

Holding No

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NATIONAL BUREAU OF STATISTICS
NATIONAL AGRICULTURAL SAMPLE SURVEY
HOLDING QUESTIONNAIRE (LIVESTOCK FARMING)

**HOLDING IDENTIFICATION**

YEAR: _____

State _____	CODE	<table border="1" style="width: 20px; height: 20px;"></table>	No. of Holders in HH _____	<table border="1" style="width: 20px; height: 20px;"></table>
LGA _____		<table border="1" style="width: 20px; height: 20px;"></table>	Serial No of this Holding _____	<table border="1" style="width: 20px; height: 20px;"></table>
Sector _____		<table border="1" style="width: 20px; height: 20px;"></table>	Name of Holder _____	<table border="1" style="width: 20px; height: 20px;"></table>
Town/Village _____			Sex of Holder _____	<table border="1" style="width: 20px; height: 20px;"></table>
E.A. _____		<table border="1" style="width: 20px; height: 20px;"></table>	Age of Holder _____	<table border="1" style="width: 20px; height: 20px;"></table>
RIC _____		<table border="1" style="width: 20px; height: 20px;"></table>	Highest Level of Education Attained _____	<table border="1" style="width: 20px; height: 20px;"></table>
HU Serial _____		<table border="1" style="width: 20px; height: 20px;"></table>	Relationship to the Head of HH _____	<table border="1" style="width: 20px; height: 20px;"></table>
HH Serial No _____		<table border="1" style="width: 20px; height: 20px;"></table>	Size of Holder's HH _____	<table border="1" style="width: 20px; height: 20px;"></table>
Master Sample Household No _____		<table border="1" style="width: 20px; height: 20px;"></table>	No. of Livestock Farms Operated _____	<table border="1" style="width: 20px; height: 20px;"></table>

QUESTION 1. TYPE OF LIVESTOCK/POULTRY KEPT

Item No	Item Description	Response
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<table border="1" style="width: 20px; height: 20px; text-align: center;">0 2</table>	G O A T <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<table border="1" style="width: 20px; height: 20px; text-align: center;">0 3</table>	S H E E P <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<table border="1" style="width: 20px; height: 20px; text-align: center;">0 4</table>	P I G <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<table border="1" style="width: 20px; height: 20px; text-align: center;">0 5</table>	C A M E L <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<table border="1" style="width: 20px; height: 20px; text-align: center;">0 6</table>	D O N K E Y <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<table border="1" style="width: 20px; height: 20px; text-align: center;">0 7</table>	H O R S E <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<table border="1" style="width: 20px; height: 20px; text-align: center;">0 8</table>	O T H E R A N I M A L S <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<table border="1" style="width: 20px; height: 20px; text-align: center;">1 0</table>	G U I N E A F O W L <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<table border="1" style="width: 20px; height: 20px; text-align: center;">1 1</table>	D U C K <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<table border="1" style="width: 20px; height: 20px; text-align: center;">1 2</table>	T U R K E Y <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<table border="1" style="width: 20px; height: 20px; text-align: center;">1 3</table>	O T H E R B I R D S <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUESTION 2. SOURCES OF LIVESTOCK/POULTRY INPUT**SOURCES**

Item No.	Input/Equipment	Ministry/ Extension	Agro-service Center	Farm-service Center	Cooperative Society	Local Market	Others
		YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
<table border="1" style="width: 20px; height: 20px; text-align: center;">0 1</table>	L I V E S T O C K F E E D S <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
<table border="1" style="width: 20px; height: 20px; text-align: center;">0 2</table>	P U L L E T M A S H <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
<table border="1" style="width: 20px; height: 20px; text-align: center;">0 3</table>	G R O W E R S M A S H <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
<table border="1" style="width: 20px; height: 20px; text-align: center;">0 4</table>	L A Y E R S M A S H <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>

QUESTION 2. SOURCES OF LIVESTOCK/POULTRY INPUT (CONTD.)														SOURCES											
Item No.		Input												Ministry/Extension		Agro-service Center		Farm-service Center		Cooperative Society		Local Market		Others	
														YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
05		B	R	O	I	L	E	R	S		M	A	S	H											
06		O	T	H	E	R		P	O	U	L		F	E	E	D									
07		D	A	Y	-	O	L	D		C	H	I	C	K	S										
08		E	L	E	C	T	R	I	C	I	T	Y	/	S	T	V									

QUESTION 3. INPUT UTILIZATION																													
Item No.		Production Input												Name of Local Unit				Quantity Used in Local Unit				Price Per Local Unit (=N=)				Quantity in Std (for Office Use)			
01		L	I	V	S	T	O	C	K		F	D																	
02		P	U	L	L	E	T		M	A	S	H																	
03		G	R	O	W	E	R	S		M	A	S																	
04		L	A	Y	E	R	S		M	A	S	H																	
05		B	R	O	I	L	E	R	S		M	A																	
06		O	T	H	E	R		P	O		F	D																	
07		D	A	Y	-	O	L	D		C	H	K																	
08		E	L	E	C	T	.	/	S	T	O	V																	

VACCINE DOSES																										
09		Q	U	A	R	A	N	T	I	N	E															
10		O	T	H	E	R		D	R	U	G	S														

OTHER INPUTS																										
11		V	E	H	I	C	L	E																		
12		B	A	T	T	E	R	Y		C	A	G														
13		C	O	N	C	E	N	T	R	A	T	S														

QUESTION 4. EMPLOYMENT IN LIVESTOCK FARMING																										
Item No.		Period												Working Proprietor			Unpaid Family Member			Apprentice						
														Total	Male	Female	Total	Male	Female	Total	Male	Female				
01		A	P	R						J	U	N														
02		J	U	L						S	E	P														
03		O	C	T						D	E	C														
04		J	A	N						M	A	R														

QUESTION 4. EMPLOYMENT IN LIVESTOCK FARMING (CONTD.)

Item No.	Period	Paid Employee			
		Total	Male	Female	Wage (=N=)
0 5	A P R - J U N				
0 6	J U L - S E P				
0 7	O C T - D E C				
0 8	J A N - M A R				

QUESTION 5. STOCKS AND CHANGES IN STOCK

Item No	Livestock/Poultry Description	Initial Population	Number Born	Number Bought
0 1	C A T T L E			
0 2	G O A T			
0 3	S H E E P			
0 4	P I G			
0 5	C A M E L			
0 6	D O N K E Y			
0 7	H O R S E			
0 8	O T H E R A N I M A L S			
0 9	C H I C K E N			
1 0	G U I N E A F O W L			
1 1	D U C K			
1 2	T U R K E Y			
1 3	O T H E R B I R D S			

Item No	Livestock/Poultry Description	Number Slaughtered	Number Dead	Number Sold
1 4	C A T T L E			
1 5	G O A T			
1 6	S H E E P			
1 7	P I G			
1 8	C A M E L			
1 9	D O N K E Y			
2 0	H O R S E			
2 1	O T H E R A N I M A L S			
2 2	C H I C K E N			
2 3	G U I N E A F O W L			

QUESTION 5. STOCKS AND CHANGES IN STOCK (CONTD.)

Item No	Livestock/Poultry Description	Number Slaughtered	Number Dead	Number Sold
2 4	D U C K			
2 5	T U R K E Y			
2 6	O T H E R B I R D S			

QUESTION 6. DAIRY PRODUCTS

Item No.	Dairy Products	Quantity Produced	Value of Product =N=
0 1	E G G S (C R A T E S)		
0 2	M I L K (L I T R E S)		
0 3	C H E E S E (K G)		
0 4	B U T T E R (K G)		
0 5	O T H E R D A I R I E S		

QUESTION 7. SALES OF LIVESTOCK

Item No	Item Description	APR - JUN 2006		JUL - SEP 2006	
		Qty	Value (=N= '000)	Qty	Value (=N= '000)
0 1	C A T T L E (N O .)				
0 2	G O A T (N O .)				
0 3	S H E E P (N O .)				
0 4	P I G (N O .)				
0 5	C A M E L (N O .)				
0 6	O T H E R A N I M A L S				
0 7	C H I C K E N (N O .)				
0 8	G . F O W L (N O .)				
0 9	D U C K (N O .)				
1 0	T U R K E Y (N O .)				
1 1	O T H E R B I R D (N O .)				
1 2	E G G S (C R A T E)				
1 3	M I L K (L I T R E)				
1 4	C H E E S E (K G)				
1 5	B U T T E R (K G)				
1 6	O T H E R D A I R I E S				

QUESTION 7. SALES OF LIVESTOCK PRODUCTS (CONTD.)

Item No	Item Description	OCT - DEC 2006		JAN - MAR 2007	
		Qty	Value (=N= '000)	Qty	Value (=N= '000)
1 7	C A T T L E (N O .)				
1 8	G O A T (N O .)				
1 9	S H E E P (N O .)				
2 0	P I G (N O .)				
2 1	C A M E L (N O .)				
2 2	O T H E R A N I M A L S				
2 3	C H I C K E N (N O .)				
2 4	G . F O W L (N O .)				
2 5	D U C K (N O .)				
2 6	T U R K E Y (N O .)				
2 7	O T H E R B I R D (N O .)				
2 8	E G G S (C R A T E)				
2 9	M I L K (L I T R E)				
3 0	C H E E S E (K G)				
3 1	B U T T E R (K G)				
3 2	O T H E R D A I R I E S				

QUESTION 8. SOURCES OF FUNDS

Item No.	Sources	Amount (=N=)
0 1	O W N F U N D S	
0 2	R E T A I N E D P R O F I T	
0 3	S H O R T T E R M P R I V L O A N	
0 4	N A C R D B	
0 5	B A N K S	
0 6	O T H E R S	
0 7	T O T A L F U N D S A V A I L A B L E	

QUESTION 9. PROCESSING FACILITIES

Item No.	Facility	Available Capacity	Utilized Capacity	Value of Facility (=N=)
0 1	A B A T T O I R S			
0 2	R E F R I G E R A T O S			
0 3	S M O K I N G K I L N			
0 4	D A I R Y F A C I L I			
0 5	O T H E R S			

QUESTION 10. STORAGE FACILITIES

Item No.	Facility	Available Capacity	Utilized Capacity	Value of Facility (=N=)
0 1	R E F R I G E R A T O R S			
0 2	A B A T T O I R			
0 3	S M O K I N G / F R Y I N			
0 4	O T H E R S			

QUESTION 11. Market Channel

Item No.	Where do you sell your Livestock Produce ?	
0 1	I N T H E F A R M	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 2	I N T H E N E I G H B O U R H O O D	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 3	I N T H E O P E N M A R K E T	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 4	I N T H E C O O P E R A T I V E S O C I E T Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 5	D I R E C T T O T H E I N D U S T R Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 6	O T H E R S	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUESTION 12a. DO YOU EXPORT YOUR Livestock ?☐ Yes ☐ No**QUESTION 12b. IF "YES": TO WHERE**

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QUESTION 13. How would you compare this season with the previous one?

Item No.	Factor	Better	Same	Worse	Don't Know
0 1	W E A T H E R	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 2	H A R V E S T / O U T P U T	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 3	I N C O M E	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 4	P R I C E	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUESTION 14. What is your outlook for the next season?

Item No.	Factor	Better	Same	Worse	Don't Know
0 5	W E A T H E R	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 6	H A R V E S T / O U T P U T	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 7	I N C O M E	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 8	P R I C E	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUESTION 15. What problems do you encounter when purchasing livestock tools?

Item No.	PROBLEM	
0 1	T O O C O S T L Y / H I G H C O S T	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 2	L A C K O F F U N D (M O N E Y)	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 3	D O N ' T K N O W W H E R E T O O B T A I N	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 4	N O T A V A I L A B L E	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUESTION 15. What problems do you encounter when purchasing livestock tools?

Item No.	PROBLEM	
0 5	S C A R C E	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 6	L A C K O F T R A N S P O R T	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 7	B A D R O A D	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 8	O T H E R S	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUESTION 16. Give any suggestion which you consider might be helpful in improving Livestock activities in the country.

Item No.	Suggestion	
0 9	I M P R O V E D C R E D I T F A C I L I T I E S	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 0	I M P R O V E D S T O R A G E F A C I L I T I E S	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 1	I M P R O V E D P R O C E S S I N G F A C I L I T I S	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 2	G O O D P R I C E P O L I C Y (W E E D O U T M	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 3	D A M M I N G	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 4	O T H E R S	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUESTION 17. In what ways can the government assist you?

Item No.	Way	
1 5	C R E D I T	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 6	G R A Z I N G L A N D	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 7	I N P U T	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 8	I N F R A S T R U C T U R E	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 9	O T H E R S	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUESTION 18. What problems do you encounter during your production process?

Item No.	Problem	
2 0	L A C K O F A C C E S S T O V E T . D O C T O R	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 1	L A C K O F P E R S O N N E L	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 2	L A C K O F F U N D (M O N E Y)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 3	F A R D I S T A N C E	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 4	S C A R C I T Y O F W A T E R	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 5	L A C K O F M O D E R N T E C H N I Q U E	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 6	L A C K O F E N C O U R A G E M T F R O M G O V T	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 7	L A C K O F G R A Z I N G L A N D	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 8	O T H E R S	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUESTION 19. What problems do you encounter during storage ?

Item No.	Problem	
2 9	S T E A L I N G	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 0	T E R M I T E S A N D I N S E C T S	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 1	L A C K O F M O D E R N S T O R A G E	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 2	I N A D E Q U A T E M A R K E T	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 3	O T H E R S	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUESTION 20. What problems do you encounter when marketing your livestock products?

Item No.	Problem	
3 4	F A R D I S T A N C E	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 5	T R A N S P O R T A T I O N C O S T	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 6	B A D R O A D	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 7	L O W P R I C E	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 8	S C A R C I T Y O F T R A N S P O R T	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 9	O T H E R S	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUESTION 21. Information and Communication Technology (ICT)**Do you have access to any of the following ICT facility?**

Radio	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Television	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Telephone (Fixed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Telephone (Mobile)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Computer (PC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Internet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Website	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you own any of the following ICT facility?

Radio	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Television	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Telephone (Fixed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Telephone (Mobile)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Computer (PC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Internet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Website	<input type="checkbox"/> Yes	<input type="checkbox"/> No

QUESTION 22. Attestation: We attest that the information recorded above were provided by the

Name	Signature	Date
Enumerator:-----		
Supervisor:-----		