

Personal Data Collection Form

General Information	Residential Address			Reason of Collection	<input type="checkbox"/> Resident <input type="checkbox"/> Business-owner/Employee <input type="checkbox"/> Visitor		KEY INDICATORS		
	Residence Type(房屋性质)	<input type="checkbox"/> owned-house <input type="checkbox"/> self-built <input type="checkbox"/> rental-house <input type="checkbox"/> apartment		Residence Type	<input type="checkbox"/> Family Residence <input type="checkbox"/> Co-rent	Business Purpose	<input type="checkbox"/> Business-Owner <input type="checkbox"/> Employed	Related to key threats	
	First/Last Name		Gender		Ethnicity/Race		Photo	Related to special groups relative of ciritized person	
	ID NO.			Date of Birth				Related to key target individual(s) "unsafe" person according to genetal statistics	
	Residence Card			Relation to the main household					
	Type of Residence(户籍信息)	<input type="checkbox"/> Within District <input type="checkbox"/> Local <input type="checkbox"/> Alien <input type="checkbox"/> Foreigner		Detailed Residential Address					
	Education Level		Marriage Status		Political Affiliation				
	Employed(职业)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation		Work Address				
	Probation NO. of Marriage(流动人口婚育证明号)		QTY. of Child		Children received vaccine?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	Any School age Child(是否为学龄儿童)?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	Admitted to school?	<input type="checkbox"/> Yes <input type="checkbox"/> No		School Name and Address		KEY INFORMATION	
Has Medical Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	The city where medical insurance is registered?			Medical Insurance Type?		Age range		
Contact Information			Acquaintance in Urumchi	Relationship: <input type="checkbox"/> Full-Name: <input type="checkbox"/>		Contact Information: <input type="checkbox"/>	15 - 25?		
Activity Track	Date arrived Urumqi			Reason for coming		Track of the last visit	26 - 40?		
Religion/Faith	Religion Information	<input type="checkbox"/> Atheist <input type="checkbox"/> Islam <input type="checkbox"/> Buddhism <input type="checkbox"/> Christian <input type="checkbox"/> Other			Prays?	<input type="checkbox"/> YES <input type="checkbox"/> NO		41 - 55?	
	Pray how many times a day?	<input type="checkbox"/> 1 time <input type="checkbox"/> 5 times <input type="checkbox"/> 2-4 times	Location of Pray	<input type="checkbox"/> At Home <input type="checkbox"/> Mosque <input type="checkbox"/> Other		Imam(Prayer Lead)?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Uyghur ???
	The Mosque visits frequently							Unemployed?	
	Has religion knowledge?								
	Hold a passport?	<input type="checkbox"/> On-hand <input type="checkbox"/> Turned-In <input type="checkbox"/> No	Passport NO.			Passport Type	<input type="checkbox"/> Official <input type="checkbox"/> Private		

Passport Related Information	Has been abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	Time been abroad annually		Most recent visited country and date		
	Reason for Abroad	<input type="checkbox"/> Pilgrimage(Religious Reason) <input type="checkbox"/> Official <input type="checkbox"/> Study <input type="checkbox"/> Other			Has acquaintance overseas?(是否有境外关系人)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Name of relatives Abroad		Country Relative is located?		Relation to the relative oversee		
	Frequency to any of 26 Countries	Times: ()	Country		Most Recent visited country and date		
Social Stability related Information	Related to suspicious person?member of special group?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	Class of Individual(被列类型)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Extreme	Statistical Comparison Result	<input type="checkbox"/> N/A <input type="checkbox"/> Average <input type="checkbox"/> Tagged	Class of Individual <input type="checkbox"/> Safe <input type="checkbox"/> Average <input type="checkbox"/> Unsafe
	Related to key stability threats	<input type="checkbox"/> Yes <input type="checkbox"/> NO	Relative of arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relation to the key stability threat?		
	Ever been to centralized education Camp?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	Date and Time in Education Camp		Length stayed in Education Camp		
DL/License Information	Has drivers license?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	Class of License	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	License NO.		
	Own Vehicle?	<input type="checkbox"/> NO <input type="checkbox"/> Car <input type="checkbox"/> Van/Bus <input type="checkbox"/> Big Truck		Plate NO.		Usage of Vehicle	
Note							