



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.

CONFIDENTIALITY:
Section 4 of the Commonwealth Act No. 591 provides that all information furnished in this questionnaire shall be kept STRICTLY CONFIDENTIAL.

2010 CENSUS OF POPULATION AND HOUSING

INSTITUTIONAL POPULATION QUESTIONNAIRE

NSCB Approval No. NSO-1003-04
Expires on: June 30, 2011

CERTIFICATION	GEOGRAPHIC IDENTIFICATION	INSTITUTIONAL POPULATION DEFINITION
<p>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.</p> <p>_____ ENUMERATOR/STAFF OF ILQ (SIGNATURE OVER PRINTED NAME)</p> <p>_____ DATE ACCOMPLISHED</p> <p>_____ TEAM SUPERVISOR (SIGNATURE OVER PRINTED NAME)</p> <p>_____ DATE REVIEWED</p> <p>_____ CAS/ACAS (SIGNATURE OVER PRINTED NAME)</p> <p>_____ DATE REVIEWED</p> <p>_____ CO/RO/PO SUPERVISOR (SIGNATURE OVER PRINTED NAME)</p> <p>_____ DATE REVIEWED</p>	<p>BOOKLET <input type="text"/> <input type="text"/> OF <input type="text"/> <input type="text"/> BOOKLETS</p> <p>PROVINCE _____ <input type="text"/> <input type="text"/></p> <p>CITY/MUNICIPALITY _____ <input type="text"/> <input type="text"/></p> <p>BARANGAY _____ <input type="text"/> <input type="text"/> <input type="text"/></p> <p>ENUMERATION AREA _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>BUILDING SERIAL NUMBER _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>INSTITUTIONAL SERIAL NUMBER _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>TYPE OF INSTITUTIONAL LIVING QUARTER _____ <input type="text"/> <input type="text"/> (SEE CODES BELOW)</p> <p>NAME OF INSTITUTIONAL LIVING QUARTER _____</p> <p>ADDRESS _____ NUMBER AND STREET NAME OR NAME OF SITIO</p>	<p>Institutional population <i>comprises of persons who are found living in institutional living quarters.</i> 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.</p> <p style="text-align: center;">INSTITUTIONAL POPULATION MEMBERSHIP</p> <ol style="list-style-type: none"> 1. Permanent lodgers in boarding houses 2. Dormitory residents who do not go home at least once a week 3. Hotel residents who have stayed for more than six months at the time of the census 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) 5. Patients in hospitals who are confined for more than six months 6. Wards in orphanages 7. Inmates of penal colonies or prison cells 8. Seminararians, nuns in convents, monks 9. Soldiers residing in military camps 10. Workers in mining and similar camps

INTERVIEW RECORD				SUMMARY OF VISIT	CODES FOR TYPES OF INSTITUTIONAL LIVING QUARTERS
VISIT NUMBER	VISIT 1	VISIT 2	VISIT 3		
DATE OF VISIT MONTH:DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ENUMERATOR'S CODE ----- <input type="text"/> <input type="text"/> <input type="text"/>	<ol style="list-style-type: none"> 01 Hotels, lodging houses, dormitories, and others 02 Hospitals and nurses' home 03 Welfare institutions 04 Corrective and penal institutions 05 Convents, nunneries, seminaries, and boarding schools 21 Military camps and stations 22 Logging, mining, and construction/public works camps 23 Oceangoing and inter island/coastal vessels 24 Refugee camps 25 Others, SPECIFY _____
TIME BEGAN HOUR:MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NUMBER OF VISITS MADE ----- <input type="text"/>	
TIME ENDED HOUR:MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RESULT OF FINAL VISIT * ----- <input type="text"/>	
RESULT OF VISIT * (SEE CODES FOR RESULT OF VISIT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL MEMBERS IN THE INSTITUTION ----- <input type="text"/> <input type="text"/>	
NEXT VISIT				NUMBER OF MALES IN THE INSTITUTION ----- <input type="text"/> <input type="text"/>	
DATE MONTH:DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NUMBER OF FEMALES IN THE INSTITUTION ----- <input type="text"/> <input type="text"/>	
TIME HOUR:MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	WITH SELF-ADMINISTERED QUESTIONNAIRE INSTRUCTIONS 1 Yes <input type="text"/> 2 No <input type="text"/>	
				* CODES FOR RESULT OF VISIT	
				1 Completed <input type="text"/> 4 Postponed <input type="text"/>	
				2 Partly completed <input type="text"/> 5 No respondent around <input type="text"/>	
				3 Refused <input type="text"/> 6 Others, SPECIFY _____ <input type="text"/>	

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? <i>Who are the persons residing in this institutional living quarter as of May 1, 2010?</i>	Is _____ male or female? 1 Male 2 Female	In what month and year was _____ born? MM Month YYYY Year	What is _____'s age as of his/her last birthday?	Was _____'s birth registered with the Civil Registry Office? 1 Yes 2 No 3 Don't know	Is _____ single, married, widowed, divorced/separated, or in a common-law/live-in arrangement? 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.	What is _____'s religious affiliation? WRITE THE ANSWER ON THE SPACE PROVIDED. SEE CODEBOOK.	Is _____ a citizen of the Philippines? 1 Yes, (Filipino citizen) 2 Yes, (Filipino with dual citizenship) 3 No WRITE X IN THE BOX. IF CODE "1" SKIP TO P11.	What country is _____ a citizen of? WRITE THE ANSWER ON THE SPACE PROVIDED. SEE CODEBOOK.	What is _____'s ethnicity by blood? Is he/she a/an _____? MENTION THE PREDOMINANT/COMMON IP OR NON-IP GROUPS IN THE AREA. WRITE THE ANSWER ON THE SPACE PROVIDED. SEE CODEBOOK.	Does _____ have any physical or mental disability? 1 Yes 2 No	Does _____ have any difficulty/problem in...? 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 X IN THE BOX CORRESPONDING TO THE ANSWER FOR EACH DIFFICULTY/PROBLEM.	What is the highest grade/year completed by _____? WRITE ANSWER ON THE SPACE PROVIDED. IF GRADUATE IN POST SECONDARY OR COLLEGE, SPECIFY THE COURSE. SEE CODES AT THE BOTTOM.	
P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13		P16	
1	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No c <input type="checkbox"/> Yes <input type="checkbox"/> No d <input type="checkbox"/> Yes <input type="checkbox"/> No e <input type="checkbox"/> Yes <input type="checkbox"/> No f	<input type="text"/> SPECIFY	
2	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No c <input type="checkbox"/> Yes <input type="checkbox"/> No d <input type="checkbox"/> Yes <input type="checkbox"/> No e <input type="checkbox"/> Yes <input type="checkbox"/> No f	<input type="text"/> SPECIFY	
3	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No c <input type="checkbox"/> Yes <input type="checkbox"/> No d <input type="checkbox"/> Yes <input type="checkbox"/> No e <input type="checkbox"/> Yes <input type="checkbox"/> No f	<input type="text"/> SPECIFY	
4	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No c <input type="checkbox"/> Yes <input type="checkbox"/> No d <input type="checkbox"/> Yes <input type="checkbox"/> No e <input type="checkbox"/> Yes <input type="checkbox"/> No f	<input type="text"/> SPECIFY	
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6	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No c <input type="checkbox"/> Yes <input type="checkbox"/> No d <input type="checkbox"/> Yes <input type="checkbox"/> No e <input type="checkbox"/> Yes <input type="checkbox"/> No f	<input type="text"/> SPECIFY	
7	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No c <input type="checkbox"/> Yes <input type="checkbox"/> No d <input type="checkbox"/> Yes <input type="checkbox"/> No e <input type="checkbox"/> Yes <input type="checkbox"/> No f	<input type="text"/> SPECIFY	
8	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No c <input type="checkbox"/> Yes <input type="checkbox"/> No d <input type="checkbox"/> Yes <input type="checkbox"/> No e <input type="checkbox"/> Yes <input type="checkbox"/> No f	<input type="text"/> SPECIFY	

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 1st Year
- 320 2nd Year
- 330 3rd Year
- 340 4th Year
- 350 High school graduate
- Post secondary **
- 410 1st Year
- 420 2nd Year
- 430 3rd Year
- College **
- 810 1st Year
- 820 2nd Year
- 830 3rd Year
- 840 4th Year
- 850 5th Year
- 860 6th Year
- 900 Post baccalaureate

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

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
	<i>Who are the persons residing in this institutional living quarter as of May 1, 2010?</i>	<i>What is _____'s position or status?</i>	<i>Is _____ male or female?</i>	<i>In what month and year was _____ born?</i>	<i>What is _____'s age as of his/her last birthday?</i>	<i>Was _____'s birth registered with the Civil Registry Office?</i>	<i>Is _____ single, married, widowed, divorced, separated, or in a common-law/live-in arrangement?</i>	<i>What is _____'s religious affiliation?</i>	<i>Is _____ a citizen of the Philippines?</i>	<i>What country is _____ a citizen of?</i>	<i>What is _____'s ethnicity by blood? Is he/she a/an _____?</i>	<i>Does _____ have any physical or mental disability?</i>	<i>Does _____ have any difficulty/problem in...?</i>		<i>What is the highest grade/year completed by _____?</i>
	LIST THE NAMES OF ALL MEMBERS OF THE INSTITUTIONAL POPULATION FOLLOWING THE ORDER SPECIFIED IN THE CODES FOR RESIDENCE STATUS AT THE BOTTOM OF PAGE 4B.	WRITE THE ANSWER ON THE SPACE PROVIDED. SEE CODES AT THE BOTTOM OF PAGE 4B.	1 Male 2 Female	MM Month YYYY Year	WRITE THE AGE IN THE BOXES.	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. SEE CODEBOOK.	1 Yes, (Filipino citizen) 2 Yes, (Filipino with dual citizenship) 3 No	WRITE X IN THE BOX. IF CODE "1" SKIP TO P11.	MENTION THE PREDOMINANT/COMMON IP OR NON-IP GROUPS IN THE AREA. WRITE THE ANSWER ON THE SPACE PROVIDED. SEE CODEBOOK.	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. SEE CODES AT THE BOTTOM.
	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13		P16
9	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> 	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="text"/> SPECIFY	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No c	<input type="checkbox"/> Yes <input type="checkbox"/> No d <input type="checkbox"/> Yes <input type="checkbox"/> No e <input type="checkbox"/> Yes <input type="checkbox"/> No f	<input type="text"/> SPECIFY
10	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> 	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="text"/> SPECIFY	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No c	<input type="checkbox"/> Yes <input type="checkbox"/> No d <input type="checkbox"/> Yes <input type="checkbox"/> No e <input type="checkbox"/> Yes <input type="checkbox"/> No f	<input type="text"/> SPECIFY
11	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> 	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="text"/> SPECIFY	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No c	<input type="checkbox"/> Yes <input type="checkbox"/> No d <input type="checkbox"/> Yes <input type="checkbox"/> No e <input type="checkbox"/> Yes <input type="checkbox"/> No f	<input type="text"/> SPECIFY
12	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> 	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="text"/> SPECIFY	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No c	<input type="checkbox"/> Yes <input type="checkbox"/> No d <input type="checkbox"/> Yes <input type="checkbox"/> No e <input type="checkbox"/> Yes <input type="checkbox"/> No f	<input type="text"/> SPECIFY
13	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> 	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="text"/> SPECIFY	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No c	<input type="checkbox"/> Yes <input type="checkbox"/> No d <input type="checkbox"/> Yes <input type="checkbox"/> No e <input type="checkbox"/> Yes <input type="checkbox"/> No f	<input type="text"/> SPECIFY
14	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> 	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="text"/> SPECIFY	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No c	<input type="checkbox"/> Yes <input type="checkbox"/> No d <input type="checkbox"/> Yes <input type="checkbox"/> No e <input type="checkbox"/> Yes <input type="checkbox"/> No f	<input type="text"/> SPECIFY
15	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> 	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="text"/> SPECIFY	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No c	<input type="checkbox"/> Yes <input type="checkbox"/> No d <input type="checkbox"/> Yes <input type="checkbox"/> No e <input type="checkbox"/> Yes <input type="checkbox"/> No f	<input type="text"/> SPECIFY
16	LAST NAME FIRST NAME	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> 	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="text"/> SPECIFY	<input type="text"/> SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No c	<input type="checkbox"/> Yes <input type="checkbox"/> No d <input type="checkbox"/> Yes <input type="checkbox"/> No e <input type="checkbox"/> Yes <input type="checkbox"/> No f	<input type="text"/> SPECIFY

INSTITUTIONAL POPULATION SIZE

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.

1 Yes, USE ADDITIONAL BOOKLET. 2 No

CODES FOR P16 (HIGHEST GRADE/YEAR COMPLETED)

000 No grade completed	230 Grade 3	High school	Post secondary **	College **	860 6 th Year
010 Preschool	240 Grade 4	310 1 st Year	410 1 st Year	810 1 st Year	900 Post baccalaureate
Elementary	250 Grade 5	320 2 nd Year	420 2 nd Year	820 2 nd Year	**IF GRADUATE IN POST SECONDARY OR COLLEGE, SPECIFY COURSE.
210 Grade 1	260 Grade 6	330 3 rd Year	430 3 rd Year	830 3 rd Year	
220 Grade 2	270 Grade 7	340 4 th Year		840 4 th Year	
	280 Elementary graduate	350 High school graduate		850 5 th Year	

4D

AGE AS OF LAST BIRTHDAY CONVERSION TABLE

Year of Birth	Age if birthday occurs		Year of Birth	Age if birthday occurs		Year of Birth	Age if birthday occurs	
	Before May 1	On or after May 1		Before May 1	On or after May 1		Before May 1	On or after May 1
2010	000	...	1969	041	040	1929	081	080
2009	001	000	1968	042	041	1928	082	081
2008	002	001	1967	043	042	1927	083	082
2007	003	002	1966	044	043	1926	084	083
2006	004	003	1965	045	044	1925	085	084
2005	005	004	1964	046	045	1924	086	085
2004	006	005	1963	047	046	1923	087	086
2003	007	006	1962	048	047	1922	088	087
2002	008	007	1961	049	048	1921	089	088
2001	009	008	1960	050	049	1920	090	089
2000	010	009	1959	051	050	1919	091	090
1999	011	010	1958	052	051	1918	092	091
1998	012	011	1957	053	052	1917	093	092
1997	013	012	1956	054	053	1916	094	093
1996	014	013	1955	055	054	1915	095	094
1995	015	014	1954	056	055	1914	096	095
1994	016	015	1953	057	056	1913	097	096
1993	017	016	1952	058	057	1912	098	097
1992	018	017	1951	059	058	1911	099	098
1991	019	018	1950	060	059	1910	100	099
1990	020	019	1949	061	060	1909	101	100
1989	021	020	1948	062	061	1908	102	101
1988	022	021	1947	063	062	1907	103	102
1987	023	022	1946	064	063	1906	104	103
1986	024	023	1945	065	064	1905	105	104
1985	025	024	1944	066	065	1904	106	105
1984	026	025	1943	067	066	1903	107	106
1983	027	026	1942	068	067	1902	108	107
1982	028	027	1941	069	068	1901	109	108
1981	029	028	1940	070	069	1900	110	109
1980	030	029	1939	071	070	1899	111	110
1979	031	030	1938	072	071	1898	112	111
1978	032	031	1937	073	072	1897	113	112
1977	033	032	1936	074	073	1896	114	113
1976	034	033	1935	075	074	1895	115	114
1975	035	034	1934	076	075	1894	116	115
1974	036	035	1933	077	076	1893	117	116
1973	037	036	1932	078	077	1892	118	117
1972	038	037	1931	079	078	1891	119	118
1971	039	038	1930	080	079	1890	120	119
1970	040	039						

REMARKS