

**AUTHORITY:**  
Commonwealth Act No. 591 authorizes this census and the National Statistics Office to collect information on Agriculture and Fisheries.  
**CONFIDENTIALITY:**  
Sec. 4 of CA No. 591 provides that all information furnished on this form is held *STRICTLY CONFIDENTIAL*.

**SECTION A – HOLDING IDENTIFICATION**

<b>A1. Geographic Identification</b>		Booklet <input type="text"/> of <input type="text"/> Booklets
Province	<input type="text"/>	Enumeration Area
City/Municipality	<input type="text"/>	Household Serial Number
Barangay	<input type="text"/>	Operator Serial Number (OSN)

**SECTION B – CHARACTERISTICS OF THE OPERATOR/HIRED MANAGER**

<b>B1</b>	Name of Agricultural Operator/Hired Manager Address of Agricultural Operator/Hired Manager <i>If Hired Manager: Name of Employer</i> Address of Employer	<b>B4</b>	What is your highest grade/level completed? <input type="checkbox"/> 0 No Grade Completed <input type="checkbox"/> 1 Elementary Undergraduate <input type="checkbox"/> 2 Elementary Graduate <input type="checkbox"/> 3 High School Undergraduate <input type="checkbox"/> 4 High School Graduate <input type="checkbox"/> 5 Post Secondary Course <input type="checkbox"/> 6 College Undergraduate <input type="checkbox"/> 7 College Graduate <input type="checkbox"/> 8 Post Graduate <input type="checkbox"/> 9 Cannot Remember
<b>B2</b>	What is your age as of your last birthday?		
<b>B3</b>	Please determine sex of the respondent and mark the corresponding box. <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<b>B5</b>	During the period January 1 to December 31, 2002, what was your main activity/primary occupation? <i>(DO NOT FILL: FOR OFFICE PROCESSING ONLY)</i>

**SECTION C – LEGAL STATUS OF THE HOLDER**

<b>C1</b>	As of December 31, 2002, did you operate as an individual, on partnership, corporation, cooperative, private institution, government corporation/institution, or other legal status? <input type="checkbox"/> 1 Individual <input type="checkbox"/> 2 Partnership <input type="checkbox"/> 3 Corporation <input type="checkbox"/> 4 Cooperative <input type="checkbox"/> 5 Other Private Institution <input type="checkbox"/> 6 Government Corporation/Institution <input type="checkbox"/> 7 Others, SPECIFY _____
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**SECTION D – CHARACTERISTICS OF THE HOLDING**

ARE THERE MORE THAN 6 PARCELS IN THE HOLDING?  1 Yes, USE ADDITIONAL CAF FORM 2  2 No

<b>D1</b>	During the period January 1 to December 31, 2002, how many parcels were used in raising crops, livestock and poultry; culturing of mushroom, honeybee, earthworm, etc.; cultivation of ornamental plants primarily for sale, in pursuit of other agricultural activities which were still a part of the holding on December 31, 2002? INCLUDE ALL LANDS OWNED, OCCUPIED, LEASED OR RENTED BY THE OPERATOR. EXCLUDE LANDS LEASED OR RENTED OUT BY OPERATOR.	<input type="text"/>
	Question/Skipping Instructions	Parcel No.
<b>D2</b>	What was the physical area of the parcel in hectares?	<input type="text"/>
<b>D3</b>	Where is the parcel located?	PROVINCE CITY/MUNICIPALITY PROV / CITY/MUN
<b>D4</b>	What was the main use of the parcel? 1 Homelot 2 Under temporary crops 3 Under permanent crops 4 Temporarily fallow 5 Under temporary meadows and pastures 6 Under permanent meadows and pastures 7 Covered with wood and forest 8 Others, SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4 <input type="checkbox"/> 8
<b>D5</b>	As of December 31, 2002, was the tenure status of the parcel: 1 Fully owned 2 Tenanted 3 Leased/Rented 4 Rent Free 5 Held under Certificate of Land Transfer (CLT)/Certificate of Land Ownership Award (CLOA) 6 Owner-like possession other than CLT/CLOA 7 Others, SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 7



FOR PERMANENT AND/OR INDUSTRIAL CROPS (CONTINUATION)

2

C

LINE NO	Parcel No.	What were the names of trees/vines/hills planted?	CODE	FOR SCATTERED PLANTING		FOR COMPACT PLANTING		
				As of December 31, 2002, what was the total number of trees/vines/hills planted?	How many trees/vines/hills were of productive age?	What was the Physical Area planted in Hectares?	What was the total number of trees/vines/hills?	How many trees/vines/hills were of productive age?
				(1)	(2)	(3)	(4)	(5)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

SECTION F – LIVESTOCK AND POULTRY

F1 As of time of visit, are there livestock and poultry raised and tended whether raised in the holding or communal grazing lands or other lands not part of the holding?  
 1 Yes, FILL THE TABLE BELOW  2 No, GO TO SECTION G

Kind of Livestock	Number of Heads	Kind of Livestock	Number of Heads	Kind of Poultry	Number of Heads for Meat Production (Broiler)	Number of Heads for Egg Production (Layers)	Number of Heads for Hatching Egg Production (Breeders)	Number of Heads for Game	
(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)	(5)	
CATTLE	011	GOAT	041	CHICKEN	111	112	113	114	
Male	012	Male	042	Native	121	122	123		
Female	013	Female	043	Hybrid	131	132	133	134	
CARABAO	021	HORSE	051	DUCKS	141	142	143		
Male	022	Male	052	QUAILS	151	152	153		
Female	023	Female	053	OTHER POULTRY					
HOGS	031	OTHER LIVESTOCK	061						
Male	032	Male	062						
Female	033	Female	063						

**SECTION G – EQUIPMENT, MACHINERIES, FACILITIES AND OTHER FARM TOOLS**

**2**

**D**

**G1** During the period January 1 to December 31, 2002, were there **agricultural equipment, machineries, facilities and other farm tools used in the holding**, whether **owned or rented** by the operator?  
 1 Yes, **ACCOMPLISH THE TABLE BELOW**       2 No, **GO TO SECTION H**

Equipment, Machinery, Facilities and Other Farm Tools	How many of these were owned or rented?		Equipment, Machinery, Facilities and Other Farm Tools	How many of these were owned or rented?		Equipment, Machinery, Facilities and Other Farm Tools	How many of these were owned or rented?		
	Code	Owned		Rented	Code		Owned	Rented	Code
(1)	(2)	(3)	(4)	(3)	(4)	(1)	(2)	(3)	(4)
PLOW	0 1		DRYERS	0 6					
HARROW	0 2		CART/SLED/ WHEEL BARROW	0 7					
SPRAYERS	0 3		IRRIGATION PUMPS	0 8					
THRESHER	0 4		LIVESTOCK HOUSE	0 9					
HAND TRACTORS	0 5		POULTRY HOUSE	1 0					

**SECTION H – SELECTED AGRICULTURAL ACTIVITIES**

**H1** During the period January 1 to December 31, 2002, were any of the following **agricultural activities** done in the holding?

a. Bee culture/honey production . . . . .	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	d. Mushroom culture . . . . .	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
b. Vermiculture/earthworm culture . . . . .	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	e. Orchid growing (for sale) . . . . .	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
c. Sericulture/silk/cocoon production . . . . .	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	f. Ornamental and flower gardening for sale excluding orchid . . . . .	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No

**SECTION I – DEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD MEMBERS**

ARE THERE MORE THAN 6 MEMBERS OTHER THAN THE OPERATOR IN THIS HOUSEHOLD?     1 Yes, **USE ADDITIONAL CAF FORM 2**     2 No

*(DO NOT INCLUDE OPERATOR OR HIRED MANAGER)*

Questions/Skipping Instructions	COL. NO. OF HH MEMBER	COL. NO. OF HH MEMBER	COL. NO. OF HH MEMBER	COL. NO. OF HH MEMBER	COL. NO. OF HH MEMBER	COL. NO. OF HH MEMBER
<b>I1</b> Who were the <b>members of this household other than the operator or hired manager</b> as of December 31, 2002?	Last Name	Last Name	Last Name	Last Name	Last Name	Last Name
	First Name	First Name	First Name	First Name	First Name	First Name
<b>I2</b> Is ____ a <b>male or female</b> ? 1 Male    2 Female	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>I3</b> What is ____'s <b>age</b> as of his/her last birthday?						

*REFER TO I3. IF THE ANSWER IN I3 IS BELOW 10 YEARS OLD, GO TO NEXT HOUSEHOLD MEMBER*

<b>I4</b> During the period January 1 to December 31, 2002, what was ____'s <b>main activity/ primary occupation</b> ?						
	(DO NOT FILL: FOR OFFICE PROCESSING ONLY)	(DO NOT FILL: FOR OFFICE PROCESSING ONLY)	(DO NOT FILL: FOR OFFICE PROCESSING ONLY)	(DO NOT FILL: FOR OFFICE PROCESSING ONLY)	(DO NOT FILL: FOR OFFICE PROCESSING ONLY)	(DO NOT FILL: FOR OFFICE PROCESSING ONLY)

*REFER TO I4. WAS \_\_\_\_ ENGAGED IN AGRICULTURAL ACTIVITY DURING THE REFERENCE PERIOD? IF YES, CONTINUE; IF NO, GO TO NEXT HOUSEHOLD MEMBER*

<b>I5</b> During the period January 1 to December 31, 2002, was ____ engaged in : 1 Own holding, 2 Other holding, or 3 Both?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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**REMARKS**

**INTERVIEW RECORD**

VISIT NUMBER	VISIT 1	VISIT 2	VISIT 3	SUMMARY	
<b>DATE OF VISIT (MM/DD)</b>					NUMBER OF VISITS <input type="checkbox"/>
<b>RESULT OF VISIT</b>					RESULT OF VISIT <input type="checkbox"/>
<b>NEXT VISIT (MM/DD)</b>					NAME OF RESPONDENT

1 Completed 2 Partly Completed 3 Refused 4 Postponed 5 Household Not Around/No Respondent Around 6 Others, SPECIFY

**CERTIFICATION**

*I hereby certify under my official oath that the data set forth herein were obtained/reviewed personally by me in accordance with the instructions given.*

_____ ENUMERATOR (Signature Over Printed Name)	_____ TEAM SUPERVISOR (Signature Over Printed Name)	_____ SUPERVISOR (Signature Over Printed Name)
_____ Date Accomplished	_____ Date Reviewed	_____ Date Reviewed