

***APPENDIX B-***  
***2004 APIS***  
***Questionnaire***

**CONFIDENTIALITY**

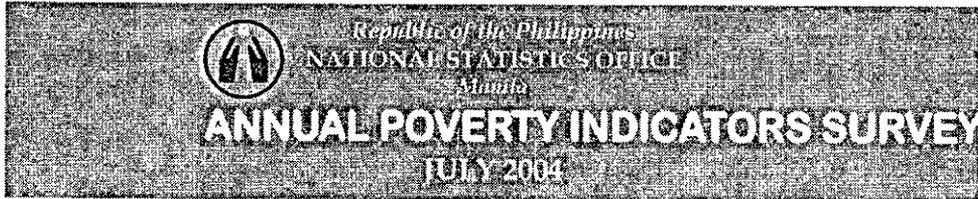
This survey is authorized by Commonwealth Act No. 591. All data obtained cannot be used for taxation, investigation or law enforcement purposes.

**HOUSEHOLD SCHEDULE**

APIS FORM 1

NSCB Approval No. NSO-0411-01

Expires: June 30, 2005



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

A. IDENTIFICATION AND OTHER INFORMATION																					
<p><b>GEOGRAPHIC IDENTIFICATION CODES</b></p> <p>Region _____</p> <p>Province _____</p> <p>Mun/City _____</p> <p>Bgy _____</p> <p>EA _____</p> <p>SHSN _____</p> <p>HCN _____</p>	<p><b>RECORD OF INDIVIDUAL VISIT</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Visit</th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th style="text-align: center;">3</th> </tr> </thead> <tbody> <tr> <td>Time Began</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time Ended</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Date</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Result</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Visit	1	2	3	Time Began				Time Ended				Date				Result			
Visit	1	2	3																		
Time Began																					
Time Ended																					
Date																					
Result																					
<p><b>DESIGN CODES</b></p> <p>Replicate _____</p> <p>Stratum _____</p> <p>PSU No. _____</p> <p>Rotation Group _____</p> <p>Number of Households in the Housing Unit _____</p>	<p><b>CODES FOR FINAL VISIT</b></p> <p>Result _____</p> <p>Number of Visits _____</p>																				
<p>Name of Respondent: _____</p> <p style="text-align: right;">Line No. <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table></p> <p>Address: _____</p>	<p><b>RESULT CODES</b></p> <p>1 Completed Interview</p> <p>2 Refusal</p> <p>3 Temporarily Away/Not At Home/ On Vacation</p> <p>4 Vacant</p> <p>5 Housing Unit demolished, destroyed by fire, typhoon, etc.</p> <p>6 Others, specify _____</p>																				
<p><b>CERTIFICATION</b></p> <p>I hereby certify that the data gathered in this questionnaire were obtained/reviewed by me personally and in accordance with instructions.</p> <p>_____ Signature Over Printed Name of Interviewer</p> <p>_____ Signature Over Printed Name of Reviewer</p> <p>_____ Date Accomplished</p> <p>_____ Date Reviewed</p>																					



ALL FAMILY MEMBERS												
B. DEMOGRAPHIC CHARACTERISTICS								C. HEALTH STATUS				
LINE NUMBER	FAMILY MEMBERS AS OF DATE OF VISIT (Last name, First name)			What is ___'s relationship to the family head?	S E X 1 M 2 F	What is ___'s age as of last birthday?	What is ___'s marital (civil)?	Did ___ get ill or injured during the past month? 1 ILL 2 INJURED 3 BOTH ILL /INJURED 4 NOT ILL/ INJURED, ↓ SKIP TO COL 9	OR AGES YEARS OLD OVER Was ___'s illness/injury work related? 1 YES 2 NO.	Did ___ visit any health facility like hospital, clinic, etc. during the past 6 months? 1 YES, OUT-PATIENT 2 YES, IN-PATIENT 3 YES, BOTH 4 NO, SKIP TO COL 11	What health facility(ies) did ___ visit during the past 6 months? ENTER CODE (S) (Multiple Entries)	
	Line No. of Father	Line No. of Mother	Line No. in LFS	ENTER CODE	ENTER CODE	ENTER CODE	ENTER CODE	ENTER CODE	ENTER CODE	ENTER CODE	FOR AGES 0-4 GO TO NEXT HOUSEHOLD MEMBER	
(1)	(2)	(2a)	(2b)	(2c)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
01					01							
02												
03												
04												
05												
06												
07												
08												
09												
10												

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

- 1 Head
- 2 Wife/Spouse
- 3 Son/daughter
- 4 Brother/Sister
- 5 Son-in-law/daughter-in-law
- 6 Grandson/Granddaughter
- 7 Father/Mother
- 8 Other Relatives

**Codes for Col. 4 (Marital Status)**

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

**Codes for Column 10  
(Type of Health Facility)**

- 1 Gov't. Hospital
- 2 Private Hospital
- 3 Private Clinic
- 4 Rural Health Unit (RHU) Health Center
- 5 Barangay Health Station (BHS)
- 6 Others, specify \_\_\_\_\_

**Codes for Column 2a & 2b**

- 97 If father/mother is dead
- 98 If not in the household



APPENDIX B – 2004 APIS Questionnaire

6 - 24 YEARS OLD				5 YEARS OLD AND OVER						LINE NUMBER
D1. SCHOOLING STATUS				D2. HIGHEST GRADE COMPLETED		E. ECONOMIC CHARACTERISTICS				
						E1. FOR PERSONS WITH JOB OR BUSINESS AT ANY TIME FROM JANUARY 1 TO JUNE 30 2004				
CHECK IF 6-24 YEARS OLD	Is ___ currently attending school?	What grade or year is ___ currently attending?	Why is ___ not attending school?	CHECK IF 5 YEARS OLD OR OVER	What is the highest educational attainment completed by ___ ?  ENTER CODE	Did ___ work or have a job or business at anytime from January 01 to June 30, 2004?	SALARIES AND WAGES FROM EMPLOYMENT FROM JANUARY 01 TO JUNE 30, 2004		At anytime from Jan. 01 to June 30, 2004 did ___ engage in an occupation hazardous to his/her health?	
	1 YES 2 NO, SKIP TO COL 14	ENTER CODE, SKIP TO COL 15	ENTER CODE			1 YES 2 NO, SKIP TO COL 19	Basic salaries and wages  (In cash/ In Kind)	Allowances, honoraria, tips, housing, clothing, food, etc.  (In cash/ In Kind)	1 YES 2 NO	
(11)	(12)	(13)	(14)	(15)	(15a)	(16)	(17)	(17a)	(18)	(1)
										01
										02
										03
										04
										05
										06
										07
										08
										09
										10

Codes for Col. 13 and Col. 15a (Grade/Year currently attending/completed)

- |                        |                       |  |
|------------------------|-----------------------|--|
| 00 No Grade Completed  | <u>Secondary</u>      | <u>College</u>                             |
| 01 Kinder/Prep/Nursery | 21 1st Year           | 31 1st Year                                |
|                        | 22 2nd Year           | 32 2nd Year                                |
|                        | 23 3rd Year           | 33 3rd Year                                |
|                        | 24 4th Year           | 34 4th Year or Higher                      |
|                        | 25 Graduate           | 35 College graduate, specify course        |
|                        | <u>Post Secondary</u> | <u>Post Graduate</u>                       |
|                        | 26 1st Year           | 36 With some units earned or enrolled in   |
|                        | 27 2nd Year           | 37 Graduate, specify Ph.D/ Master's Degree |
|                        | 28 3rd Year           |  |
|                        | 29 Graduate           |  |

NOTES: Codes 17, 25, 29, 35 and 37 are not applicable for Col. 13

Codes for Col. 14 (reason for not attending school)

- 01 Schools are very far/ no school within the barangay
- 02 No regular transportation
- 03 High cost of education/ parents cannot afford expenses
- 04 Illness/disability
- 05 Housekeeping
- 06 Employment/Looking for work
- 07 Lack of personal interest
- 08 Cannot cope with school work
- 09 Finished schooling
- 10 Others, specify

Examples of Hazardous Occupations:

1. Workers exposed to dangerous environmental elements, contaminants, or work conditions including radiations, chemicals, fires, flammable substances, noxious components, etc.
2. Workers engaged in construction work, logging, mining, quarrying, stevedoring, dock work, deep sea fishing, and mechanized farming.
3. Workers engaged in the manufacture or handling of explosive powder-activated tools (e.g., fireworks manufacturing)
4. Workers exposed to biologic agents (e.g. bacteria, fungal viruses, potassium, nematodes and other parasites)



5 YEARS OLD AND OVER									
E. ECONOMIC CHARACTERISTICS									
E2. FOR PERSONS WITH JOB OR BUSINESS IN THE PAST WEEK						E3. WITH NO JOB OR BUSINESS IN THE PAST WEEK			
Did _____ work or have a job or business during the past week?  1 YES 2 NO. SKIP TO COL 24	What was _____'s primary occupation or business?  (Specify, e.g., elementary teacher, palay farmer, exclude student, housekeeper, etc.)	What kind of business/industry did _____ engage in?  (Specify, e.g., palay farm, public school, jeepney PUJ, etc.)	Class of worker	What was _____'s nature of employment?  GO TO THE NEXT QUALIFIED HH MEMBER. IF LAST MEMBER, GO TO SECTION F	Did _____ look for work at anytime during the past week?	Why did _____ not look for work?  ENTER CODE	CODE		LINE NUMBER
							(20a)	(21a)	
(19)	(20)	(20a)	(21)	(21a)	(22)	(23)	(24)	(25)	(1)
									01
									02
									03
									04
									05
									06
									07
									08
									09
									10

**Codes for Column 22 (Class of Worker)**

- 0 Worked for private household
- 1 Worked for private establishment
- 2 Worked for government/ government corporation
- 3 Self-employed without any employ
- 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

**Codes for Column 23 (Nature of Employment)**

- 1 Permanent job/business/Unpaid family worker or one that had lasted or expected to last for 1 year or longer
- 2 Short-term or seasonal or casual job/business/unpaid family worker (expected to last less than 1 year since commencement)
- 3 Worked for different employers on day to day or week to week basis

**Codes for Column 25**

- 1 Believe no work available
- 2 Awaiting results of previous job application
- 3 Temporary illness/disability
- 4 Bad weather
- 5 Waiting for retire/job recall
- 6 Too young/old, retired or permanently disabled
- 7 Housekeeping
- 8 Schooling
- 9 Others, specify

COMPUTATION





<b>F. HOUSING (Con't.)</b>																			
4h. If used for agricultural purpose, did you acquire this agricultural land under the CARP land-distribution program? 1 YES                      2 NO	<input style="width: 40px; height: 20px;" type="text"/>																		
5. Is there any electricity in the building/house? 1 YES                      2 NO	<input style="width: 40px; height: 20px;" type="text"/>																		
6. How many of each of the following items does the family own? a) Car, jeep, motorcycle, motorboat b) Personal Computer c) Aircon d) Component e) Gas Range f) Washing Machine g) Refrigerator/Freezer h) Karaoke i) CD/VCD/DVD Player j) Television k) Landline Telephone l) Cellular phone m) Sala set n) Radio/Radio Cassette	a. <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> b. <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> c. <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> d. <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> e. <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> f. <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> g. <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> h. <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> i. <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> j. <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> k. <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> l. <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> m. <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> n. <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>																		
<b>G. WATER AND SANITATION</b>																			
1. What is the family's main source of water supply? COMMUNITY WATER SYSTEM PIPED INTO: DWELLING .....11      RIVERS/STREAM/POND/ YARD/PLOT .....12      LAKE/DAM .....33 PUBLIC TAP .....13      RAINWATER .....41 POINT SOURCE: PROTECTED WELL .....21      TANKER TRUCK/PEDDLER .....51 UNPROTECTED (OPEN DUG WELL) .....22      OTHER, SPECIFY .....96 DEVELOPED SPRING .....31 UNDEVELOPED SPRING .....32	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>																		
1a. If ANSWER TO G1 IS ANY OF THE CODES 11 TO 33: How far is this water source from your house?	<input style="width: 40px; height: 20px;" type="text"/> meters																		
2. 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 CLOSE PIT .....21      NO TOILET/FIELD/BUSH .....51 OPEN PIT .....22      OTHER, SPECIFY .....96	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>																		
<b>H. OTHER RELEVANT INFORMATION</b>																			
1. Are you or any member of your family a member of any of the following health insurance plan (HIP)? <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a. Philhealth</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Health Maintenance Organization</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Private Health Insurance Company</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. Community/Cooperative</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. Others, specify _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a. Philhealth	1	2	b. Health Maintenance Organization	1	2	c. Private Health Insurance Company	1	2	d. Community/Cooperative	1	2	e. Others, specify _____	1	2	a. <input style="width: 40px; height: 20px;" type="text"/> b. <input style="width: 40px; height: 20px;" type="text"/> c. <input style="width: 40px; height: 20px;" type="text"/> d. <input style="width: 40px; height: 20px;" type="text"/> e. <input style="width: 40px; height: 20px;" type="text"/>
	YES	NO																	
a. Philhealth	1	2																	
b. Health Maintenance Organization	1	2																	
c. Private Health Insurance Company	1	2																	
d. Community/Cooperative	1	2																	
e. Others, specify _____	1	2																	
2. Are you or anyone in the family a member of any people's organization and/or non-government organization? 1 YES                      2 NO	<input style="width: 40px; height: 20px;" type="text"/>																		

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



<b>I. FAMILY EXPENDITURES (Con't.)</b>			
<b>13. Clothing, Education, Taxes, Medicines and Others</b>			
During the PAST SIX MONTHS, how much is your actual disbursements/expenditures on the following? <i>(Includes expenditures whether purchased/paid for in cash or on credit, received as gifts. Round to the nearest peso.)</i>			
Item	Code	In Cash/On Credit	Received as Gifts
1. Clothing, footwear and other wear (clothing & ready-made apparel, footwear, sewing materials, accessories, service fees, etc.)	32100		
2. Education (tuition fees, graduation fees, allowance for family member studying away from home, books, school/supplies, etc.)	41100		
3. Recreation (children bicycle & playcars, dolls, balls, mahjong sets, admission tickets to movies, rental of video tapes, food for pets, etc.)	42100		
4. Medical Care (drugs & medicines, hospital room charges, medical and dental charges, other medical goods & supplies, herbal medicines, etc.)	43100		
5. Non-durable furnishing (dinnerware, glassware, silverware, plastic ware, kitchen utensils/knives, mosquito net, pillow, pillow cases, etc.)	51100		
6. Durable furnishing (refrigerator, cooking range/stove, washing machine, T.V., cassette recorder, electric fan, etc.)	52100		
7. Taxes (income tax, real estate tax, car registration, toll fees & other license, residence certificate, etc.)	60000		
8. House maintenance and repair (carpentry materials, electrical materials, masonry, paint, plumbing materials, etc.)	72100		
9. Special family occasions (birthday, wedding, baptismal, anniversary, family reunion, etc.)	81100		
Item	Code	In Cash/On Credit	In Kind
10. Gifts and contributions to others (gifts & assistance to private individuals outside the family, contribution to church, donations, etc.)	82000		
11. Other expenditures (life insurance & retirement premiums, SSS, GSIS, losses due to fire & theft, legal fees, membership fees, medicare, pre-need plan, etc.)	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 2004	84030		
d. Installments for personal transport bought before January 2004	84040		
e. Loans granted to persons outside the family	84050		
f. Amount deposited in banks/investments	84060		
g. Others (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.)	84070		
<b>COMPUTATIONS:</b>			



<b>J. FAMILY SUSTENANCE ACTIVITIES</b>			
J1. During the PAST SIX MONTHS (January 1 to June 30, 2004), did you or any member of your family produce goods mainly for home consumption?			
1    YES    ↓		2    NO, SKIP TO SECTION K	
Type of Activity	Code	Net Receipts	Value Consumed
1. Fishing, gathering shells, snail, seaweeds, corals, etc.	95010		
2. Logging, gathering forest products like firewood	95050		
3. Hunting and trapping	95060		
4. Farming and gardening (cereals, roots & tubers, fruits & vegetables, flowers, and other crops)	95080		
5. Raising livestock/poultry and/or production of livestock/poultry products	95090		
<b>TOTAL</b>	95000		
<b>K. NET SHARE OF CROPS, FRUITS AND VEGETABLES PRODUCED OR LIVESTOCK POULTRY RAISED BY OTHER HOUSEHOLDS</b>			
K1. During the PAST SIX MONTHS, did you or any member of your family receive net share of crops, fruits and vegetables produced or livestock and poultry raised by other households?			
1    YES    ↓		2    NO, SKIP TO SECTION L	
Item	Code	Total Net Value of Share	Sold for Cash    Value Consumed
1. Cereals (includes palay, corn, other, cereals)	92010		
2. Roots and Tubers	92020		
3. Fruits and Vegetables	92030		
4. Livestock and Poultry	92040		
5. Livestock and poultry products	92050		
6. Others, specify _____	92060		
<b>TOTAL</b>	92000		
<b>REMARKS:</b>          			



**L. ENTREPRENEURIAL ACTIVITIES**

**L1. CROP FARMING AND GARDENING**

(a) During the PAST SIX MONTHS, did you or any member of your family engage in crop farming and gardening such as growing of palay, corn, roots and tubers, vegetables, fruits, nuts, etc.?

1 YES ↓ 2 NO, SKIP TO SUBSECTION L2

(b) During the PAST SIX MONTHS, did you or any member of your family harvest crops, fruits and vegetables?

1 YES ↓ 2 NO, SKIP TO SUBSECTION L2

Item	Code	Total Value	Value Consumed	Value Given Away as Gifts
1. Cereals (palay, corn, etc.)	00121			
2. Roots and tubers (cassava, camote, etc.)	00122			
3. Fruits and Vegetables (fruits, vegetables, coconut, etc.)	00123			
4. Others (includes orchids and ornamental plants, tobacco, coffee, etc.)	00124			
<b>TOTAL</b>	<b>00120</b>			

(c) During the PAST SIX MONTHS, did you or any member of your family incur expenses, in cash or in kind, in the production of the crops harvested?

1 YES ↓ 2 NO, SKIP TO SUBSECTION L2

Item	Code	In Cash	In Kind	Total
1. Inputs (seeds, fertilizer, pesticide, etc.)	00131			
2. Wages of hired labor and paid family members	00132			
3. Other expenses (rent of land, irrigation fee, etc.)	00133			
<b>TOTAL</b>	<b>00130</b>			

**COMPUTATION OF NET INCOME FROM CROP FARMING AND GARDENING**

TOTAL VALUE	00120
Less: TOTAL COSTS	00130
<b>NET INCOME</b>	<b>00100</b>

REMARKS:



**L. ENTREPRENEURIAL ACTIVITIES (Con't.)**

**L2. LIVESTOCK AND POULTRY RAISING**

(a) During the PAST SIX MONTHS, did you or any member of your family engage in livestock or poultry raising such as raising of carabaos, cattle, horses, hogs, chickens, ducks, etc. and produce any livestock and poultry products such as milk, eggs, etc.?

1 YES      2 NO, SKIP TO SUBSECTION L3

(b) During the PAST SIX MONTHS, did you or any member of your family dispose of any livestock and or poultry, whether sold, consumed or given away, or did you or any family member produce livestock/poultry products?

1 YES      2 NO, SKIP TO SUBSECTION L3

Item (Specify)	Code	Total Value	Value Consumed	Value Given Away as Gifts
1. Livestock and poultry (pigs, cattle, chicken, carabao, etc.)	00221			
2. Livestock/poultry products (milk, eggs, etc.)	00222			
<b>TOTAL</b>	<b>00220</b>			

(c) During the PAST SIX MONTHS, did you or any member of your family incur expenses, in cash or in kind, in raising the livestock and poultry disposed of, or in producing the livestock/poultry products?

1 YES      2 NO, SKIP TO SUBSECTION L3

Item	Code	In Cash	In Kind	Total
1. Inputs (feeds, medicine, etc.)	00231			
2. Wages of hired labor and paid family members	00232			
3. Other expenses (electricity, water, etc.)	00233			
<b>TOTAL COSTS</b>	<b>00230</b>			

**COMPUTATION OF NET INCOME FROM LIVESTOCK AND POULTRY RAISING:**

TOTAL VALUE	Code	00220	.....
Less: TOTAL COSTS	Code	00230	.....
NET INCOME	Code	00200	.....

**REMARKS:**



**L. ENTREPRENEURIAL ACTIVITIES (Con't.)**

**L3. FISHING**

(a) During the PAST SIX MONTHS, did you or any member of your family engage in fishing activities such as capturing fish (without/with a boat of three tons or less), gathering fry, shells, seaweeds and other aquatic animals or products and culturing fish, mussels, etc.?

1 YES  2 NO, SKIP TO SUBSECTION L4

(b) During the PAST SIX MONTHS, did you or any member of your family catch/gather/harvest fish or aquatic products?

1 YES  2 NO, SKIP TO SUBSECTION L4

Item (Specify)	Code	Total Value	Value Consumed	Value Given Away as Gifts
1. Fish and other products	00321			
2. Other products harvested	00322			
<b>TOTAL VALUE</b>	<b>00320</b>			

(c) During the PAST SIX MONTHS, did you or any member of your family incur expenses, in cash or in kind, in catching, gathering or culturing fish or aquatic products reported above?

1 YES  2 NO, SKIP TO SUBSECTION L4

Item	Code	In Cash	In Kind	Total
1. Inputs (cost of fry/fingerlings, feeds)	00331			
2. Wages of hired labor and paid family members	00332			
3. Other expenses (fuel, net, ice, etc.)	00333			
<b>TOTAL COSTS</b>	<b>00330</b>			

**COMPUTATION OF NET INCOME FROM FISHING**

TOTAL VALUE	Code	00320
Less: TOTAL COSTS	Code	00330
NET INCOME	Code	00300

REMARKS:



<b>I. ENTREPRENEURIAL ACTIVITIES (Con't.)</b>				
<b>L4. FORESTRY AND HUNTING</b>				
(a) During the PAST SIX MONTHS, did you or any member of your family engage in such forestry activities as tree planting (ipi-ipil), firewood gathering, small scale logging excluding concessionaires, charcoal making, gathering forestry products (cogon, nipa, rattan, bamboo, resin, gum, etc.) or hunting wild animals/birds?				
1	YES	↓	2	NO. SKIP TO SUBSECTION L5
(b) During the PAST SIX MONTHS, did you or any member of your family dispose of (whether sold, consumed, or given away) forestry products gathered or wild animals/birds hunted?				
1	YES	↓	2	NO. SKIP TO SUBSECTION L5
	Code	Total Value	Value Consumed	Value Given Away as Gifts
1. Charcoal, firewood, logs, and other forest products	00421			
2. Wild animals/birds	00422			
<b>TOTAL VALUE</b>	<b>00420</b>			
(c) During the PAST SIX MONTHS, did you or any member of your family incur expenses, in cash or in kind, in gathering forest products, hunting wild animals/birds disposed of or other forestry activities?				
1	YES	↓	2	NO. SKIP TO SUBSECTION L5
	Code	In Cash	In Kind	Total
1. Wages of hired labor/paid family members	00431			
2. Other expenses (fuel, net, ice, etc.)	00432			
<b>TOTAL COSTS</b>	<b>00430</b>			
<b>COMPUTATION OF NET INCOME FROM FORESTRY AND HUNTING:</b>				
	Code			
TOTAL VALUE	00420	.....		
Less: TOTAL COSTS	00430	.....		
NET INCOME	00400	.....		
<b>REMARKS:</b>				



**L. ENTREPRENEURIAL ACTIVITIES (Con't.)**

**L5. WHOLESALE AND RETAIL**

(a) During the PAST SIX MONTHS, did you or any member of your family engage in wholesale and retail activity including market vending, sidewalk vending and peddling?

1 YES  2 NO, SKIP TO SUBSECTION L6

(b) During the PAST SIX MONTHS, did you or any member of your family sell goods either on wholesale or retail basis?

1 YES  2 NO, SKIP TO SUBSECTION L6

Indicator	Code	Months of Operation and Sales
1. How many months did you sell such goods?	00521	<input type="text"/> <input type="text"/>
2. What is the average gross sale per month?	00522	
<b>TOTAL SALES</b>	<b>00520</b>	

(c) During the PAST SIX MONTHS, did you or any member of your family incur expenses, in cash or in kind, in selling such goods?

1 YES  2 NO, SKIP TO SUBSECTION L6

Item	Code	In Cash	In Kind	Total
1. Cost of goods sold	00531			
2. Other, specify _____	00532			
<b>TOTAL COSTS</b>	<b>00530</b>			

**COMPUTATION OF NET INCOME FROM WHOLESALE AND RETAIL**

	Code
TOTAL SALES	00520
Less: TOTAL COSTS	00530
<b>NET INCOME</b>	<b>00500</b>

**REMARKS:**

**L. ENTREPRENEURIAL ACTIVITIES (Con't.)**

**L6. MANUFACTURING**

(a) During the PAST SIX MONTHS, did you or any member of your family engage in such manufacturing activities as mat weaving, tailoring, dressmaking, bagoong making and fish drying?

1 YES  2 NO, SKIP TO SUBSECTION L7

(b) Describe major activity \_\_\_\_\_ CODE \_\_\_\_\_

(c) During the PAST SIX MONTHS, did you or any member of your family sell any/receive fee of the goods manufactured?

1 YES  2 NO, SKIP TO SUBSECTION L6(d)

Indicator	Code	Months of Operation and Sales
1. How many months did you sell such goods?	00621	<input type="text"/> <input type="text"/> <input type="text"/>
2. What is the average gross sale per month?	00622	
<b>TOTAL SALES</b>	<b>00620</b>	

(d) During the PAST SIX MONTHS, did you or any member of your family consume and/or give away as gifts any of the goods manufactured?

1 YES  2 NO, SKIP TO SUBSECTION L6(e)

Item	Code	VALUIF		TOTAL VALUE
		Consume	Given Away as Gifts	
1. Goods 1 (Specify _____)				
2. Goods 2 (Specify _____)				
3. Goods 3 (Specify _____)				
<b>TOTAL</b>	<b>00630</b>			

(e) During the PAST SIX MONTHS, did you or any member of your family incur expenses, in cash or in kind, in manufacturing the goods reported?

1 YES  2 NO, SKIP TO SUBSECTION L7

Item	Code	In Cash	In Kind	Total
1. Raw materials	00651			
2. Wages of hired labor and paid family members	00652			
3. Others, specify _____	00653			
<b>TOTAL COSTS</b>	<b>00650</b>			

COMPUTATION OF NET INCOME FROM MANUFACTURING:

TOTAL SALES	Code 00620	_____
Plus: TOTAL CONSUMED/GIFTS	00630	_____
Less: TOTAL COSTS	00650	_____
NET INCOME	00600	=====



<b>L. ENTREPRENEURIAL ACTIVITIES (Con't.)</b>				
<b>L7. COMMUNITY, SOCIAL, RECREATIONAL AND PERSONAL SERVICES</b>				
(a) During the PAST SIX MONTHS, did you or any member of your family operate any activity providing community, social, recreational and personal services such as medical and dental practice; practice of trade, operation of schools, restaurants, and hotels, video rentals, computer/internet café, billiard, etc?				
1	YES	↓	2	NO, SKIP TO SUBSECTION L8
(b) During the PAST SIX MONTHS, did you or any member of your family receive any payment for rendering such services?				
1	YES	↓	2	NO, SKIP TO SUBSECTION L7 (c)
Indicator	Code	Months of Operation and Receipts		
1. How many months did you render service or practice your trade?	00721	<input style="width: 30px; height: 20px;" type="text"/>	.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
2. What is the average gross receipt per month?	00722			
<b>TOTAL GROSS RECEIPTS</b>	<b>00720</b>			
(c) During the PAST SIX MONTHS, did you or any member of your family incur expenses, in cash or in kind, in rendering such services?				
1	YES	↓	2	NO, SKIP TO SUBSECTION L8
Item	Code	In Cash	In Kind	Total
1. Materials and supplies	00731			
2. Others, specify _____	00732			
<b>TOTAL COSTS</b>	<b>00730</b>			
<b>COMPUTATION OF NET INCOME FROM COMMUNITY, SOCIAL, RECREATIONAL &amp; PERSONAL SERVICES:</b>				
TOTAL GROSS RECEIPTS	Code 00720:			
Less: TOTAL COSTS	00730			
NET INCOME	00700	=====		
<b>REMARKS:</b>				



**L. ENTREPRENEURIAL ACTIVITIES (Con't.)**

**L8. TRANSPORTATION, STORAGE AND COMMUNICATION SERVICES**

(a) During the PAST SIX MONTHS, did you or any member of your family operate any activity providing transportation, storage and communication services such as operation of jeepneys or taxis, storage and warehousing activities, tour and travel agencies, messenger services, etc?

1 YES ↓ 2 NO, SKIP TO SUBSECTION L9

(b) During the PAST SIX MONTHS, did you or any member of your family receive any payment for rendering such services?

1 YES ↓ 2 NO, SKIP TO SUBSECTION L8 (c)

Indicator	Code	Months of Operation and Receipts
1. How many months did you operate or render services?	00821	<input type="text"/> <input type="text"/>
2. What is the average gross receipt per month?	00822	
<b>TOTAL GROSS RECEIPTS</b>	00820	

(c) During the PAST SIX MONTHS, did you or any member of your family incur expenses, in cash or in kind, in rendering such services?

1 YES ↓ 2 NO, SKIP TO SUBSECTION L9

Item	Code	In Cash	In Kind	Total
1. Fuel and oil	00831			
2. Others, specify _____	00832			
<b>TOTAL COSTS</b>	00830			

**COMPUTATION OF NET INCOME FROM TRANSPORTATION, STORAGE & COMMUNICATION SERVICES:**

	Code	
TOTAL GROSS RECEIPTS	00820	_____
Less: TOTAL COSTS	00830	_____
NET INCOME	00800	=====

**REMARKS:**



**L. ENTREPRENEURIAL ACTIVITIES (Con't.)**

**L9. MINING AND QUARRYING**

(a) During the PAST SIX MONTHS, did you or any member of your family engage in mining and quarrying such as salt mining, gold mining, gravel and sand quarrying, etc?

1 YES ↓ 2 NO, SKIP TO SUBSECTION L10

(b) During the PAST SIX MONTHS, did you or any member of your family dispose of mining and quarrying products?

1 YES ↓ 2 NO, SKIP TO SUBSECTION L10

Indicator	Code	Gross Receipts
1. What is the total gross receipts?	00920	

(c) During the PAST SIX MONTHS, did you or any member of your family incur expenses, in cash or in kind, in producing the products disposed of?

1 YES ↓ 2 NO, SKIP TO SUBSECTION L10

Item	Code	In Cash	In Kind	Total
1. Materials and supplies	00931			
2. Others, specify _____	00932			
<b>TOTAL COSTS</b>	00930			

**COMPUTATION OF NET INCOME FROM MINING AND QUARRYING:**

	Code
TOTAL GROSS RECEIPTS	00920
Less: TOTAL COSTS	00930
<b>NET INCOME</b>	00900

REMARKS:



<b>L. ENTREPRENEURIAL ACTIVITIES (Con't.)</b>				
<b>L10. CONSTRUCTION</b>				
(a) During the PAST SIX MONTHS, did you or any member of your family contract services for the construction or repair of a house, building or any structure?				
1	YES	↓	2	NO, SKIP TO SUBSECTION L11
(b) During the PAST SIX MONTHS, did you or any member of your family receive payment for the construction activity?				
1	YES	↓	2	NO, SKIP TO SUBSECTION L10 (c)
Indicator	Code	Gross Receipts		
1. What is the total gross receipts?	01020			
(c) During the PAST SIX MONTHS, did you or any member of your family incur expenses, in cash or in kind, for the construction activity?				
1	YES	↓	2	NO, SKIP TO SUBSECTION L11
Item	Code	In Cash	In Kind	Total
1. Wages of hired labor and paid family members	01031			
2. Materials and supplies	01032			
3. Others, specify _____	01033			
<b>TOTAL COSTS</b>	<b>01030</b>			
<b>COMPUTATION OF NET INCOME FROM CONSTRUCTION:</b>				
	Code			
TOTAL GROSS RECEIPTS	01020	_____		
Less: TOTAL COSTS	01030	_____		
NET INCOME	01000	=====		
<b>REMARKS:</b>				



<b>L. ENTREPRENEURIAL ACTIVITIES (Con't.)</b>				
<b>L11. ENTREPRENEURIAL ACTIVITIES NOT ELSEWHERE CLASSIFIED (INCLUDING ELECTRICITY, GAS AND WATER, FINANCING, INSURANCE, REAL ESTATE AND BUSINESS SERVICES)</b>				
(a) During the PAST SIX MONTHS, did you or any member of your family engage in other entrepreneurial activities not elsewhere classified such as legal, accounting and engineering services, advertising services, machinery and equipment renting and leasing?				
1 YES ↓		2 NO, SKIP TO SECTION M		
(b) Describe major activity? _____	Code _____			
(c) During the PAST SIX MONTHS, did you or any member of your family receive professional or service fees for this activity?				
1 YES ↓		2 NO, SKIP TO SUBSECTION L11 (d)		
Indicator	Code	Gross Receipts		
1. What is the total gross receipts?	01120			
(d) During the PAST SIX MONTHS, did you or any member of your family incur expenses, in cash or in kind, in this activity?				
1 YES ↓		2 NO, SKIP TO SECTION M		
Item	Code	In Cash	In Kind	Total
1. Materials and supplies	01131			
2. Others, specify _____	01133			
<b>TOTAL COSTS</b>	01130			
<b>COMPUTATION OF NET INCOME FROM ENTREPRENEURIAL ACTIVITIES, N.E.C.</b>				
TOTAL GROSS RECEIPTS	Code 01120			
Less: TOTAL COSTS	01130			
NET INCOME	01100			
<b>REMARKS:</b>				



<b>M. OTHER SOURCES OF INCOME</b>			
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 from abroad <i>(includes pensions, retirement, workmen's compensation, dividends from investments, etc.)</i>	93010		
2. Cash receipts, support, assistance and relief from domestic source	93020		
a. Government	93021		
b. Private	93022		
3. Rentals received from non-agricultural lands, buildings, spaces and other properties	93030		
4. Interest <i>(includes interests 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		
<b>N. OTHER RECEIPTS</b>			
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 institution	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		
<b>COMPUTATIONS:</b>			



O. CHANGES IN WELFARE															
<p><b>O1. How do you compare your family's situation at present and for the last 12 months?</b></p> <p>1 Better off      ⇒ (GO TO O1.1)                      2 Worse off      ⇒ (GO TO O1.2)                      3 About the same ⇒ (GO TO O1.4)</p>	<input type="checkbox"/>														
<p><b>O1.1 Why is your family better off?</b>                      (Please indicate the most important reason)</p> <p>1 New job with higher salary      5 More remittances from abroad                      2 Abundant harvest                      6 Inheritance                      3 Better health                              7 Government assistance program                      4 More earnings                              8 Others, specify _____</p> <p style="text-align: center;">GO TO O1.4</p>	<input type="checkbox"/>														
<p><b>O1.2 Why is your family worse off?</b>                      (Please indicate the most important reason)</p> <p>1 Lost job/work                              6 No savings                      2 Natural disaster, drought              7 Sold assets                      3 Increase in food prices                  8 Loss of government assistance/                      4 Poor health                                      programs                      5 Reduced income                              9 Others, specify _____</p> <p style="text-align: center;">GO TO O1.3</p>	<input type="checkbox"/>														
<p><b>O1.3 IN RESPONSE TO O1.2, how do you cope with the situation?</b></p> <p style="text-align: center;">ENTER 1 FOR YES; 2 FOR NO</p> <p>1 CHANGED THE EATING PATTERN OF THE FAMILY                      2 TAKEN THE CHILDREN OUT OF SCHOOL                      3 HOUSEHOLD MEMBER(S) MIGRATED TO THE CITY OR OTHER COUNTRIES                      4 RECEIVED ASSISTANCE FROM FRIENDS/OTHER RELATIVES LOCALLY/ABROAD                      5 RECEIVED ASSISTANCE FROM THE GOVERNMENT                      6 INCREASED WORKING HOURS                      7 OTHERS, SPECIFY _____</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="text-align: center;">1</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="text-align: center;">2</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="text-align: center;">3</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="text-align: center;">4</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="text-align: center;">5</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="text-align: center;">6</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="text-align: center;">7</td><td style="width: 40px; height: 20px;"></td></tr> </table>	1		2		3		4		5		6		7	
1															
2															
3															
4															
5															
6															
7															
<p><b>O1.4 In the next 12 months, do you expect your family's economic conditions to improve, stay the same, or worsen?</b></p> <p>1 Improve                      2 Stay the same                      3 Worsen</p>	<input type="checkbox"/>														
<p><b>O2. Imagine a ladder with ten steps. The first represents the <u>poorest</u> in society and the tenth represents the <u>richest</u>. On what steps of the ladder would you be?</b></p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>														



**GUIDE FOR COMPARING DISBURSEMENTS AGAINST RECEIPTS:**

	<u>Source</u>	<u>Value</u>
<b>TOTAL INCOME</b>		
Salaries/Wages from Employment	Total for Col. 17 (p4) Total for Col. 17a (p4)	_____
Imputed Rental of Dwelling Unit(s)	F4a Code 1.5, 6 or 7 (p5) F4a Code 3, Line 2 (p5) F4a Code 4 Lines 1 & 2 (p5) F4c Code 1 (p5)	_____
<b>TOTAL EXPENDITURES</b>		
Food consumed at home	Code 11000-In Cash/Credit x 26 (p7)	_____
Food regularly consumed outside home	Code 12000-In Cash/Credit x 26 (p7)	_____
Alcoholic beverages	Code 13000-In Cash/Credit x 26 (p7)	_____
Tobacco	Code 14000-In Cash/Credit x 26 (p7)	_____
Fuel, light & water	Code 21100-In Cash/Credit x 6 (p7)	_____
Transportation & communication	Code 22100-In Cash x 6 (p7)	_____
Household operation	Code 23100-In Cash x 6 (p7)	_____
Personal care & effects	Code 31100-In Cash x 6 (p7)	_____
Clothing, footwear & other wear	Code 32100-In Cash/Credit (p8)	_____
Education	Code 41100-In Cash/Credit (p8)	_____
Recreation	Code 42100-In Cash/Credit (p8)	_____
Medical care	Code 43100-In Cash/Credit (p8)	_____
Non-durable furnishings	Code 51100-In Cash/Credit (p8)	_____
Durable furnishings	Code 52100-In Cash/Credit (p8)	_____
Taxes	Code 60000-In Cash/Credit (p8)	_____
Houses maintenance & repair	Code 72100-In Cash/Credit (p8)	_____
Special family occasions	Code 81100-In Cash/Credit (p8)	_____
Gifts & contributions to others	Code 82000-In Cash (p8)	_____
Other expenditures	Code 83000-In Cash (p8)	_____
Imputed rental/actual rent of dwelling unit(s)	F4a Code 1, 2, 5, 6 or 7 (p5) F4a Codes 3 and 4 Lines 1 & 2 (p5) F4c Code 1 (p5)	_____
<b>OTHER DISBURSEMENTS</b>		
Purchase/amortization of real property	Code 84010 (p8)	_____
Payments of cash loan	Code 84020 (p8)	_____
Installments for appliances, etc. bought before January,2004	Code 84030 (p8)	_____
Installments for personal transport bought before January,2004	Code 84040 (p8)	_____
Loans granted to person outside the family	Code 84050 (p8)	_____
Amount deposited in banks/investments	Code 84060 (p8)	_____
Other disbursements	Code 84070 (p8)	_____



**GUIDE FOR COMPARING DISBURSEMENTS AGAINST RECEIPTS:**

	<u>Source</u>	<u>Value</u>
Total Net Receipt from FSA	Code 95000 (p9)	_____
Total Net Value of Share from NSCFVLP Raised By	Code 92000 (p9)	_____
Other Households		
Net Income from CFG	Code 00100 (p10)	_____
.....LPR	Code 00200 (p11)	_____
.....FISH	Code 00300 (p12)	_____
.....FH	Code 00400 (p13)	_____
.....WRT	Code 00500 (p14)	_____
.....MFG	Code 00600 (p15)	_____
.....CSRPS	Code 00700 (p16)	_____
.....TSCS	Code 00800 (p17)	_____
.....MQ	Code 00900 (p18)	_____
.....CONS	Code 01000 (p19)	_____
.....EANEK	Code 01100 (p20)	_____
Other Sources of Income from Abroad	Code 93010 (p21)	_____
.....from Domestic	Code 93020 (p21)	_____
.....from Rentals	Code 93030 (p21)	_____
.....from Interest	Code 93040 (p21)	_____
.....from Pension, etc.	Code 93050 (p21)	_____
.....from Dividends	Code 93070 (p21)	_____
.....from NEC	Code 93110 (p21)	_____
<b>OTHER RECEIPTS</b>		_____
Net winnings from gambling, sweepstakes, etc.	Code 93060 (p21)	_____
Profits from sale of stocks, bonds, etc.	Code 93080 (p21)	_____
Backpay & proceeds from insurance	Code 93090 (p21)	_____
Inheritance	Code 93100 (p21)	_____
Sale of real & personal property	Code 94001 (p21)	_____
Loans from other families, etc.	Code 94003 (p21)	_____
Payments rec'd from loans granted to others	Code 94005 (p21)	_____
Withdrawals from savings/business equity	Code 94006 (p21)	_____
Other receipts	Code 94007 (p21)	_____
<b>TOTAL RECEIPTS = TOTAL INCOME + OTHER RECEIPTS</b>		_____
<b>TOTAL DISBURSEMENTS = TOTAL EXPENDITURES + OTHER DISBURSEMENTS</b>		_____
PROBE FURTHER IF ANY OF THE FOLLOWING CONDITIONS IS NOT SATISFIED:		
1. TOTAL DISBURSEMENTS/TOTAL RECEIPTS $\leq$ 1.5		
2. TOTAL RECEIPTS/TOTAL DISBURSEMENTS $\leq$ 4.0		



