

Confidential



Form 3

(Enumeration form)

Number.....of.....for this household

THE LABOUR FORCE SURVEY

(QuarterYear.....)

1. Region	Province	REG	CWT	1-3
2. Amphoe	Tambon	AMP	TAM	4-7
3. Address				
4. Municipal area	ED.....BLK.....	AREA	ED	8-11
Non-municipal area	ED.....Village No. Name of village.....		BLK_VIL	12-13
5. No. of Block/village.....			PSU_NO	14-17
6. Rotation Group.....	Sample Set.....	ROTA_GR	SAMSET	18-19
Month.....	Year.....	MONTH_YR		20-23
7. Household No.	Type of Household (Private ...1 Special (specify) ... 2)	HH_NO	TYPE	24-26
8. No. of persons in the household (Enumeration)			MEMBERS	27-28
9. No. of persons in the household (Listing)			LISTING	29-30
10. Name of respondent	Member No.			
11. Enumeration of this household (record code no.)				

Respond		code	Non - Respond		code
Listing	Enumeration		Listing	Enumeration	
1. Household Sample			1. Household Sample	Visited 3 times but	
1.1 Occupied	Interviewed	11		unable to contact	21
	Demolished, Burnt	12		Incorporate	22
	Unoccupied	13		Unidentified	23
1.2 Unoccupied	Unoccupied	14			
	Interviewed	15			
2. No Household Sample	Interviewed	16	2. Others (specify)		24

Date of interview Day MonthYear Date of Edited and Coding MonthYear

Signature Signature

Enumerator

Edit and code

Signature.....Checked by

(.....)

Position

Part 1 : Characteristic of Household Member

No.	Ask Every Persons				Ask only person 15 years and over
	Name-Lastname	Relationship to head of household Code	Sex Code	Age (age of last birthday if age less than 1 year record " 0" and set right alignment)	Marital status Code
F1	F2	F3	F4	F5	F6
<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"/>	<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"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Remarks :

Part 2 : Education			Part 3 : Employment, ask persons 15 years and over				
Ask persons 15-30 years	Ask persons 15 years and over		Ask only graduate of university, teacher training or vocational school in col.F8	During the last 7 days before interview's date did (name) being employed, work for pay or profit or work as an unpaid family worker?	For those Whose record 2 in col.F10	For those whose record 2 in col.F11	For those whose record 1 in col.F12
Is (name) attending school? Code Yes.1 No.2	What is (name)'s highest grade of education completed? Specify, grade, year complete, certificate diploma If studying in university,college, vocational, program in education specify name of institute and highest education, before this level. If graduate from university, college, vocational, program in education specify name of institute. Specify 'never attended' if never attended school. If graduates from vocational or program in education or university Contd. If other level skip to col. F10		No.of years required to complete the course.	Code Yes.....1 (Go to col.F23) No.....2 (Contd.)	Although (name) did not work during the last 7 days before interview's date did name still receipt wages, salaries or profits from your work or business? Code Yes.....1 (Go to col.F23) No.....2 (Contd.)	Did (name) has a job or business to which you will return to work? (unpaid family worker is treated that he/she does not have a job or business to return to, record code 2) Code Yes.....1 (Contd.) No.....2 (Go to col.F14)	How long did (name) do not work? Code Less than or equal 2 months.....1 More than 2 months2 (Go to col.F23)
F7	F8		F9	F10	F11	F12	F13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 : Employment, ask persons 15 years and over (contd.)

For those whose record 2 in col.F12	Seeking work during 7 days before interview's date whose record 1 in col.F14	Not seeking work whose record 2 or 3 in col.F14	Not available to work whose record 2 in col.F16	Available to work whose record 1 in col.F16	Seeking/available to work during 7 days before intrview's date whose record 1 in col.F14 or F16	
During the last 30 days before interview's date did (name) seeking work or apply for a job or waiting to be call to work? Code	How did (name) seeking work or apply for a job? Code	During the last 7 days before interview's date if there are suitable works and within your ability would you work? Code	Reason that (name) did not available to work even though there are suitable works and within your ability? Code	Why did (name) do not seek work? Code	How long did a (name) seeking or available for work? Code	Has (name) ever work? Code
Yes, in 7 days.....1 (contd.)	Newspaper/Magazine1 Radio/TV.....2 Seeking assistance of friends, relative.....3 Checking at a public employment exchange...4 Direct application.....5 Sending application to employers.....6 Others (spec.).....7 (Go to col.F19)	Yes.....1 (Go to col.F18) No.....2 (Contd.)	Household, family duties...1 In school, student.....2 Seasonal worker.....3 Too young, old age.....4 Illness, disability.....5 Resting.....6 Others (spec.).....7 (End of Interview)	Believe no work available.....1 Can not find any work2 Do not know how or where to seek work...3 Can not find suitable work.....4 Bad weather.....5 Others (spec.)6 (Contd.)	Less than 1 month.....1 1 - 2.9 months.....2 3 - 5.9 months.....3 6 - 8.9 months.....4 9 - 11.9 months.....5 More than 11.9 months 6 (Contd.)	Yes.....1 (Contd.) No.....2 (Go to part 6)
F14	F15	F16	F17	F18	F19	F20
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 : Employment, ask only person 15 years and over (contd.)

Experience worker for those whose record 1 in col.F20		Employed person and experience worker whose record 1 in col.F10, F11, F20, record 1 or 2 in col.F13		
		Occupation	Industry	Work Status
Why did (name) leave the last job? Code	How long did (name) leave the last job? Code	What type of work or business did (name) do? Record main task and duty of the work occupy the most hour, The experience worker record the recent occupation. (Contd.)	What kind of business or industry of this job? (Contd.)	What is (name) work status? Code Employer.....1 Self Employed with out employee...2 Unpaid family worker.....3 Government employee.....4 Government enterprise employee...5 Private employee.....6 Member of co-operative.....7 (If record code 1, 6 Contd.) (If record code 2, 3, 4, 5, 7 go to col.F27 For whose record 1 in col.20 End of Interview)
F21	F22	F23	F24	F25
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px; height: 15px;" type="text"/>	<input style="width: 40px; height: 15px;" type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px; height: 15px;" type="text"/>	<input style="width: 40px; height: 15px;" type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px; height: 15px;" type="text"/>	<input style="width: 40px; height: 15px;" type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px; height: 15px;" type="text"/>	<input style="width: 40px; height: 15px;" type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px; height: 15px;" type="text"/>	<input style="width: 40px; height: 15px;" type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px; height: 15px;" type="text"/>	<input style="width: 40px; height: 15px;" type="text"/>	<input type="checkbox"/>

Part 3 : Employment, ask only preson 15 years and over (contd.)

Employed/Experience worker, whose record 1, 6 in col. F25	Employed person whose record 1 in col. F10, F11, record 1 or 2 in col.F13		
What is the size of establishment that (name) working or had lastly worked?	No. of hour work during 7 days before interview's date (For those whose record 1 in col.F10 record number of actual hour work during 7 days before interview's date include overtime, coffee break but exclude lunch, for those whose record 1 in col.F11, record 1 or 2 in col. F13 record "0" in these 3 cols.)		
Code 1 - 4 persons.....1 5 - 9 persons.....2 10 - 19 persons.....3 20 - 49 persons.....4 50 - 99 persons.....5 100 - 199 persons.....6 Over 200 persons.....7 (If record code 1 in col.F20 End of Interview)	No. of actual hour work of occupation record in F23	No. of actual hour work of other occopation during 7 days before interview's date If none record "0" and set right alignment	Total hour work (F27 + F28)
F26	F27	F28	F29
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

Part 4 : Wanting more work during the last 7 days before interview's date

Employed person whose record 1 in col. F10, F11, record 1 or 2 in col.F13

Employed persons have time and wanted additional work record 1 in col. F30			
During the last 7 days before interview's date did (name) have time for additional work and want to work?	How many hours per week does (name) want to work?	Does (name) seek or register for the additional work?	Why (name) do not want additional work?
Code	(Record no. of hour)	Code	Code
Yes.....1 (Contd.) No.....2 (For those whose work status, col.F25 code is 4, 5 or 6 go to F34, If code 1, 2, 3 or 7 End of Interview)	(Contd.)	Yes.....1 No.....2 (Contd.)	Equipment/Engine/Machine broke down...1 Reduction in Productivity/ working hour.....2 Strike, Lock out.....3 Could not find more work.....4 Illness, Injury.....5 Bad weather.....6 Others (spec.).....7 (For those whose work status, col.F25 code is 4, 5 or 6 Contd. If code 1, 2, 3 or 7 End of Interview)
F30	F31	F32	F33
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5 : Wage or salary

Wage

Ask only those whose work status were employee only,

record 1 in col. F10, F11, record 1 or 2 in col. F13 and work status code is 4 or 5 or 6 in col. F25

What kind of wages does (name) receive? Code	For those whose record code 1, 2, 3 in col.F34	For those whose record code 1-7 in col.F34
In Cash : Per hour.....1 Per day.....2 Per week.....3 Per month.....4 Others (spec.).....5 Unknown.....6 Not in cash7 (If record code 1-3 contd. if record code 4-7 go to col. F36)	How much wages does (name) receive per hour, per day or per week? (Record amount and set right alignment) (contd.)	Average wage received per month (Record amount and set right alignment) (contd.)
F34	F35	F36
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Part 5 : Wage or salary (contd.)

Supplementary Benefits

Ask only those whose work status were employee only,

record 1 in col. F10, F11, record 1 or 2 in col. F13 and work status code is 4 or 5 or 6 in col. F25

<p>During the last 12 months before interview's date beside the wage did (name) receive any bonus in cash If "yes" record amount if no record "0" and set right alignment</p>	<p>During the last 30 days before interview's date beside the wage did (name) receive any benefit in cash If "yes" record amount if no record "0" and set right alignment</p>																			
<p>Bonus per year (During the last 30 days before interview's date)</p>	<p>Average overtime per month (During the last 30 days before interview's date)</p>	<p>Others per month (During the last 30 days before interview's date) (Include payment for food, cloth, dress, quarter, tips, transportation...)</p>																		
<p>F37</p>	<p>F38</p>	<p>F39</p>																		
<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>						
<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>						
<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>						
<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>						
<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>						
<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>						

Part 5 : Wage or salary (contd.)				For use in the office
Supplymentary Benefits				
Ask only those whose work status were employee only, record 1 in col. F10, F11, record 1 or 2 in col. F13 and work status code is 4 or 5 or 6 in col. F25				
During the last 30 days before interview's date, beside the wage did (name) receive any benefit in kind? If "yes" record amount in cash if no record "0" and set right alignment (Calculate other benefit in cash per month)				
Food	Cloth & Dress	Living quarter	Others	code
F40	F41	F42	F43	F44
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>