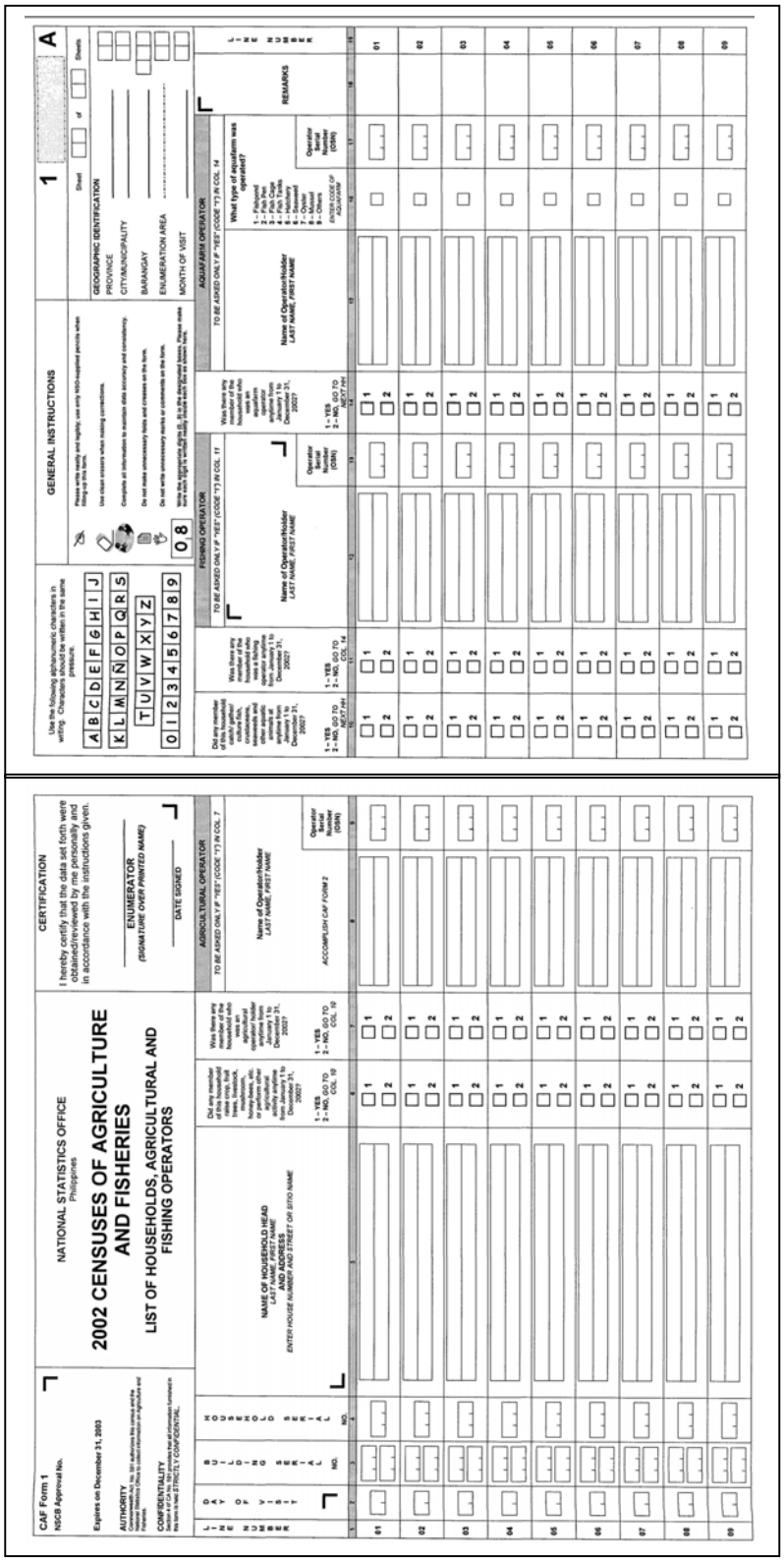
Appendix 2 CAF FORM 1 – LIST OF HOUSEHOLDS, AGRICULTURAL AND FISHING OPERATORS



CAF Form 1
NSCB Approval No.
Expires on December 31, 2003

AUTHORITY
National Statistics Office, NSO authorizes this survey and the National Statistical Coordination Board (NSCB) approves the CAF Form 1 and Forms

CONFIDENTIALITY
Section 4 of RA 9050 provides that all information furnished in this form is held STRICTLY CONFIDENTIAL.

NATIONAL STATISTICS OFFICE
Philippines

2002 CENSUSES OF AGRICULTURE AND FISHERIES

LIST OF HOUSEHOLDS, AGRICULTURAL AND FISHING OPERATORS

CERTIFICATION
I hereby certify that the data set forth were collected/gathered by me/enumerator and in accordance with the instructions given.

ENUMERATOR
(SIGNATURE OVER PRINTED NAME)

DATE SIGNED

GENERAL INSTRUCTIONS

Use the following alphanumeric characters in writing. Characters should be written in the same way as shown below.

A B C D E F G H I J
K L M N Ñ O P Q R S
T U V W X Y Z
0 1 2 3 4 5 6 7 8 9

Please write neatly and legibly; use only NSO-supplied pencils when filling up the forms.

Use clear crosses when making corrections.

Complete all information to maintain data accuracy and consistency.

Do not make unnecessary loops and crosses on the form.

Do not write unnecessary marks or comments on the form.

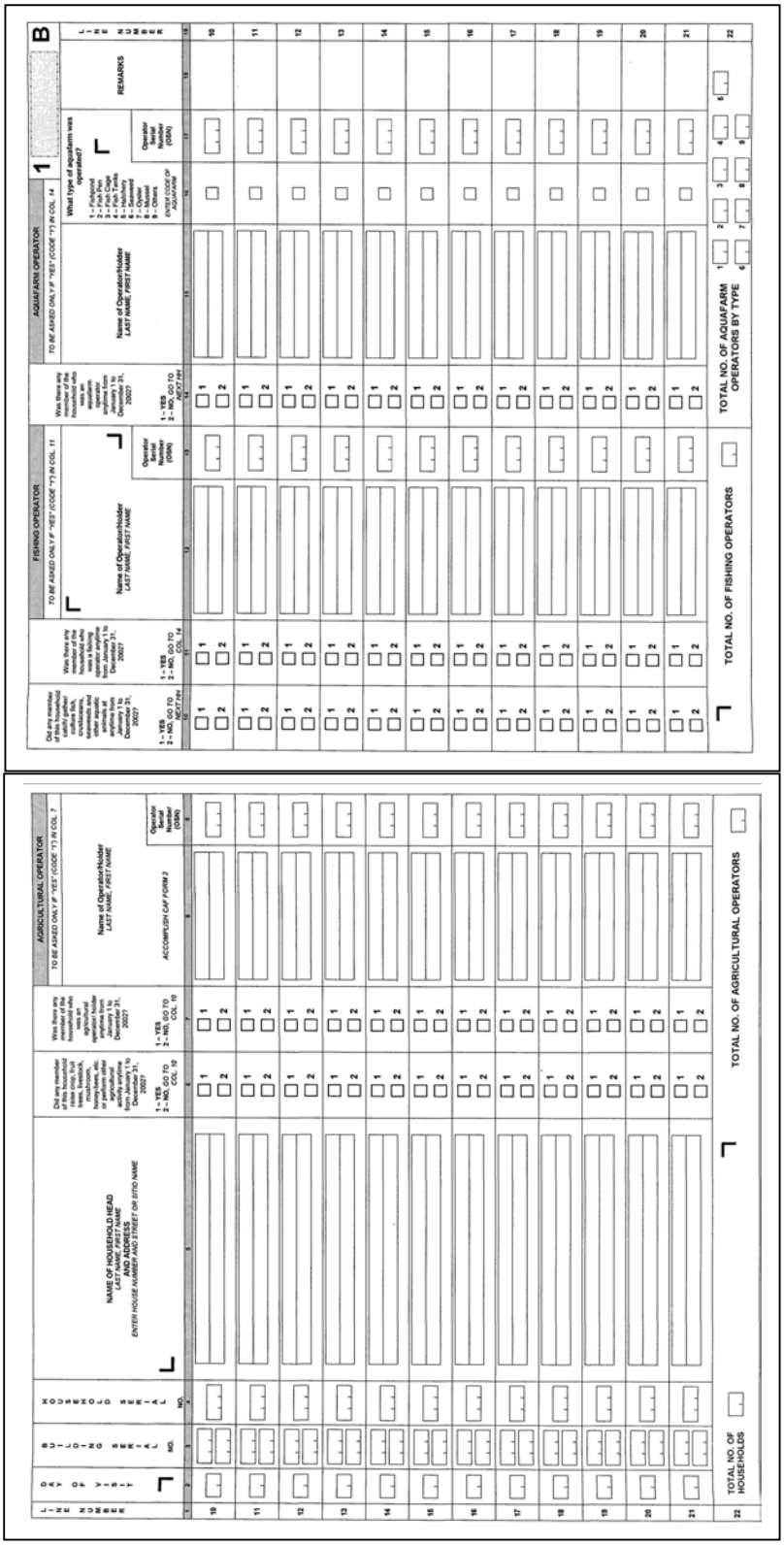
Write the signature, sign in, fill in the designated boxes. Please make sure each digit is written fully inside each box or space box.

08

1 A

Sheet ___ of ___ Sheets

GEOGRAPHIC IDENTIFICATION
PROVINCE
CITY/MUNICIPALITY
BARANGAY
ENUMERATION AREA
MONTH OF VISIT

LINE NUMBER	DATE OF VISIT	HOUSEHOLD NO.	NAME OF HOUSEHOLD HEAD LAST NAME, FIRST NAME MI AND ADDRESS ENTER HOUSE NUMBER AND STREET OR SITIO NAME	Did any member of this household cultivate/tend trees, livestock, mushrooms, horticulture, or perform other agricultural activity anytime from January 1 to December 31, 2002? 1 – YES 2 – NO, GO TO COL. 10	Was there any member of the household who was an agricultural operator/holder anytime from January 1 to December 31, 2002? 1 – YES 2 – NO, GO TO COL. 16	AGRICULTURAL OPERATOR TO BE ASKED ONLY IF "YES" (CODE "1") IN COL. 7 Name of Operator/Holder LAST NAME, FIRST NAME ACCOMPLISH CAF FORM 2	Operator Serial Number (OSN)	Did any member of this household catch/gather/collect fish, crustaceans, molluscs, and other aquatic animals at anytime from January 1 to December 31, 2002? 1 – YES 2 – NO, GO TO NEXT HH	Was there any member of the household who was a fishing operator from January 1 to December 31, 2002? 1 – YES 2 – NO, GO TO COL. 14	FISHING OPERATOR TO BE ASKED ONLY IF "YES" (CODE "1") IN COL. 11 Name of Operator/Holder LAST NAME, FIRST NAME	Operator Serial Number (OSN)	Was there any member of the household who was an aquaculture operator/holder anytime from January 1 to December 31, 2002? 1 – YES 2 – NO, GO TO NEXT HH	AQUAFARM OPERATOR TO BE ASKED ONLY IF "YES" (CODE "1") IN COL. 14 Name of Operator/Holder LAST NAME, FIRST NAME	What type of aquafarm was operated? 1 – Fishpond 2 – Fish Pen 3 – Fish Cage 4 – Fish Trap 5 – Hatchery 6 – Tahong 7 – Oyster 8 – Mussel 9 – Others ENTER CODE OF AQUAFARM	Operator Serial Number (OSN)	REMARKS	LINE NUMBER
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
01				1 2	1 2				1 2	1 2			1 2					01
02				1 2	1 2				1 2	1 2			1 2					02
03				1 2	1 2				1 2	1 2			1 2					03
04				1 2	1 2				1 2	1 2			1 2					04
05				1 2	1 2				1 2	1 2			1 2					05
06				1 2	1 2				1 2	1 2			1 2					06
07				1 2	1 2				1 2	1 2			1 2					07
08				1 2	1 2				1 2	1 2			1 2					08
09				1 2	1 2				1 2	1 2			1 2					09

CAF FORM 1 – LIST OF HOUSEHOLDS, AGRICULTURAL AND FISHING OPERATORS (CONTINUATION)