LAST NAME	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div></div><div></div></div><div>MM</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
	FIRST NAME	<div><div></div><div></div></div>		<div><div><div></div><div></div><div></div><div></div><div></div></div><div>YYYY</div></div>					<div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
	SPECIFY								<div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
16	LAST NAME	<div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div></div><div></div></div><div>MM</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div>1</div><div>2</div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
	FIRST NAME	<div><div></div><div></div></div>		<div><div><div></div><div></div><div></div><div></div><div></div></div><div>YYYY</div></div>					<div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	
	SPECIFY								<div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>		<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div></div><div></div></div></div>	<div><div></div><div></div><div></div></div>	

INSTITUTIONAL POPULATION SIZE		CODES FOR P16 (HIGHEST GRADE/YEAR COMPLETED)					
1. IF THERE ARE MORE THAN 16 MEMBERS IN THIS INSTITUTION, WRITE X IN THE BOX FOR YES. OTHERWISE, WRITE X IN THE BOX FOR NO.		000 No grade completed	230 Grade 3	High school	Post secondary **	College **	860 6 <sup>th</sup> Year
<div><div></div><div>1 Yes, USE ADDITIONAL BOOKLET.</div></div>		010 Preschool	240 Grade 4	310 1 <sup>st</sup> Year	410 1 <sup>st</sup> Year	810 1 <sup>st</sup> Year	900 Post baccalaureate
<div><div></div><div>2 No</div></div>		Elementary	250 Grade 5	320 2 <sup>nd</sup> Year	420 2 <sup>nd</sup> Year	820 2 <sup>nd</sup> Year	**IF GRADUATE IN POST SECONDARY OR COLLEGE, SPECIFY COURSE.
		210 Grade 1	260 Grade 6	330 3 <sup>rd</sup> Year	430 3 <sup>rd</sup> Year	830 3 <sup>rd</sup> Year	
		220 Grade 2	270 Grade 7	340 4 <sup>th</sup> Year		840 4 <sup>th</sup> Year	
			280 Elementary graduate	350 High school graduate		850 5 <sup>th</sup> Year	

