

SURVEY

PERSONAL INFORMATION:

NAME:

DATE OF BIRTH:

CIVIL STATUS

DAY / MONTH / YEAR

GENDER: Male Female _____ Not Listed Prefer Not to Answer

Unit No. St. No.

Street

Town/City/Suburb

State

Zip Code

Country

ADDRESS: _____

INSTRUCTIONS:

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QUESTIONS:

RATING SCALE:

Never Rarely Sometimes Often Always

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