

**AUTHORITY:**

Section 2(c) of Commonwealth Act (CA) No. 591 authorizes the National Statistics Office to prepare for and undertake all censuses of population, agriculture, industry and commerce.

CONFIDENTIALITY:

Section 4 of CA No. 591 provides that all information furnished on this form are held STRICTLY CONFIDENTIAL.

NSCB Approval No. NSO – 1218-04
Expires on October 9, 2013**CORE QUESTIONNAIRE
FOR AQUACULTURE****CERTIFICATION**

I hereby certify that the data set forth herein were personally obtained/reviewed by me in accordance with the instructions given by the National Statistics Office.

ENUMERATOR

SIGNATURE OVER PRINTED NAME

TEAM SUPERVISOR

SIGNATURE OVER PRINTED NAME

DSO/SCO

SIGNATURE OVER PRINTED NAME

CO/RO/PO SUPERVISOR

SIGNATURE OVER PRINTED NAME

DATE ACCOMPLISHED

DATE REVIEWED

DATE REVIEWED

DATE REVIEWED

SECTION A – AQUACULTURE OPERATION IDENTIFICATIONSHEET OF SHEETS

L

PROVINCE CITY/MUNICIPALITY BARANGAY ENUMERATION AREA NO. SEGMENT NUMBER BUILDING SERIAL NO. HOUSING UNIT SERIAL NO. HOUSEHOLD SERIAL NO. LINE NO. OF OPERATOR ITEM C1 (COLUMN 1) OF CAF FORM 2TYPE OF OPERATOR ITEM C13 (COLUMN 13) OF CAF FORM 2**SECTION B – INTERVIEW RECORD**

VISIT 1

VISIT 2

VISIT 3

DATE OF VISIT
MONTH : DAYINTERVIEW TIME BEGAN
HOUR:MINUTEINTERVIEW TIME ENDED
HOUR:MINUTE

RESULT OF VISIT*

* Result of Visit 1 Interview completed 3 Refused 5 Household not around/No respondent
Codes 2 Interview partly completed 4 Postponed 6 Others, Specify _____**SUMMARY OF VISIT**TOTAL NUMBER OF VISITS RESULT OF FINAL VISIT* ENUMERATOR'S CODE NAME OF RESPONDENT LINE NO. OF RESPONDENT **SECTION C – NAME OF OPERATOR/HIRED MANAGER**COPY CORRECTLY THE NAME OF THE OPERATOR/
HIRED MANAGER FROM ITEM C2 (COL. 2) OF CAF F2

C2 AND C3 ARE TO BE ASKED ONLY IF THE TYPE OF OPERATOR IN SECTION A IS CODE 2 OR 3

**C1 NAME OF THE OPERATOR/HIRED
MANAGER**

LAST NAME

FIRST NAME

**C2 What is the name of the employer/
establishment?**

NAME OF EMPLOYER/ESTABLISHMENT

**C3 In what province and city/municipality is the address of the employer/aquacultural
establishment?**

PROVINCE

CODE
DO NOT FILL

CITY/MUNICIPALITY

CODE
DO NOT FILL**Establishment Control Number (ECN)** (DO NOT FILL, FOR NSO USE ONLY)**SECTION D – LEGAL FORM OF ORGANIZATION****D1** From January to December 2012, did _____ operate the **aquacultural activity** as an individual proprietor, on partnership, as a corporation, as a cooperative, as a private institution, as a government corporation/institution or through other form of legal organization? WRITE X IN THE BOX 1 Individual proprietor 2 Partnership 3 Corporation 4 Cooperative 5 Other private institution 6 Government corporation/institution 7 Others, Specify _____

E1 From January to December 2012, how many aquafarm/s did ____ use in raising/farming (culture) of aquatic products?



A Q U A F A R M N U M B E R	E2 What type of aquafarm did ____ operate? 1 Fishpond 2 Fish pen 3 Fish cage 4 Seaweed farm 5 Oyster farm 6 Mussel farm 7 Fish tank 8 Hatchery 9 Others, Specify WRITE THE CODE IN THE BOX	E3 Where is the aquafarm located? L IF THE AQUAFARM IS LOCATED IN THE SAME BARANGAY, WRITE "SAME" ON THE SPACES PROVIDED FOR THE PROVINCE, CITY/MUNICIPALITY AND BARANGAY IF IT IS LOCATED IN ANOTHER BARANGAY, SPECIFY THE NAME OF THE PROVINCE, CITY/MUNICIPALITY AND BARANGAY ON THE SPACES PROVIDED LEAVE CODE BOXES BLANK			E4 What was the area devoted to the aquafarm? TO BE ASKED ONLY IF E2 IS CODE 1 TO 6 WRITE THE AREA IN HECTARES UP TO THREE (3) DECIMAL PLACES	E5 What was the total volume of the fish tank or hatchery? TO BE ASKED ONLY IF E2 IS CODE 7 OR 8 WRITE THE VOLUME IN CUBIC METERS UP TO THREE (3) DECIMAL PLACES	E6 What type of water environment was used in the aquafarm? 1 Freshwater 2 Brackish water 3 Marine water WRITE X IN THE BOX	E7 What was/were the species cultured in the aquafarm? WRITE THE TYPE OF SPECIES CULTURED	
		PROVINCE	CITY/MUNICIPALITY	BARANGAY				TYPE OF SPECIES	CODE DO NOT FILL
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
	SPECIFY	PROVINCE	CITY/MUNICIPALITY	BARANGAY	HECTARES	CUBIC METERS			
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
	SPECIFY	PROVINCE	CITY/MUNICIPALITY	BARANGAY	HECTARES	CUBIC METERS			
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
	SPECIFY	PROVINCE	CITY/MUNICIPALITY	BARANGAY	HECTARES	CUBIC METERS			
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
	SPECIFY	PROVINCE	CITY/MUNICIPALITY	BARANGAY	HECTARES	CUBIC METERS			

ARE THERE MORE THAN FOUR (4) AQUAFARMS IN THE AQUACULTURAL OPERATION?

1 Yes, USE ADDITIONAL CAF FORM 4

2 No, END INTERVIEW FOR THIS OPERATOR AND GO TO THE NEXT OPERATOR/HOUSEHOLD

REMARKS/COMPUTATION