

Appendix 3 CAF FORM 2- AGRICULTURE QUESTIONNAIRE

CAF Form 2 Agriculture Questionnaire NSCB Approval No. _____ Expires on December 31, 2003	NATIONAL STATISTICS OFFICE Philippines 2002 CENSUS OF AGRICULTURE AGRICULTURE QUESTIONNAIRE	2	A			
SECTION A - HOLDING IDENTIFICATION						
A1. Geographic Identification Province _____ City/Municipality _____ Barangay _____		Booklet <input type="checkbox"/> or <input type="checkbox"/> Booklets Enumeration Area _____ Household Serial Number _____ Operator Serial Number (OSH) _____				
SECTION B - CHARACTERISTICS OF THE OPERATOR/HIRED MANAGER						
B1 Name of Agricultural Operator/Hired Manager _____ Address of Agricultural Operator/Hired Manager _____ If Hired Manager: Name of Employer _____ Address of Employer _____		B4 What is your highest grade/level completed? <input type="checkbox"/> 0 No Grade Completed <input type="checkbox"/> 3 High School Undergraduate <input type="checkbox"/> 7 College Graduate <input type="checkbox"/> 1 Elementary Undergraduate <input type="checkbox"/> 4 High School Graduate <input type="checkbox"/> 8 Post Graduate <input type="checkbox"/> 2 Elementary Graduate <input type="checkbox"/> 5 Post Secondary Course <input type="checkbox"/> 9 Cannot Remember				
B2 What is your age as of your last birthday? _____		B5 During the period January 1 to December 31, 2002, what was your main activity/primary occupation? _____ <small>(DO NOT FILL FOR OFFICE PROCESSING ONLY)</small>				
B3 Please determine sex of the respondent and mark the corresponding box: <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female						
SECTION C - LEGAL STATUS OF THE HOLDER						
C1 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 _____						
SECTION D - CHARACTERISTICS OF THE HOLDING						
ARE THERE MORE THAN 8 PARCELS IN THE HOLDING? <input type="checkbox"/> 1 Yes, USE ADDITIONAL CAF FORM 2 <input type="checkbox"/> 2 No						
D1 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.						
Question/Skipping Instructions	Parcel No. _____	Parcel No. _____	Parcel No. _____	Parcel No. _____	Parcel No. _____	Parcel No. _____
D2 What was the physical area of the parcel in hectares? _____	_____	_____	_____	_____	_____	_____
D3 Where is the parcel located? PROVINCE _____ CITY/MUNICIPALITY _____ PROV / CITY/MUN _____	PROVINCE _____ CITY/MUNICIPALITY _____ PROV / CITY/MUN _____	PROVINCE _____ CITY/MUNICIPALITY _____ PROV / CITY/MUN _____	PROVINCE _____ CITY/MUNICIPALITY _____ PROV / CITY/MUN _____	PROVINCE _____ CITY/MUNICIPALITY _____ PROV / CITY/MUN _____	PROVINCE _____ CITY/MUNICIPALITY _____ PROV / CITY/MUN _____	PROVINCE _____ CITY/MUNICIPALITY _____ PROV / CITY/MUN _____
D4 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	<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	<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	<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	<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	<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
D5 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	<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	<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	<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	<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	<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

CAF FORM 2- AGRICULTURE QUESTIONNAIRE (CONTINUATION)

SECTION D - CHARACTERISTICS OF THE HOLDING (CONTINUATION)										2	B
Question/Skipping Instructions D6 Was there any irrigation used in the parcel? 1 Yes 2 No, GO TO SECTION E D7 Was the main irrigation used classified as: 1 National 2 Communal 3 Individual 4 Other irrigation system, SPECIFY	Parcel No. <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	Parcel No. <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	Parcel No. <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	Parcel No. <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	Parcel No. <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	Parcel No. <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	Parcel No. <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	Parcel No. <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	Parcel No. <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>		
	<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	<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"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4		
SECTION E - CROPS										ARE THERE MORE THAN 10 TEMPORARY CROPS OR 10 PERMANENT AND/OR INDUSTRIAL CROPS IN THE HOLDING? <input type="checkbox"/> 1 Yes, USE ADDITIONAL CAF FORM 2 <input type="checkbox"/> 2 No	
E1 As of December 31, 2002, was there any parcel in your holding planted with crops? <input type="checkbox"/> 1 Yes, FILL THE TABLE BELOW <input type="checkbox"/> 2 No, GO TO SECTION F											
FOR TEMPORARY CROPS											
LINE NO.	Parcel No.	FIRST CROPPING		SECOND CROPPING		THIRD CROPPING		What is the Effective Area of the parcel in Hectares?			
		What was/were the crops planted for the 1 st cropping in this parcel?	CODE	What was the Physical Area of the parcel planted with this crop in Hectares?	What was/were the crops planted for the 2 nd cropping in this parcel?	CODE	What was the Physical Area of the parcel planted with this crop in Hectares?	What was/were the crops planted for the 3 rd cropping in this parcel?	CODE	What was the Physical Area of the parcel planted with this crop in Hectares?	What is the Effective Area of the parcel in Hectares?
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											

CAF FORM 2- AGRICULTURE QUESTIONNAIRE (CONTINUATION)

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)	(6)	(7)	(8)	
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?								
<input type="checkbox"/> 1 Yes, FILL THE TABLE BELOW <input type="checkbox"/> 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)	(5)	(6)	(7)	(8)	(9)
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					

CAF FORM 2- AGRICULTURE QUESTIONNAIRE (CONTINUATION)

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? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> 1 Yes, ACCOMPLISH THE TABLE BELOW <input type="checkbox"/> 2 No, GO TO SECTION H </div>											
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?	
PL	Code	Owned	Rented	PL	Code	Owned	Rented	PL	Code	Owned	Rented
PLOW	01			DRYERS	06						
HARROW	02			CART/SLED/ WHEEL BARROW	07						
SPRAYERS	03			IRRIGATION PUMPS	08						
THRESHER	04			LIVESTOCK HOUSE	09						
HAND TRACTORS	05			POULTRY HOUSE	10						
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? <div style="display: flex; justify-content: space-between;"> <div> a. Bee culture/honey production <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No b. Vermiculture/earthworm culture <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No c. Sericulture/silk/cocon production <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No </div> <div> d. Mushroom 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 f. Ornamental and flower gardening for sale excluding orchid <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No </div> </div>											
SECTION I - DEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD MEMBERS											
(DO NOT INCLUDE OPERATOR OR Hired MANAGER) ARE THERE MORE THAN SIX MEMBERS OTHER THAN THE OPERATOR IN THIS HOUSEHOLD? <input type="checkbox"/> 1 Yes, USE ADDITIONAL CAF FORM 2 <input type="checkbox"/> 2 No											
Questions/Skip 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	COL NO. OF HH MEMBER	COL NO. OF HH MEMBER	COL NO. OF HH MEMBER	COL NO. OF HH MEMBER
I1 Who were the members of this household other than the operator or hired manager as of December 31, 2002?		Last Name	Last Name	Last Name	Last Name	Last Name	Last Name	Last Name	Last Name	Last Name	Last Name
I2 Is _____ a male or female?		1 Male	2 Female	1 Male	2 Female	1 Male	2 Female	1 Male	2 Female	1 Male	2 Female
I3 What is _____'s age as of his/her last birthday?											
REFER TO I3 IF THE ANSWER IN I3 IS BELOW 10 YEARS OLD, GO TO NEXT HOUSEHOLD MEMBER											
I4 During the period January 1 to December 31, 2002, what was _____'s main activity/ primary occupation?											
		(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)	(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											
I5 During the period January 1 to December 31, 2002, was _____ engaged in:		1 Own holding	2 Other holding	3 Both?	1 Own holding	2 Other holding	3 Both?	1 Own holding	2 Other holding	3 Both?	1 Own holding
REMARKS											
INTERVIEW RECORD											
VISIT NUMBER		VISIT 1		VISIT 2		VISIT 3		SUMMARY			
DATE OF VISIT (MM / DD)								NUMBER OF VISITS			
RESULT OF VISIT								RESULT OF VISIT			
		1 Completed 2 Partly Completed 3 Refused 4 Postponed 5 Household Not Around/No Respondent Around 6 Others, SPECIFY						NAME OF RESPONDENT			
NEXT VISIT (MM / DD)											
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			
THANK YOU MR./MRS. M/S _____											