



Republic of the Philippines  
NATIONAL STATISTICS OFFICE  
Manila

# ANNUAL POVERTY INDICATORS SURVEY

## July 2008

### HOUSEHOLD QUESTIONNAIRE

CONFIDENTIALITY: This survey is authorized by Commonwealth Act No. 591. All data obtained cannot be used for taxation, investigation, or law enforcement purposes.

Booklet \_\_\_\_ of \_\_\_\_ Booklets

#### A. IDENTIFICATION AND OTHER INFORMATION

##### GEOGRAPHIC IDENTIFICATION CODES

REGION	_____				
PROVINCE	_____				
MUN/CITY	_____				
BARANGAY	_____				
EA .....					
SHSN .....					
HCN .....					

##### RECORD OF INDIVIDUAL VISIT

Visit	1	2	3
Time			
Began	_____	_____	_____
Ended	_____	_____	_____
Date	_____	_____	_____
Result	_____	_____	_____

##### DESIGN CODES

Replicate .....					
Stratum .....					
PSU No. ....					
Rotation Group .....					
Number of Households in the Housing Unit .....					

##### CODE FOR FINAL VISIT

Result	<input type="checkbox"/>
Number of Visits	<input type="checkbox"/>

##### RESULT CODES

- 1 Completed Interview
- 2 Refusal
- 3 Temporary Away/Not At Home/On Vacation
- 4 Vacant
- 5 Housing Unit demolished, destroyed by fire, typhoon, etc.
- 6 Others, specify \_\_\_\_\_
- 7 Critical area, Flooded area

Name of Respondent: \_\_\_\_\_

Address: \_\_\_\_\_

#### CERTIFICATION

I hereby certify that the data gathered in this questionnaire were obtained/reviewed by me personally and in accordance with instructions.

\_\_\_\_\_  
Signature Over Printed Name of Interviewer

\_\_\_\_\_  
Signature Over Printed Name of Reviewer

\_\_\_\_\_  
Date Accomplished

\_\_\_\_\_  
Date Reviewed

# Appendix B-2008 APIS Questionnaire

ALL FAMILY MEMBERS								
LINE NUMBER	B. DEMOGRAPHIC CHARACTERISTICS						C. HEALTH STATUS	
	FAMILY MEMBERS AS OF DATE OF VISIT  (Last Name, First Name)	Line No. in LFS	What is _____'s relation- ship to the family head?  ENTER CODE	Is _____ male or female?	What is _____'s age as of last birth- day?	What is _____'s marital (civil) status?	Did ____ get ill or injured during the past month?	FOR AGES 5 YEARS OLD & OVER
								Was _____'s illness/ injury work- related?
(1)	(2)	(2a)	(3)	(4)	(5)	(6)	(7)	(8)
01		<input type="text"/>	<input type="text"/> 0 <input type="text"/> 1	M F 1 2	<input type="text"/>	<input type="text"/>	Y N 1 2 ↓ SKIP TO COL. 9	Y N 1 2
02		<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ SKIP TO COL. 9	1 2
03		<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ SKIP TO COL. 9	1 2
04		<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ SKIP TO COL. 9	1 2
05		<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ SKIP TO COL. 9	1 2
06		<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ SKIP TO COL. 9	1 2
07		<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ SKIP TO COL. 9	1 2
08		<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ SKIP TO COL. 9	1 2
09		<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ SKIP TO COL. 9	1 2
10		<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ SKIP TO COL. 9	1 2

**Codes for Column 3**  
(Relationship to Family Head)

- 01 Head
- 02 Wife/Spouse
- 03 Son/Daughter
- 04 Brother/Sister
- 05 Son-in-law/Daughter-in-law
- 06 Grandson/Granddaughter
- 07 Father/Mother
- 08 Other Relative

**Codes for Column 6**  
(Marital Status)

- 1 Single
- 2 Married/Living Together
- 3 Widowed
- 4 Divorced/Separated
- 5 Unknown

**Codes for Columns 11 and 14**  
(Grade/Year Currently Attending/  
Highest Educational Attainment)

- 00 No Grade Completed
- 01 Nursery
- 02 Kinder
- 03 Preparatory

## Elementary

- 11 Grade I
- 12 Grade II
- 13 Grade III
- 14 Grade IV
- 15 Grade V
- 16 Grade VI/VII
- 17 Graduate

## Secondary

- 21 1st Year
- 22 2nd Year
- 23 3rd year
- 24 4th Year
- 25 Graduate

3 - 24 YEARS OLD				5 YEARS OLD AND OVER						LINE NO. OF ALL FAMILY MEMBERS 3-24 YEARS OLD	LINE NUMBER	
D1. SCHOOLING STATUS				EN-CIRCLE LINE NO. OF ALL FAMILY MEMBERS 5 YEARS OLD & OVER	D2. HIGHEST GRADE COMPLETED	E. ECONOMIC CHARACTERISTICS						
Is _____ currently attending school?	What grade or year is _____ currently attending?	Why is _____ not attending school?	ENTER CODE		What is the highest educational attainment completed by _____?	ENTER CODE	JOB/BUSINESS	CLASS OF WORKER	SALARIES & WAGES FROM EMPLOYMENT FROM JAN. 01-JUNE 30, 2008			
									Did _____ work or have job or business at anytime from January 01 to June 30, 2008?			What kind of worker is _____?
(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(1)		
01	Y N 1 2 ↓ SKIP TO COL. 12	<input type="text"/> <input type="text"/> SKIP TO COL. 13	<input type="text"/> <input type="text"/>	01	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO NEXT FAMILY MEMBER	<input type="text"/>			01		
02	1 2 ↓ SKIP TO COL. 12	<input type="text"/> <input type="text"/> SKIP TO COL. 13	<input type="text"/> <input type="text"/>	02	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO NEXT FAMILY MEMBER	<input type="text"/>			02		
03	1 2 ↓ SKIP TO COL. 12	<input type="text"/> <input type="text"/> SKIP TO COL. 13	<input type="text"/> <input type="text"/>	03	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO NEXT FAMILY MEMBER	<input type="text"/>			03		
04	1 2 ↓ SKIP TO COL. 12	<input type="text"/> <input type="text"/> SKIP TO COL. 13	<input type="text"/> <input type="text"/>	04	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO NEXT FAMILY MEMBER	<input type="text"/>			04		
05	1 2 ↓ SKIP TO COL. 12	<input type="text"/> <input type="text"/> SKIP TO COL. 13	<input type="text"/> <input type="text"/>	05	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO NEXT FAMILY MEMBER	<input type="text"/>			05		
06	1 2 ↓ SKIP TO COL. 12	<input type="text"/> <input type="text"/> SKIP TO COL. 13	<input type="text"/> <input type="text"/>	06	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO NEXT FAMILY MEMBER	<input type="text"/>			06		
07	1 2 ↓ SKIP TO COL. 12	<input type="text"/> <input type="text"/> SKIP TO COL. 13	<input type="text"/> <input type="text"/>	07	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO NEXT FAMILY MEMBER	<input type="text"/>			07		
08	1 2 ↓ SKIP TO COL. 12	<input type="text"/> <input type="text"/> SKIP TO COL. 13	<input type="text"/> <input type="text"/>	08	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO NEXT FAMILY MEMBER	<input type="text"/>			08		
09	1 2 ↓ SKIP TO COL. 12	<input type="text"/> <input type="text"/> SKIP TO COL. 13	<input type="text"/> <input type="text"/>	09	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO NEXT FAMILY MEMBER	<input type="text"/>			09		
10	1 2 ↓ SKIP TO COL. 12	<input type="text"/> <input type="text"/> SKIP TO COL. 13	<input type="text"/> <input type="text"/>	10	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO NEXT FAMILY MEMBER	<input type="text"/>			10		

**Codes for Columns 11 and 14**  
(Grade/Year Currently Attending/  
Highest Educational Attainment)

Post Secondary

26 1st Year  
27 2nd Year  
28 3rd Year  
29 Graduate

College

31 1st Year  
32 2nd Year  
33 3rd Year  
34 4th Year  
College graduate,  
specify course

Post Graduate

36 With some units  
earned or enrolled  
in graduate school

Graduate, specify  
PhD/Master's  
Degree

**Codes for Column 12**  
(Reasons for not attending school)

- 01 Schools are very far
- 02 No schools within the bgy.
- 03 No regular transportation
- 04 High cost of education
- 05 Illness/disability
- 06 Housekeeping
- 07 Marriage
- 08 Employment/looking for work
- 09 Lack of personal interest
- 10 Cannot cope with school work
- 11 Finished schooling
- 12 Problem with school record
- 13 Problem with birth certificate
- 14 Too young to go to school
- 15 Others, specify \_\_\_\_\_

**Codes for Column 16**  
(Class of Worker)

- 0 Worked for private household
- 1 Worked for private establishment
- 2 Worked for government/ government corporation
- 3 Self-employed w/o any employee
- 4 Employer in own family operated farm or business
- 5 Worked with pay on own-family operated farm or business
- 6 Worked without pay in own family operated farm or business

F. HOUSING	
At the time of visit -	
F1. In what type of building/house does the family reside? 1 Single house                      4 Commercial/industrial/ Duplex                              agricultural building/house 3 Apartment/Accessoria        5 Other housing units (e.g. cave, condominium/townhouse      boat) Specify _____	<input type="checkbox"/>
F2. What type of construction materials is the roof made of? 1 Strong materials (galvanized iron, aluminum, tile, concrete, brick, stone, asbestos) 2 Light materials (cogon, nipa, anahaw) 3 Salvaged/makeshift materials 4 Mixed but predominantly strong materials 5 Mixed but predominantly light materials 6 Mixed but predominantly salvaged materials 7 Not Applicable	<input type="checkbox"/>
F3. What type of construction materials is the outer wall made of? 1 Strong materials (galvanized iron, aluminum, tile, concrete, brick, stone, wood, plywood, asbestos) 2 Light materials (cogon, nipa, anahaw) 3 Salvaged/makeshift materials 4 Mixed but predominantly strong materials 5 Mixed but predominantly light materials 6 Mixed but predominantly salvaged materials 7 Not Applicable	<input type="checkbox"/>
F4a. What is the tenure status of the housing unit and lot occupied by your family? 1 Own house and lot or owner-like possession of house and lot How much is the imputed rent per month? ..... 2 Rent house/room including lot How much is the rent per month? ..... 3 Own house, rent lot How much is the rent of the lot per month? ..... How much is the imputed rent of the house per month? ..... 4 Own house, rent-free lot with consent of owner How much is the imputed rent of the lot per month? ..... how much is the imputed rent of the house per month? ..... 5 Own-house, rent-free lot, without consent of owner How much is the imputed rent per month? ..... 6 Rent-free house and lot with consent of owner How much is the imputed rent per month? ..... 7 Rent-free house and lot without consent of owner How much is the imputed rent per month? .....	<input type="checkbox"/> P _____ x 6 = _____ P _____ x 6 = _____ P _____ x 6 = _____ P _____ x 6 = _____ P _____ x 6 = _____ P _____ x 6 = _____ P _____ x 6 = _____ P _____ x 6 = _____
F4b. What is the floor area of the housing unit? .....	_____ SQ. M.
F4c. Do you own any other housing unit elsewhere which you also use as residence? 1 Yes, how much is the imputed rent per month? ..... 2 No	<input type="checkbox"/> P _____ x 6 = _____
F4d. Did you or any member of your family acquire any house and/or lot thru the assistance of the government housing or financing program? 1 YES                      2 NO, GO TO F4g	<input type="checkbox"/>
F4e. How many house(s) and/or lot(s) have you or any member of your family acquired thru government housing or financing program?	<input type="checkbox"/>
F4f. When did you or any member of your family acquire this/these house(s) and/or lot(s) A 2008      D 2005                      G 1999-2000                      J Don't Know B 2007      E 2004                      H 1992-1998 C 2006      F 2001-2003                      I 1991 or earlier	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F4g. Do you own any land which you use for agricultural purposes? 1 YES                      2 NO, GO TO F5	<input type="checkbox"/>
F4h. Did you acquire this agricultural land under the CARP land-distribution program? 1 YES                      2 NO	<input type="checkbox"/>

F. HOUSING (Con't.)		
F5. Is there any electricity in the building/house?		
1 YES	2 NO	<input type="checkbox"/>
F6. How many of each of the following items does the family own?		
a) Car, jeep, motorcycle, motorboat		a. <input type="checkbox"/>
b) Personal computer		b. <input type="checkbox"/>
c) Aircon		c. <input type="checkbox"/>
d) Audio Component		d. <input type="checkbox"/>
e) Gas Range		e. <input type="checkbox"/>
f) Washing Machine		f. <input type="checkbox"/>
g) Refrigerator/Freezer		g. <input type="checkbox"/>
h) Video Cassette Recorder/Player		h. <input type="checkbox"/>
i) CD/VCD/DVD Player		i. <input type="checkbox"/>
j) Television		j. <input type="checkbox"/>
k) Karaoke		k. <input type="checkbox"/>
l) Landline Telephone		l. <input type="checkbox"/>
m) Cellular phone		m. <input type="checkbox"/>
n) Radio/Radio Cassette Player		n. <input type="checkbox"/>
G. WATER AND SANITATION		
G1. What is the family's main source of water supply?		
COMMUNITY WATER SYSTEM PIPED INTO: DWELLING ..... 11 RIVER/STREAM/POND/ YARD/PLOT ..... 12 LAKE/DAM ..... 33 PUBLIC TAP ..... 13 RAINWATER ..... 41 POINT SOURCE: PROTECTED WELL ..... 21 PEDDLER ..... 51 UNPROTECTED (OPEN DUG WELL) ..... 22 OTHERS, SPECIFY ..... 96 DEVELOPED SPRING ..... 31 UNDEVELOPED SPRING ..... 32		<input type="checkbox"/>
G1a. If ANSWER TO G1 IS ANY OF THE CODES 12 TO 33: How far is this water source from your house?		_____ meters
G2. What kind of toilet facility does the family use?		
FLUSH TOILET OWN TOILET ..... 11 DROP/OVERHANG ..... 31 SHARED TOILET ..... 12 PAIL SYSTEM ..... 41 PIT TOILET/LATRINE CLOSED PIT ..... 21 BUSH ..... 51 OPEN PIT ..... 22 OTHERS, SPECIFY ..... 96		<input type="checkbox"/>
H. OTHER RELEVANT INFORMATION		
H1. Are you or any member of your family a member of any of the following health, life and/or pre-need insurance system?		
	YES NO	
A GSIS	1 2	a. <input type="checkbox"/>
B SSS	1 2	b. <input type="checkbox"/>
C Philhealth	1 2	c. <input type="checkbox"/>
D Private Health Insurance Company/ Health Maintenance Organization	1 2	d. <input type="checkbox"/>
E Pre-Need Insurance Plan Company	1 2	e. <input type="checkbox"/>
F Life Insurance Company	1 2	f. <input type="checkbox"/>
G Others, specify _____	1 2	g. <input type="checkbox"/>

## Appendix B-2008 APIS Questionnaire

H. OTHER RELEVANT INFORMATION																																																	
<p>H2. Are you or any member of your family aware of any government's program on affordable drugs/medicines like "Botika sa Barangay", GMA50?</p> <p>1 YES      2 NO, skip to H4</p>	<input type="checkbox"/>																																																
<p>H3. Have you ever purchased medicines/drugs under this program?</p> <p>1 YES, skip to H4    2 NO</p> <p>H3a. IF NO, ASK: What is your main reason why you did not purchase medicine under this program?</p> <p>1 Program not implemented in the place of residence            2 Did not need to buy medicines/drugs            3 Doubt quality of medicines being sold            4 Prescribed medicines are not available            5 Others, specify _____</p>	<input type="checkbox"/>  <input type="checkbox"/>																																																
<p>H4. Is there any member of the family who is a current recipient of any scholarship/ study grant from any government program or any private individual/organization?</p> <p>1 YES      2 NO, skip to H5</p> <p>H4a. IF YES, ASK: From whom?</p> <p>A Government schools      E Private Organization            B Public organization      F Relative            C LGU      G Public official            D OFW      H Others, specify _____</p>	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																
<p>H5. Are you or any member of your family aware of any lending institution or private individual whose business is lending money with interest?</p> <p>1 YES      2 NO, skip to Section I</p>	<input type="checkbox"/>																																																
<p>H6. Did you or any member of your family avail of any loan in the past 6 months ?</p> <p>1 YES      2 NO, skip to Section I</p>	<input type="checkbox"/>																																																
<p>H7. Where did you or any member of your family avail of this loan?</p> <p>A GSIS      F Credit Union            B SSS      G Bank            C Pag-ibig Mutual Fund      H Informal Lender            D Microfinance Institution      I Pawnshop            E Relative/Friend      J Others, specify _____</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																
<p>H8. Where did you use the money?</p> <p>A Business      E For family's daily needs            B Buy medicines/pay hospital bills      F For special occasion            C Buy appliances      G Others, specify _____            D Payschool fees</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																
I. HUNGER																																																	
<p>I1. During the past 3 months, did it happen even once, that you or any member of your family experienced hunger because you did not have food to eat?</p> <p>1 YES      2 NO</p>	<input type="checkbox"/>																																																
<p>I2. Are you or any member of your family aware of any of the following programs of the government?</p> <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th></th> </tr> </thead> <tbody> <tr> <td>A Ahon Pamilyang Pilipino</td> <td>1</td> <td>2</td> <td>a</td> </tr> <tr> <td>B KALAHI - CIDSS</td> <td>1</td> <td>2</td> <td>b</td> </tr> <tr> <td>C SEA - K</td> <td>1</td> <td>2</td> <td>c</td> </tr> <tr> <td>D Programang gulayan ng masa</td> <td>1</td> <td>2</td> <td>d</td> </tr> <tr> <td>E Tindahan natin</td> <td>1</td> <td>2</td> <td>e</td> </tr> <tr> <td>F Food for school</td> <td>1</td> <td>2</td> <td>f</td> </tr> <tr> <td>G Farm to market roads</td> <td>1</td> <td>2</td> <td>g</td> </tr> <tr> <td>H Patrabaho ni Pangulong Gloria Mapagal Arroyo</td> <td>1</td> <td>2</td> <td>h</td> </tr> <tr> <td>I Vocational training</td> <td>1</td> <td>2</td> <td>i</td> </tr> <tr> <td>J Pabasa sa nutrisyon</td> <td>1</td> <td>2</td> <td>j</td> </tr> <tr> <td>K Responsible parenthood movement class</td> <td>1</td> <td>2</td> <td>k</td> </tr> </tbody> </table>		YES	NO		A Ahon Pamilyang Pilipino	1	2	a	B KALAHI - CIDSS	1	2	b	C SEA - K	1	2	c	D Programang gulayan ng masa	1	2	d	E Tindahan natin	1	2	e	F Food for school	1	2	f	G Farm to market roads	1	2	g	H Patrabaho ni Pangulong Gloria Mapagal Arroyo	1	2	h	I Vocational training	1	2	i	J Pabasa sa nutrisyon	1	2	j	K Responsible parenthood movement class	1	2	k	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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**J. FAMILY SUSTENANCE AND ENTREPRENEURIAL ACTIVITIES**

During the PAST SIX MONTHS, did you or any member of your family engage in any of the following entrepreneurial activities:

Entrepreneurial Activities	Code	YES	NO	Net Income	Value Consumed	Given Away as Gifts
1 Family Sustenance Activity	95000	1	2			
2 Net Share of Crops, Fruits, and Vegetables Produced or Livestock or Poultry Raised by other households	92000	1	2			
3 Crop Farming and Gardening	00100	1	2			
4 Livestock and Poultry Raising	00200	1	2			
5 Fishing	00300	1	2			
6 Forestry and Hunting	00400	1	2			
7 Wholesale and Retail	00500	1	2			
8 Manufacturing	00600	1	2			
9 Community, Social, Recreational, and Personal Services	00700	1	2			
10 Transportation, Storage and Communication Services	00800	1	2			
11 Mining and Quarrying	00900	1	2			
12 Construction	01000	1	2			
13 Entrepreneurial Activities NEC (Incl. Electricity, Gas, Water, Financing, Insurance Real Estate and Business Services)	01100	1	2			

**K. OTHER SOURCES OF INCOME**

During the PAST SIX MONTHS, how much did you or any member of your family receive on the following?

Source	Code	In Cash	In Kind
1 Cash receipts, gifts, support relief and other form of assistance from abroad ( <i>includes pensions, retirement, workmen's compensation, dividends from investments, etc.</i> )	93010		
a. Family members working as overseas Filipino workers	93011		
b. Others	93012		
2 Cash receipts, support, assistance and relief from domestic source	93020		
a. Government	93021		
b. Private	93022		
3 Rental received from non-agricultural lands, buildings, spaces and other properties	93030		
4 Interest ( <i>includes interest from bank deposits, interest from loans extended to other families</i> )	93040		
5 Pension and retirement, workmen's compensation and social security benefits	93050		
6 Dividends from investments	93070		
7 Other sources of income not elsewhere classified	93110		

**L. OTHER RECEIPTS**

During the PAST SIX MONTHS, how much did you or any member of your family receive on the following?

Item	Code	In Cash	In Kind
1 Net winnings from gambling, lottery, sweepstakes and raffle, and game shows ( <i>includes jueteng, cockfights, mahjong, bingo, cards, etc.</i> )	93060		
2 Profits from sale of stocks, bonds and real and personal property	93080		
3 Backpay and proceeds from insurance	93090		
4 Inheritance	93100		
5 Sale of real and personal property	94001		
6 Loans from other families/business firms and government institutions	94003		
7 Payments received from loans granted to others	94005		
8 Withdrawals from savings/business equity	94006		
9 Others ( <i>tax refund, dowries, etc.</i> )	94007		

M. FAMILY EXPENDITURES					
<b>M1. Food, Beverages and Tobacco</b> During the PAST SIX MONTHS, how much on the average is your actual weekly consumption on the following? <i>(Include all food items consumed from purchases made whether in cash or on credit, received as gifts, and own-produced. Round to the nearest peso).</i>					
Item	Code	Total	In Cash/ On Credit	In Kind	Received as Gifts
<b>1. Food Consumed At Home</b>	<b>11000</b>				
a. Cereal and cereal preparations ( <i>rice, corn, bread, biscuits, flour, native cakes, noodles, infant cereal, cereal-based junk foods, etc.</i> )	11100				
b. Roots and tubers ( <i>potato, cassava, sweet potato, gabi, ubi, lugui, cassava cake, haleya, potato chips, etc.</i> )	11200				
c. Fruits and vegetables ( <i>fresh fruits, leafy veg., fruit veg. green/dry beans and other legumes, coconut, peanuts, fruit preparation, pickled veg., tokwa, tausi, miso, peanut, butter, etc.</i> )	11300				
d. Meat and meat preparations ( <i>fresh chicken, fresh beef, fresh pork, carabeef, goat's meat, corned beef, luncheon meat, meat loaf, vienna sausage, longanisa, chorizo, hotdog, tocino, tapa, etc.</i> )	11400				
e. Dairy products and eggs ( <i>milk, ice cream, butter, cheese, fresh eggs, balut, salted eggs</i> )	11500				
f. Fish and marine products ( <i>fresh fish, shrimps, squid, shells, sardines, daing, tuyo, tinapa, bagoong, canned squid, etc.</i> )	11600				
g. Coffee, cocoa and tea ( <i>processed, coffee beans, Milo, Ovaltine, processed cocoa, cocoa beans, processed tea, tea leaves, etc.</i> )	11700				
h. Non-alcoholic beverages ( <i>softdrinks, pineapple juice, orange juice, ice candy, ice drop, ice buko, etc.</i> )	11800				
i. Food not elsewhere classified ( <i>sugar products, cooking oil, margarine, sauces, salt, other spices &amp; seasoning, prepared meals bought outside and eaten at home, ice, honey, etc.</i> )	11900				
2. Food Regularly Consumed Outside the Home ( <i>meals at schools, place of work, restaurants, merienda or snacks, etc.</i> )	12000				
3. Alcoholic Beverages ( <i>beer, tuba, basi, lambanog, brandy, whisky, rum, etc.</i> )	13000				
4. Tobacco ( <i>cigarettes, cigars, betel nut, leaf and lime, chewing tobacco, leaf tobacco, etc.</i> )	14000				
<b>M2. Fuel, Transportation, Household and Personal Care Expenses</b> During the PAST SIX MONTHS, how much on the average is your monthly expenses/consumption on the following? <i>(Includes all expenses/consumption whether purchased/paid in cash/on credit, received as gifts or own-produced. Round to the nearest peso).</i>					
Item	Code	Total	In Cash/ On Credit	In Kind	Received as Gifts
1. Fuel, light and water ( <i>charcoal, firewood, LPG, kerosene/gas, electricity, candle, oils, water, etc.</i> )	21100				
2. Transportation and communication ( <i>bus, jeepney, tricycle, air transport fare, water transport fare, gasoline/diesel, driver's salary, telephone bills, postage stamps, telegrams, driving lesson fees, feeds for animals used for transport, etc.</i> )	22100				
3. Household operations ( <i>laundry soap and detergent, starch, floor wax, insect spray/rat and mosquito killer/coil, cleanser/scouring pad, air freshener/deodorizer, fluorescent/incandescent bulbs, matches, brooms, husks, battery, etc.</i> )	23100				
4. Personal care and effects ( <i>cleansing cream, body deodorant, lotion, baby oil, toilet/bath soap, tissue paper, toothpaste, sanitary napkin, shampoo, jewelry, handbag, wallet, wristwatch, haircut, manicure/pedicure, etc.</i> )	31100				



M. FAMILY EXPENDITURES (cont'd)			
<b>M3. Clothing, Education, Medicines, Taxes and Others</b> During the PAST SIX MONTHS, how much on the average is your actual disbursements/expenditures on the following? <i>(Include expenditures whether purchased/paid for in cash or on credit, received as gifts. Round to the nearest peso ).</i>			
Item	Code	In Cash/ In Credit	Received as Gifts
1. Clothing, footwear and other wear ( <i>clothing &amp; ready-made apparel, footwear, sewing materials, accessories, service fees, etc.</i> )	32100		
2. Education ( <i>tuition fees, graduation fees, allowance for family member studying away from home, books, school/supplies, etc.</i> )	41100		
3. Recreation ( <i>children bicycle &amp; playcars, dolls, balls mahjong sets, admission tickets to movies, rental of video tapes, food for pets, etc.</i> )	42100		
4. Medical care ( <i>drugs &amp; medicines, hospital room charges, medical and dental charges, other medical goods &amp; supplies, herbal medicines, etc.</i> )	43100		
5. Non-durable furnishing ( <i>dinnerware, glassware, silverware, plastic ware, kitchen utensils/knives, mosquito net, pillow, pillow cases, etc.</i> )	51100		
6. Durable furnishing ( <i>refrigerator, cooking range/stove, washing machine, T.V, cassette recorder, electric fan, etc.</i> )	52100		
7. Taxes ( <i>income tax, real estate tax, car registration, toll fees &amp; other license, residence certificate, etc.</i> )	60000		
8. House maintenance and repair ( <i>carpentry materials, electrical materials masonry paint, plumbing materials, etc.</i> )	72100		
9. Special occasions ( <i>birthday, wedding, baptismal, anniversary, family reunion, etc.</i> )	81100		
Item	Code	In Cash/ In Credit	In Kind
10. Gifts and contributions to others ( <i>gifts &amp; assistance to private individuals outside the family, contributin to church, donations, etc.</i> )	82000		
11. Other expenditures ( <i>life insurance &amp; retirement premiums, SSS, GSIS, losses due to fire &amp; theft, legal fees, membership fees, medicare, pre-need plan, etc.</i> )	83000		
12. Other disbursements	84000		
a. Purchase/amortization of real property	84010		
b. Payments of cash loan (principal)	84020		
c. Installments for appliances, etc. bought before January 2008	84030		
d. Installments for personal transport bought before January 2008	84040		
e. Loans granted to persons outside the family	84050		
f. Amount deposited in banks/investments	84060		
g. Others ( <i>Major repair and construction of house, withholding taxes from current income, payment for goods/services acquired/availed of outside reference period, back rentals paid during the reference period, etc.</i> )	84070		
COMPUTATIONS:			

[illegible]

GUIDE IN REPORTING FAMILY EXPENDITURES					
ITEM	UNIT PRICE	AVERAGE MONTHLY EXPENSES	ITEM	UNIT PRICE	JANUARY 1 - JUNE 30, 2008
M2. Fuel, Transportation, Household and Personal Care Expenses			3. Recreation		
1. Fuel, Light and Water			a. Children bikes and playcards		
a. Electricity			b. Dolls		
b. LPG			c. Balls		
c. Kerosene/gaas			d. Mahjong sets		
d. Charcoal			e. Musical instrument		
e. Firewood			f. Admission tickets to movies/shows		
f. Candle			g. Rental of video tapes		
g. Water			h. Admission fees to cockfights & race		
h. Oils			i. Other recreational expenses (food for pets)		
2. Transportation & Communication			4. Medical care		
a. Land transport fare			a. Drugs and medicines		
b. Water transport fare			b. Hospital and room charge		
c. Air transport fare			c. Medical charges		
d. Gasoline/diesel			d. Dental charges		
e. Driver's salary			e. Other medical goods and supplies		
f. Driving lesson			f. herbal medicines		
g. Feeds for animals used for transport			5. Non-durable furnishing		
h. Telephone bills			a. Utensils and accessories (dinnerware, glassware, silverware, plastic wares, kitchen utensils/knives)		
i. Phone cards/cell cards			b. Household linen and furnishings (mosquito net, pillow, pillow cases)		
j. Postage stamps			c. Other hhs. Furnishings such as flower vase, decors, figurines		
k. Telegrams			6. Durable furnishing		
3. Household Operations			a. Kitchen appliances (refrigerator, cooking range/stove, washing machine, TV, cassette, recorder, electric fan)		
a. Laundry soap and detergents			b. Audio-visual equipment		
b. Starch			c. Furniture		
c. Floor wax			d. Transport equipment for hhs use		
d. Insect spray/rat & mosquito killer/coil			7. Taxes		
e. Cleanser/scouring powder			a. Income tax, real estate tax, vehicle registration, toll fees & driver's license, residence certificates		
f. Air freshner/deodorizer			8. House maintenance and repair		
g. Fluorescent/incandescent bulbs,			a. Carpentry materials, electrical materials, masonry, paint, varnish, plumbing materials, other materials, paid labor or wages		
h. Others (match, brooms, husk, battery, etc.)			9. Special family occasion (Birthday, wedding, baptismal, anniversary, family reunion)		
4. Personal Care and Effects			a. Pay for food or services for family occasion such as food & refreshments, alcoholic beverages, services of priests, cooks, waiters, rentals, package tours and others		
a. Beauty aids and toilet articles			10. Gifts and Contribution to others		
1) cleansing cream, astringent			a. Gifts & assistance to private individuals outside the family		
2) body deodorant			b. Contribution to church & religious inst.		
3) lotion, baby oil			c. Contribution & donations to inst.		
4) make-up, cosmetics, perfumes			11. Other expenditures		
5) powder			a. Life insurance, retirement premiums, SSS, GSIS premiums, legal fees, membership fees, medicare, pre-need plan, etc.		
6) toilet/bath soap			b. losses due to fire and theft		
7) toilet and tissue paper			12. Other Disbursements		
8) toothpaste/mouthwash			a. Purchase/amortization of real property		
9) sanitary napkin/panty shield			b. Payments of cash loan (principal)		
10) shampoo			c. Installments for appliances, etc. bought before		
11) nail polish, gel, spraynet, etc.			d. Installments for personal transport bought before January 2006		
b. Personal effects			e. Loans granted to person outside the family		
1) jewelry			f. Amount deposited in banks, investments		
2) handbag, wallet, etc.			g. Others (major repair & construction of house, withholding taxes from current income, payment for goods/services acquired/availed of outside reference period, back rentals paid during the reference period.		
3) wristwatch					
4) umbrella					
5) others					
c. Beauty parlor services					
1) cold wave/perm					
2) haircut/trim					
3) manicure, pedicure/foot spa					
4) hair straightening, hot oil, etc.					
d. Barbershop services					
e. Disposable diaper, feeding bottle, etc.					
f. Adult disposable diaper					
g. Sauna bath, aerobics, etc.					
ITEM	UNIT PRICE	JAN 1-JUNE 30, 2008 EXPENSES			
M3. Clothing, Education, Taxes, Medicines and Others					
1. Clothing, Footwear and other wear					
a. Clothing and other ready-made apparel					
b. Footwear					
c. Sewing materials/accessories, service fees					
2. Education					
a. Tuition fees					
b. Graduation fees					
c. Books/school supplies					
d. Allowances for studying away from home					

GUIDE FOR COMPARING DISBURSEMENTS AGAINST RECEIPTS				
Source		Value	Source	Value
<b>TOTAL INCOME</b>			Total Net Income from FSA	Code 95000 (p7)
Salaries/Wages from	Total for Col. 17 (p3)		Total Net Value of share from	
Employment	Total for Col. 18 (p3)		NSCFVLP Raised by other	Code 92000 (p7)
			households	
	F4a Code 1,5,6 or 7 (p4)			
Imputed Rentals of	F4a Code 3 Line 2 (p4)		Net Income from CFG	Code 00100 (p7)
Dwelling Unit(s)	F4a Code 4 Lines 1&2(p4)		.....LPR	Code 00200 (p7)
	F4c Code 1 (p4)		.....FISH	Code 00300 (p7)
			.....FH	Code 00400 (p7)
			.....WRT	Code 00500 (p7)
			.....MFG	Code 00600 (p7)
			.....CSRPS	Code 00700 (p7)
			.....TSCS	Code 00800 (p7)
			.....MQ	Code 00900 (p7)
			.....CONS	Code 01000 (p7)
			.....EANECE	Code 01100 (p7)
<b>TOTAL EXPENDITURES</b>				
Item M1.1	Code 11000-In cash/credit x 26 (p8)		Other sources of Income from	
Item M1.2	Code 12000-In cash/credit x 26 (p8)		Abroad	Code 93010 (p7)
Item M1.3	Code 13000-In cash/credit x 26 (p8)		OFW	
Item M1.4	Code 14000-In cash/credit x 26 (p8)		Others	
Item M2.1	Code 21100-In cash/credit x 6 (p8)		.....from Domestic	Code 93020 (p7)
Item M2.2	Code 22100-In cash/credit x 6 (p8)		.....from Rentals	Code 93030 (p7)
Item M2.3	Code 23100-In cash/credit x 6 (p8)		.....from Interest	Code 93040 (p7)
Item M2.4	Code 31100-In cash/credit x 6 (p8)		.....from Pension, etc.	Code 93050 (p7)
Item M3.1	Code 32100-In cash/credit (p9)		.....from Dividends	Code 93070 (p7)
Item M3.2	Code 41100-In cash/credit (p9)		.....from NEC	Code 93110 (p7)
Item M3.3	Code 42100-In cash/credit (p9)			
Item M3.4	Code 43100-In cash/credit (p9)		<b>OTHER RECEIPTS</b>	
Item M3.5	Code 51100-In cash/credit (p9)		Item L1	Code 93060 (p7)
Item M3.6	Code 52100-In cash/credit (p9)		Item L2	Code 93080 (p7)
Item M3.7	Code 60000-In cash/credit (p9)		Item L3	Code 93090 (p7)
Item M3.8	Code 72100-In cash/credit (p9)		Item L4	Code 93100 (p7)
Item M3.9	Code 81100-In cash/credit (p9)		Item L5	Code 94001 (p7)
Item M3.10	Code 82000-In cash (p9)		Item L6	Code 94003 (p7)
Item M3.11	Code 83000-In cash (p9)		Item L7	Code 94005 (p7)
Imputed rental/actual	F4a Code 1,2, 5,6 or 7 (p4)		Item L8	Code 94006 (p7)
rent of dwelling	F4a Codes 3 & 4 Lines 1 & 2 (p4)		Item L9	Code 94007 (p7)
unit(s)	F4c Code 1 (p4)			
<b>OTHER DISBURSEMENTS</b>				
Item 12a	Code 84010 (p9)		<b>TOTAL RECEIPTS =</b>	
Item 12b	Code 84020 (p9)		TOTAL INCOME + OTHER RECEIPTS	
Item 12c	Code 84030 (p9)			
Item 12d	Code 84040 (p9)		<b>TOTAL DISBURSEMENTS=</b>	
Item 12e	Code 84050 (p9)		TOTAL EXPENDITURES + OTHER DISBURSEMENTS	
Item 12f	Code 84060 (p9)			
Item 12g	Code 84070 (p9)			
<p><b>PROBE FURTHER IF ANY OF THE FOLLOWING CONDITIONS IS NOT SATISFIED:</b></p> <p>1. TOTAL DISBURSEMENTS/TOTAL RECEIPTS <math>\leq 1.5</math></p> <p>2. TOTAL RECEIPTS/TOTAL DISBURSEMENTS <math>\leq 4.0</math></p>				