





	<p><b>B1d</b></p> <p><b>What was the status of your employment during the past twelve months?</b></p> <p>For Occupation No. 1. _____</p> <p>For Occupation No. 2. _____</p> <p><b>Codes to be entered in B1d above</b></p> <p>1 Worker in private household  2 Worker in private establishment  3 Worker in government/government corporation  4 Paid worker on own household-operated enterprise  5 Self-employed without any paid employee  6 Employer in own household-operated farm or business  7 Unpaid worker in own household-operated farm or business  8 Unpaid worker for other members who work for others  9 Homebase worker</p>	<input type="checkbox"/> <input type="checkbox"/>								
	<p><b>B1e</b></p> <p><b>Where was your place of work during the past twelve months?</b></p> <p>For Occupation No. 1. _____</p> <p>For Occupation No. 2. _____</p> <p><b>Codes to be entered in B1e above</b></p> <p>01 Own house  02 Employer's house  03 Other person's house/place  04 Office  05 Factory  06 Farm  07 Street  08 Market place  09 Mines  10 Construction site/quarry site  11 Others, specify _____</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
	<p><b>B1f</b></p> <p><b>What was your normal working hours per day for the past twelve months?</b></p> <p>1 1 to 4 hours  2 5 to 8 hours  3 9 to 10 hours  4 More than 10 hours</p>	<input type="checkbox"/>								
	<p><b>B1g</b></p> <p><b>How many days in a week did you actually work during the past twelve months?</b></p>	<input type="checkbox"/>								
	<p><b>B1h</b></p> <p><b>Did you usually work in the evening or at night during the past twelve months?</b></p> <p>1 Yes, often times  2 Yes, sometimes  3 Rarely/seldom  4 No</p>	<input type="checkbox"/>								
	<p><b>B1i</b></p> <p><b>Under what term or basis of payment were you paid during the past twelve months?</b></p> <p>1 Daily  2 Hourly  3 Weekly  4 Monthly  5 Per piece  6 Per task or "pakyao"  7 Commission basis  8 No payment (<b>GO TO B1k</b>)  9 Others, specify _____</p>	<input type="checkbox"/>								
	<p><b>B1j</b></p> <p><b>How much was your average weekly gross earnings during the past twelve months?</b></p> <p style="text-align: right;">Cash</p> <p>1 In cash P _____ 2 In kind P _____ In Kind</p>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>								

	<b>B1k</b>	<b>Did you receive benefits from your employer besides your salary?</b>  1 Yes ( <b>GO TO B1k(i)</b> )                      2 No ( <b>GO TO B2</b> )	<input type="checkbox"/>
	<b>B1k(i)</b>	<b>What type of benefits did you receive (In cash/In kind)?</b> <i>(Multiple responses)</i>  01 Meal allowance 02 Clothing allowance 03 Housing allowance 04 Medical/hospitalization 05 Education/training allowance 06 Annual bonus 07 Sick/vacation leaves with pay 08 Social security (e.g., Pag-ibig, SSS, GSIS) 09 Transportation allowance for work purposes 10 Others, specify _____	(01) <input type="checkbox"/> <input type="checkbox"/> (02) <input type="checkbox"/> <input type="checkbox"/> (03) <input type="checkbox"/> <input type="checkbox"/> (04) <input type="checkbox"/> <input type="checkbox"/> (05) <input type="checkbox"/> <input type="checkbox"/> (06) <input type="checkbox"/> <input type="checkbox"/> (07) <input type="checkbox"/> <input type="checkbox"/> (08) <input type="checkbox"/> <input type="checkbox"/> (09) <input type="checkbox"/> <input type="checkbox"/> (10) <input type="checkbox"/> <input type="checkbox"/>
	<b>B2</b>	<b>Did you give your earnings to your family?</b>  1 Yes, wholly ( <b>GO TO B3</b> ) 2 Yes, partly 3 No 4 Unpaid ( <b>GO TO B3</b> )	<input type="checkbox"/>
	<b>B2a</b>	<b>Did/Do you save part of your earnings?</b>  1 Yes, regularly 2 Yes, occasionally 3 No ( <b>GO TO B3</b> )	<input type="checkbox"/>
	<b>B2b</b>	<b>What was your main reason for saving?</b>  1 To pay for schooling 2 To establish own business 3 To be independent/self-reliant 4 Others, specify _____	<input type="checkbox"/>
	<b>B3</b>	<b>Although you are still young, what was your MAIN reason for working or having a job during the past twelve months?</b>  1 To gain experience/acquire training 2 To appreciate value of work 3 To supplement family income/important to family well-being 4 To help pay own family debts 5 To pay own schooling 6 To help in own household enterprise 7 To earn money to establish own business 8 Others, specify _____	<input type="checkbox"/>
	<b>B4</b>	<b>Were/Are you supervised by an adult in your work?</b>  1 Yes ( <b>GO TO B4a</b> )                      2 No ( <b>GO TO B5</b> )	<input type="checkbox"/>
	<b>B4a</b>	<b>If Yes in B4, who was/is this adult person?</b>  1 Parent/guardian 2 Elder brother/sister 3 Other relatives 4 Employer/Supervisor 5 Others, specify _____	<input type="checkbox"/>
	<b>B5</b>	<b>Did/do you perform heavy physical work?</b>  1 Always 2 Sometimes 3 Seldom/Rarely 4 Never	<input type="checkbox"/>

<b>B6</b>	<b>Did/do you find your work stressful (mental, emotional)?</b> 1 Always 2 Sometimes 3 Seldom/Rarely 4 Never	<input type="checkbox"/>
<b>B7</b>	<b>Were/are you bored with your work?</b> 1 Always 2 Sometimes 3 Seldom/Rarely 4 Never	<input type="checkbox"/>
<b>B8</b>	<b>Did/do you consider some aspects of your work risky or dangerous?</b> 1 Yes ( <b>GO TO B8a</b> )                      2 No ( <b>GO TO B9</b> )	<input type="checkbox"/>
	<b>B8a      If Yes in B8, why?</b> 1 Prone to vehicular accident 2 Might get burned 3 May fall 4 May impair hearing 5 May lose sight 6 May suffer physical mutilation 7 May contract disease/get sick 8 Mental/psychological torture 9 Others, specify _____	<input type="checkbox"/>
<b>B9</b>	<b>Have you used any tools/equipments in your work?</b> 1 Yes ( <b>GO TO B9a</b> )                      2 No ( <b>GO TO B10</b> )	<input type="checkbox"/>
	<b>B9a      Which of the following? (Multiple responses)</b> 01 Circular saw 02 Plate printing machine 03 Linkao 04 Sickle or Karet 05 Dulos 06 Axe 07 Pick 08 Bolo/Knife 09 Steel Fork 10 Rake 11 Hacksaw 12 Hammer 13 Saw and Blade 14 Scissors 15 Shear 16 Mallet 17 Cutter 18 Crow Bar 19 Welding Tools 20 Blow/Acetylene 21 Torch 22 Others, specify _____	(01) <input type="checkbox"/> <input type="checkbox"/> (02) <input type="checkbox"/> <input type="checkbox"/> (03) <input type="checkbox"/> <input type="checkbox"/> (04) <input type="checkbox"/> <input type="checkbox"/> (05) <input type="checkbox"/> <input type="checkbox"/> (06) <input type="checkbox"/> <input type="checkbox"/> (07) <input type="checkbox"/> <input type="checkbox"/> (08) <input type="checkbox"/> <input type="checkbox"/> (09) <input type="checkbox"/> <input type="checkbox"/> (10) <input type="checkbox"/> <input type="checkbox"/> (11) <input type="checkbox"/> <input type="checkbox"/> (12) <input type="checkbox"/> <input type="checkbox"/> (13) <input type="checkbox"/> <input type="checkbox"/> (14) <input type="checkbox"/> <input type="checkbox"/> (15) <input type="checkbox"/> <input type="checkbox"/> (16) <input type="checkbox"/> <input type="checkbox"/> (17) <input type="checkbox"/> <input type="checkbox"/> (18) <input type="checkbox"/> <input type="checkbox"/> (19) <input type="checkbox"/> <input type="checkbox"/> (20) <input type="checkbox"/> <input type="checkbox"/> (21) <input type="checkbox"/> <input type="checkbox"/> (22) <input type="checkbox"/> <input type="checkbox"/>
<b>B10</b>	<b>Have you used any safety device/equipment materials in your work?</b> 1 Yes ( <b>GO TO B10a</b> )                      2 No ( <b>GO TO B11</b> )	<input type="checkbox"/>
	<b>B10a      If Yes in B10, what was/were these safety device equipment materials? (Multiple responses)</b> 01 Safety helmet/hair caps 02 Goggles/spectacles 03 Gloves 04 Earplugs and earmuffs 05 Safety shoes/boots/footguards 06 Respirator 07 Face shield 08 Overall/Apron 09 Protective clothing (leather, asbestos, wool, rubberized fabrics) 10 Life vest 11 Others, specify _____	(01) <input type="checkbox"/> <input type="checkbox"/> (02) <input type="checkbox"/> <input type="checkbox"/> (03) <input type="checkbox"/> <input type="checkbox"/> (04) <input type="checkbox"/> <input type="checkbox"/> (05) <input type="checkbox"/> <input type="checkbox"/> (06) <input type="checkbox"/> <input type="checkbox"/> (07) <input type="checkbox"/> <input type="checkbox"/> (08) <input type="checkbox"/> <input type="checkbox"/> (09) <input type="checkbox"/> <input type="checkbox"/> (10) <input type="checkbox"/> <input type="checkbox"/> (11) <input type="checkbox"/> <input type="checkbox"/>

	<b>B10b Who provided them?</b> 1 Employer 2 Self 3 Others, specify _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>B11</b>	<b>Did/Does your work often involve exposure to the following? (Multiple responses)</b> <u>Chemicals:</u> 11 Dust (ex. Silica dust, saw dust, sanding dust) 12 Liquid (ex. oil, gasoline, mercury) 13 Mist/fumes/vapors/ (ex. paint/insecticide/pesticide spraying) 14 Gas (ex. oxygen, ammonia) 15 Others, specify _____ 16 Not exposed to chemicals  <u>Physical environment:</u> 21 Noise 22 Temperature/Humidity 23 Pressure 24 Inadequate Illumination/Lighting 25 Slip/Trip/Fall Hazards 26 Insufficient exit for prompt escape 27 Congested lay-out 28 Radiation/ultraviolet/microwave 29 Others, specify _____ 30 Not exposed to physical elements  <u>Biological:</u> 31 Viral 32 Bacterial 33 Fungal 34 Parasitic (ex. drinking infected water with amoeba) 35 Others, specify _____ 36 Not exposed to biological organisms	(11) <input type="checkbox"/> <input type="checkbox"/> (12) <input type="checkbox"/> <input type="checkbox"/> (13) <input type="checkbox"/> <input type="checkbox"/> (14) <input type="checkbox"/> <input type="checkbox"/> (15) <input type="checkbox"/> <input type="checkbox"/> (16) <input type="checkbox"/> <input type="checkbox"/>  (21) <input type="checkbox"/> <input type="checkbox"/> (22) <input type="checkbox"/> <input type="checkbox"/> (23) <input type="checkbox"/> <input type="checkbox"/> (24) <input type="checkbox"/> <input type="checkbox"/> (25) <input type="checkbox"/> <input type="checkbox"/> (26) <input type="checkbox"/> <input type="checkbox"/> (27) <input type="checkbox"/> <input type="checkbox"/> (28) <input type="checkbox"/> <input type="checkbox"/> (29) <input type="checkbox"/> <input type="checkbox"/> (30) <input type="checkbox"/> <input type="checkbox"/>  (31) <input type="checkbox"/> <input type="checkbox"/> (32) <input type="checkbox"/> <input type="checkbox"/> (33) <input type="checkbox"/> <input type="checkbox"/> (34) <input type="checkbox"/> <input type="checkbox"/> (35) <input type="checkbox"/> <input type="checkbox"/> (36) <input type="checkbox"/> <input type="checkbox"/>
<b>B12</b>	<b>Have you ever experienced any injuries or illnesses while working?</b> 1 Yes ( <b>GO TO B12a</b> )                      2 No ( <b>GO TO B13</b> )	<input type="checkbox"/>
	<b>B12a If Yes in B12, which of the following injuries/illnesses did you suffer from? (Multiple responses)</b> <u>Injuries:</u> 11 Contusions, bruises, hematoma, abrasion 12 Cuts 13 Wounds/punctures 14 Amputation, loss of body parts 15 Crushing injuries 16 Dislocations, fractures, sprains 17 Burns 18 Others, specify _____  <u>Illnesses:</u> 21 Skin diseases (skin allergy, eczema, etc.) 22 Body aches/pains (head, neck, back, hand, wrist, joints) 23 Eye strain/eyesight impairment 24 Hearing impairment 25 Respiratory (e.g., asthma, TB, pneumonia, etc.) 26 Gastro intestinal (e.g., ulcer, hepatitis, etc.) 27 Others, specify _____	(11) <input type="checkbox"/> <input type="checkbox"/> (12) <input type="checkbox"/> <input type="checkbox"/> (13) <input type="checkbox"/> <input type="checkbox"/> (14) <input type="checkbox"/> <input type="checkbox"/> (15) <input type="checkbox"/> <input type="checkbox"/> (16) <input type="checkbox"/> <input type="checkbox"/> (17) <input type="checkbox"/> <input type="checkbox"/> (18) <input type="checkbox"/> <input type="checkbox"/>  (21) <input type="checkbox"/> <input type="checkbox"/> (22) <input type="checkbox"/> <input type="checkbox"/> (23) <input type="checkbox"/> <input type="checkbox"/> (24) <input type="checkbox"/> <input type="checkbox"/> (25) <input type="checkbox"/> <input type="checkbox"/> (26) <input type="checkbox"/> <input type="checkbox"/> (27) <input type="checkbox"/> <input type="checkbox"/>
	<b>B12b Have you ever been treated as a result of this work-related injuries or illnesses?</b> 1 Yes ( <b>GO TO B12c</b> )                      2 No ( <b>GO TO B13</b> )	<input type="checkbox"/>
	<b>B12c What type of treatment was performed?</b> 1 First-aid 2 Out-patient 3 Confinement	<input type="checkbox"/>

	<b>B12d</b>	<b>Who provided for the medication/treatment? (Multiple responses)</b> 1 Employer 2 Parent 3 Self 4 Others, specify: _____	(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/>
	<b>B12e</b>	<b>How serious was/were the injury/ies or illness/es?</b> 1 Not serious, continued working, <b>GO TO B13</b> 2 Stopped work temporarily 3 Stopped work permanently	<input type="checkbox"/>
	<b>B12f</b>	<b>If stopped work temporarily, how many days?</b>	<input type="text"/> <input type="text"/> <input type="text"/>
<b>TO INTERVIEWER: DO YOU OBSERVE IF THERE ARE ANY PHYSICAL DISABILITY OR IMPAIRMENT OF THE RESPONDENT CHILD?</b> 1 Yes ( <b>GO TO B12g</b> )      2 No ( <b>GO TO B13</b> )			<input type="checkbox"/>
	<b>B12g</b>	<b>What is the DISABILITY/IMPAIRMENT of the respondent?</b> <i>(Multiple responses)</i> 1 Eye sight 2 Loss of arms/fingers 3 Loss of one leg/both legs 4 Paralyzed 5 Loss of speech 6 Others, specify _____	(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/> (5) <input type="checkbox"/> (6) <input type="checkbox"/>
<b>B13</b>	<b>Were/are there any working conditions which you would like to be improved?</b> 1 Yes ( <b>GO TO B13a</b> )      2 No ( <b>GO TO B14</b> )		<input type="checkbox"/>
	<b>B13a</b>	<b>If Yes in B13, which of the following? (Multiple responses)</b> 01 Long working hours 02 Odd working hours 03 Low pay 04 No rest day 05 Exposure to chemicals 06 Congested layout 07 Inadequate ventilation 08 Inadequate lighting 09 Inadequate working space 10 Lack of clean water supply 11 Too noisy 12 Unsanitary surrounding 13 Problem of flooding of work area 14 Polluted air (rugby, other chemicals) 15 Extreme heat 16 Others, specify _____	(01) <input type="checkbox"/> <input type="checkbox"/> (02) <input type="checkbox"/> <input type="checkbox"/> (03) <input type="checkbox"/> <input type="checkbox"/> (04) <input type="checkbox"/> <input type="checkbox"/> (05) <input type="checkbox"/> <input type="checkbox"/> (06) <input type="checkbox"/> <input type="checkbox"/> (07) <input type="checkbox"/> <input type="checkbox"/> (08) <input type="checkbox"/> <input type="checkbox"/> (09) <input type="checkbox"/> <input type="checkbox"/> (10) <input type="checkbox"/> <input type="checkbox"/> (11) <input type="checkbox"/> <input type="checkbox"/> (12) <input type="checkbox"/> <input type="checkbox"/> (13) <input type="checkbox"/> <input type="checkbox"/> (14) <input type="checkbox"/> <input type="checkbox"/> (15) <input type="checkbox"/> <input type="checkbox"/> (16) <input type="checkbox"/> <input type="checkbox"/>
<b>B14</b>	<b>Do you do housekeeping activities at home?</b> 1 Always ( <b>GO TO B14a</b> ) 2 Sometimes ( <b>GO TO B14a</b> ) 3 Seldom ( <b>GO TO B14a</b> ) 4 Never ( <b>GO TO C1</b> )		<input type="checkbox"/>
	<b>B14a</b>	<b>If Yes in B14, which housekeeping activities/domestic chores do you usually perform? (Multiple response)</b> 1 Caring after brothers/sisters, sick, infirm disabled or old members of own household 2 House cleaning, decorating, minor repairs 3 Cooking, preparing and serving meals 4 Washing clothes 5 Ironing clothes 6 Driving/fetching family members to/from work or school 7 Others, specify _____	(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/> (5) <input type="checkbox"/> (6) <input type="checkbox"/> (7) <input type="checkbox"/>

	<b>B14b</b>	<b>How many hours a week, on the average, do you spend on these household chores/activities?</b>	<input type="text"/> <input type="text"/>
<b>C. PERCEPTIONS ABOUT LAST/PRESENT JOB AND FUTURE PLAN</b>			
<b>C1</b>	<b>At what age did you start working?</b>		<input type="text"/> <input type="text"/>
<b>C2</b>	<b>Mainly, what would you like to do now?</b>		<input type="checkbox"/>
	1 Attend school only 2 Undergo skills training for a better job 3 Look for a better job 4 Help in parent's/relative's/guardian's household enterprise 5 Others, specify _____		
<b>C3</b>	<b>Mainly, what would you like to do in the future?</b>		<input type="checkbox"/>
	1 Attend school only 2 Undergo skills training for a better job 3 Look for a better job 4 Help in parent's/relative's/guardian's household enterprise 5 Others, specify _____		
<b>D. RECREATION/LEISURE TIME</b>			
<b>D1</b>	<b>Did/Do you usually have day off or free time from work/school/housework?</b>		<input type="checkbox"/>
	1 Yes (GO TO D1a)                      2 No (GO TO E1)		
	<b>D1a</b>	<b>What is the approximate number of hours of your free time per week? _____</b>	<input type="text"/> <input type="text"/>
	<b>D1b</b>	<b>What do you usually do during your free time? (Multiple responses)</b>	
		1 None 2 Play with friends 3 Go to movies/amusement centers 4 Window shopping or shopping 5 Sleep/rest 6 Study/read 7 Others, specify _____	(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/> (5) <input type="checkbox"/> (6) <input type="checkbox"/> (7) <input type="checkbox"/>
<b>E. SCHOOLING STATUS</b>			
<b>E1</b>	<b>Are you attending school at present?</b>		<input type="checkbox"/>
	1 Yes (GO TO E1a)                      2 No (GO TO E2)		
	<b>E1a</b>	<b>If Yes in E1, what is/was the effect of your work on your schooling/studies?</b>	<input type="checkbox"/>
		1 Low grades 2 Absenteeism 3 Tardiness 4 Others, specify: _____ 5 None	
	<b>E1b</b>	<b>Do you experience any problems/difficulties with your schooling/studies?</b>	<input type="checkbox"/>
		1 Yes (GO TO E1c)                      2 No (GO TO E2)	
	<b>E1c</b>	<b>If Yes in E1b, what difficulties/problems do/did you usually encounter with your schooling/studies? (Multiple responses)</b>	
		1 Difficulty in catching up with lessons 2 Teachers are not supportive 3 High cost of school supplies/books/transportation 4 No time to study 5 School too far from residence 6 Others, specify _____	(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/> (5) <input type="checkbox"/> (6) <input type="checkbox"/>

<b>E2</b>	<b>Have you ever stopped or dropped out of school?</b> 1 Yes ( <b>GO TO E2a</b> )                      2 No ( <b>GO TO F1</b> )		<input type="checkbox"/>
	<b>E2a</b>	<b>What was the MAIN reason for dropping out of school?</b>  01 To engage in paid/self employment to augment family income 02 To help in family business/farm 03 To attend to sick member of the family 04 Cannot afford to go to school 05 Not interested in school 06 School is too far 07 Illness/disability 08 Teachers are not supportive 09 Housekeeping 10 Others, specify _____	<input type="checkbox"/> <input type="checkbox"/>
<b>F. RECRUITMENT OF CHILDREN TO WORK ELSEWHERE</b>			
<b>F1</b>	<b>Are you aware of instances in your barangay where children age 5-17 years old are being recruited to work elsewhere?</b> 1 Yes ( <b>GO TO F1a</b> )                      2 No ( <b>GO TO G1</b> )		<input type="checkbox"/>
	<b>F1a</b>	<b>If Yes in F1, who did the recruitment? (Multiple responses)</b>  1 Don't know 2 Licensed recruiter/establishment 3 Relatives 4 Friends 5 Others, specify _____	(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/> (5) <input type="checkbox"/>
	<b>F1b</b>	<b>Do you know what kind of work they will do?</b> 1 Yes ( <b>GO TO F1c</b> )                      2 No ( <b>GO TO F1d</b> )	<input type="checkbox"/>
	<b>F1c</b>	<b>If Yes in F1b, what kind of work they are recruited for? (Multiple responses)</b>  1 Factory 2 Construction 3 Mining 4 Crop/livestock farming 5 Domestic work 6 Entertainment 7 Others, specify: _____	(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/> (5) <input type="checkbox"/> (6) <input type="checkbox"/> (7) <input type="checkbox"/>
	<b>F1d</b>	<b>Do you know where they are brought to work?</b> 1 Yes ( <b>GO TO F1e</b> )                      2 No ( <b>GO TO G1</b> )	<input type="checkbox"/>
	<b>F1e</b>	<b>If Yes in F1d, where? (Multiple Responses)</b>  1 Within barangay 2 Within municipality/city but outside barangay 3 Within province but outside municipality/city 4 Other province except Metro Manila 5 Metro Manila (Not applicable for NCR residents) 6 Abroad	(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/> (5) <input type="checkbox"/> (6) <input type="checkbox"/>
<b>END OF INTERVIEW</b>			

**G. EVALUATION BY THE INTERVIEWER**

<b>G1</b>	<b>Overall, how interested was the respondent in the interview?</b> 1 Very interested 2 Interested 3 Patronizing 4 Indifferent 5 Very indifferent	<input type="checkbox"/>
<b>G2</b>	<b>How would you assess the respondent's sincerity in answering questions?</b> 1 Sincere 2 Sometimes sincere 3 Sometimes not sincere 4 Insincere	<input type="checkbox"/>
<b>G3</b>	<b>If any, name the section/s or question/s where there are doubts on the responses of the respondent.</b> _____	
<b>G4</b>	<b>If any, name the section/s or question number/s where you think the respondent had difficulty in answering.</b> _____	
<b>G5</b>	<b>If any, name the section/s or question number/s where you think the respondent had apprehension in answering.</b> _____	

**REMARKS:**