

PART D. CERTIFICATION

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

Name/Signature of Contact Person in the Establishment:			
Position:		Fax No.	
Tel. No.		E-mail Address:	
Time spent in answering this questionnaire: <input type="checkbox"/> Less than a day <input type="checkbox"/> 1 -2 days <input type="checkbox"/> More than 2 days (specify) _____			
Comments:			
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				