

LINE NUMBER	MONTH AND DAY OF VISIT CALLBACK INDICATOR WRITE X IN THE CIRCLE IF CALLBACK	BUILDING SERIAL NUMBER (BSN) WRITE THE FOUR-DIGIT BSN	HOUSING UNIT SERIAL NUMBER (HUSN) WRITE THE FOUR-DIGIT HUSN	HOUSEHOLD SERIAL NUMBER (HSN) WRITE THE FOUR-DIGIT HSN	NAME OF HOUSEHOLD HEAD <i>Who is the head of this household?</i> WRITE THE LAST NAME AND FIRST NAME	ADDRESS OF THE HOUSEHOLD <i>What is the address of this household?</i> WRITE THE HOUSE NUMBER AND STREET OR SITIO/PUROK NAME	AS OF DATE OF VISIT		
							<i>How many members are there in this household?</i> WRITE THE TOTAL NUMBER OF HOUSEHOLD MEMBERS	<i>How many members are male?</i> WRITE THE TOTAL NUMBER OF MALE HOUSEHOLD MEMBERS	<i>How many members are female?</i> WRITE THE TOTAL NUMBER OF FEMALE HOUSEHOLD MEMBERS
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
9	<input type="checkbox"/>				LAST NAME				
	<input type="checkbox"/>				FIRST NAME				
10	<input type="checkbox"/>				LAST NAME				
	<input type="checkbox"/>				FIRST NAME				
11	<input type="checkbox"/>				LAST NAME				
	<input type="checkbox"/>				FIRST NAME				
12	<input type="checkbox"/>				LAST NAME				
	<input type="checkbox"/>				FIRST NAME				
13	<input type="checkbox"/>				LAST NAME				
	<input type="checkbox"/>				FIRST NAME				
14	<input type="checkbox"/>				LAST NAME				
	<input type="checkbox"/>				FIRST NAME				
15	<input type="checkbox"/>				LAST NAME				
	<input type="checkbox"/>				FIRST NAME				
16	<input type="checkbox"/>				LAST NAME				
	<input type="checkbox"/>				FIRST NAME				
17	<input type="checkbox"/>				LAST NAME				
	<input type="checkbox"/>				FIRST NAME				
18	<input type="checkbox"/>				LAST NAME				
	<input type="checkbox"/>				FIRST NAME				
19	<input type="checkbox"/>				LAST NAME				
	<input type="checkbox"/>				FIRST NAME				
20	<input type="checkbox"/>				LAST NAME				
	<input type="checkbox"/>				FIRST NAME				
TOTAL				HH	TOTAL		HM	MALE	FEMALE

