

## PART D. CERTIFICATION

This is to certify as to the accuracy of the data provided in this questionnaire.

<b>Name/Signature of Contact Person in the Establishment:</b>			
Position:		Fax No.	
Tel. No.		E-mail Address:	
<b>Time spent in answering this questionnaire:</b>			
<input type="checkbox"/> Less than a day <input type="checkbox"/> 1 -2 days <input type="checkbox"/> More than 2 days <i>(specify)</i> _____			
<b>Comments:</b>			
a. On data provided for the 2006 OWS			
b. On results of the 2004 OWS			
c. Presentation/Packaging:		Suggestions for improvement:	
Definition of terms	<input type="checkbox"/> Easy to understand <input type="checkbox"/> Vague		
Layout	<input type="checkbox"/> User-friendly <input type="checkbox"/> Not user-friendly		
Font, color	<input type="checkbox"/> Appealing <input type="checkbox"/> Not appealing		

*Thank you for your support and full cooperation to our undertaking.*

## PART E: SURVEY PERSONNEL

### National Capital Region

	Enumerator	Area Supervisor	Reviewer
Name			
Date			

### Outside National Capital Region

	Enumerator	Area Supervisor	Regional Supervisor	BLES Reviewer
Name				
Date				