

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.



2012 CENSUS OF AGRICULTURE AND FISHERIES

HOUSEHOLD ROSTER

NSCB Approval No. NSO-1218-02
Expires on October 9, 2013

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 – GEOGRAPHIC IDENTIFICATION

BOOKLET OF BOOKLETS

PROVINCE

CITY/MUNICIPALITY

BARANGAY

ENUMERATION AREA NO.

SEGMENT NUMBER

BUILDING SERIAL NO.

HOUSING UNIT SERIAL NO.

HOUSEHOLD SERIAL NO.

SECTION B – INTERVIEW RECORD

	VISIT 1	VISIT 2	VISIT 3
DATE OF VISIT MONTH : DAY	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
INTERVIEW TIME BEGAN HOUR : MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
INTERVIEW TIME ENDED HOUR : MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RESULT OF VISIT*	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Result of Visit Codes

1 Interview completed	3 Refused	5 Household not around/No respondent
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 HOUSEHOLD HEAD LAST NAME

NAME OF RESPONDENT FIRST NAME

ADDRESS HOUSE NUMBER AND STREET OR SITIO/PUROK NAME

TOTAL HOUSEHOLD MEMBERS

MALE HOUSEHOLD MEMBERS

FEMALE HOUSEHOLD MEMBERS

LINE NUMBER OF RESPONDENT

C1 LINE NUMBER	FOR ALL PERSONS				FOR ALL PERSONS 5 YEARS OLD AND OVER	FOR ALL PERSONS 10 YEARS OLD AND OVER	AGRICULTURE		
					FOR ALL PERSONS 10 YEARS OLD AND OVER	FOR ALL PERSONS 15 YEARS OLD AND OVER			
					From January to December 2012,...				
C2 Who are the members of this household as of (MENTION THE DATE OF VISIT)?	C3 What is ___'s relationship to the household head?	C4 Is ___ male or female?	C5 What is ___'s age as of his/her last birthday?	C6 What is the highest grade/year completed by ___?	C7 From January to December 2012, what was ___'s usual activity/occupation?	C8 Was ___ engaged in an agricultural activity?	C9 Did ___ operate a crop farm, livestock/poultry farm or other farms, or was a hired manager of an agricultural farm?	C10 Was ___ operating this farm/holding:	
LIST THE PERSONS OR HOUSEHOLD MEMBERS IN THIS ORDER: • Head • Spouse of the head • Never-married children of head/spouse from oldest to youngest • Ever-married children of head/spouse and their families from oldest to the youngest • Other relative • Nonrelative	WRITE THE RESPONSE ON THE LINE PROVIDED AND WRITE IN THE BOXES THE APPLICABLE CODE LISTED IN PAGE 2D	1 Male 2 Female L WRITE X IN THE BOX	WRITE THE AGE IN THE BOXES PROVIDED	IF GRADUATE IN POST SECONDARY OR COLLEGE, SPECIFY THE COURSE. WRITE THE RESPONSE ON THE LINE PROVIDED AND WRITE IN THE BOXES THE APPLICABLE CODE LISTED IN PAGE 2D	WRITE THE SPECIFIC ACTIVITY/OCCUPATION ON THE LINE PROVIDED. LEAVE THE CODE BOXES BLANK	WRITE X IN THE BOX GO TO COLUMN 11 IF THE BOX FOR CODE 4 IS MARKED WITH X	1 Yes 2 No, GO TO COLUMN 11 WRITE X IN THE BOX	1 on his/her own account, 2 as a hired manager of another household's farm, and/or 3 as a hired manager of an agricultural establishment? WRITE X IN THE BOX MULTIPLE ANSWERS ARE ALLOWED	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
01	LAST NAME	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			
02	LAST NAME	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			
03	LAST NAME	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			
04	LAST NAME	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	FIRST NAME	SPECIFY		L	SPECIFY	SPECIFY			
05	LAST NAME	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			
06	LAST NAME	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			
07	LAST NAME	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			
08	LAST NAME	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			

ARE THERE MORE THAN EIGHT (8) MEMBERS IN THIS HOUSEHOLD? (INCLUDE PERSONS SUCH AS SMALL CHILDREN, INFANTS, AND/OR OVERSEAS WORKERS WHO WERE NOT YET LISTED)

1 Yes, USE ADDITIONAL CAF FORM 2

2 No



SECTION C – CHARACTERISTICS OF HOUSEHOLD MEMBERS

LINE NUMBER	AQUACULTURE			FISHERIES			C17 OPERATOR IN THE HOUSEHOLD
	FOR ALL PERSONS 10 YEARS OLD AND OVER	FOR ALL PERSONS 15 YEARS OLD AND OVER	FOR ALL PERSONS 10 YEARS OLD AND OVER	FOR ALL PERSONS 15 YEARS OLD AND OVER			
	From January to December 2012, ...			From January to December 2012, ...			
	C11 Was ___ engaged in an aquacultural activity: 1 in own aquafarm, 2 other's aquafarm, 3 both in own and other's aquafarm, or 4 not engaged? L WRITE X IN THE BOX GO TO COLUMN 14 IF BOX FOR CODE 4 IS MARKED WITH X	C12 Did ___ operate a fishpond, fish cage, fish pen, fish tank, seaweed farm or other aquafarm, or was a hired manager of an aquafarm? 1 Yes 2 No, GO TO COLUMN 14 WRITE X IN THE BOX	C13 Was ___ operating this aquafarm: 1 on his/her own account, 2 as a hired manager of another household's aquafarm, and/or 3 as a hired manager of an aquacultural establishment? WRITE X IN THE BOX MULTIPLE ANSWERS ARE ALLOWED	C14 Was ___ engaged in a fishing activity: 1 in own fishing operation, 2 other's fishing activity, 3 both in own and other's fishing activity, or 4 not engaged? WRITE X IN THE BOX GO TO COLUMN 17 IF BOX FOR CODE 4 IS MARKED WITH X	C15 Did ___ operate a fishing activity such as catching/gathering fish, crabs, shrimps, mussels and other aquatic plants/animals, or was a hired manager of a fishing activity? 1 Yes 2 No, GO TO COLUMN 17 WRITE X IN THE BOX	C16 Was ___ operating this fishing activity: 1 on his/her own account, 2 as a hired manager of another household's fishing operation, and/or 3 as a hired manager of a fishing establishment? WRITE X IN THE BOX MULTIPLE ANSWERS ARE ALLOWED	
(11)	(12)	(13)	(14)	(15)	(16)	(17)	
01	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/>
02	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/>
03	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/>
04	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/>
05	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/>
06	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/>
07	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/>
08	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/>

J TOTAL NUMBER OF OPERATORS IN THE HOUSEHOLD
(COUNT ALL THE BOXES MARKED WITH X IN COLUMN 17)

C18 (TO)

C3 – Relationship to the Household Head (Column 3)

- 01 – Head
- 02 – Spouse
- 03 – Son
- 04 – Daughter

- 21 – Stepson
- 22 – Stepdaughter
- 23 – Son-in-law
- 24 – Daughter-in-law

- 31 – Grandson
- 32 – Granddaughter
- 33 – Father
- 34 – Mother

- 41 – Brother
- 42 – Sister
- 43 – Uncle
- 44 – Aunt

- 55 – Nephew
- 56 – Niece
- 57 – Other relative
- 58 – Nonrelative

C6 – Highest Grade/Year Completed (Column 6)

- 000 – No grade completed
- 010 – Preschool
- ELEMENTARY
- 210 – Grade 1
- 220 – Grade 2
- 230 – Grade 3
- 240 – Grade 4
- 250 – Grade 5
- 260 – Grade 6
- 280 – Elementary graduate

- HIGH SCHOOL
- 310 – 1st Year
- 320 – 2nd Year
- 330 – 3rd Year
- 340 – 4th Year
- 350 – High school graduate

- POST SECONDARY*
- 410 – 1st Year
- 420 – 2nd Year
- 430 – 3rd Year
- * Specify course if graduate in postsecondary.

- COLLEGE*
- 810 – 1st Year
- 820 – 2nd Year
- 830 – 3rd Year
- 840 – 4th Year
- 850 – 5th Year
- 860 – 6th Year
- *Specify course if graduate in college.

- POSTGRADUATE
- 900 – Postbaccalaureate

C8 – Engaged in Own and Other's Holding (Column 8)

- 1 – Own holding
- 2 – Other's holding
- 3 – Both in own and other's holding
- 4 – Not engaged

C10 – Type of Agricultural Operator (Column 10)

- 1 – On his/her own account
- 2 – As a hired manager of another household's farm
- 3 – As a hired manager of an agricultural establishment

C11 – Engaged in Own and Other's Aquafarm (Column 11)

- 1 – Own aquafarm
- 2 – Other's aquafarm
- 3 – Both in own and other's aquafarm
- 4 – Not engaged

C13 – Type of Aquacultural Operator (Column 13)

- 1 – On his/her own account
- 2 – As a hired manager of another household's aquafarm
- 3 – As a hired manager of an aquacultural establishment

C14 – Engaged in Own and Other's Fishing Activity (Column 14)

- 1 – Own fishing activity
- 2 – Other's fishing activity
- 3 – Both in own and other's fishing activity
- 4 – Not engaged

C16 – Type of Fishing Operator (Column 16)

- 1 – On his/her own account
- 2 – As a hired manager of another household's fishing operation
- 3 – As a hired manager of a fishing establishment

DEFINITION OF OPERATORS

REMARKS

AGRICULTURAL OPERATOR

A person who takes the technical and administrative responsibility of managing a holding. He/she is responsible for making the decisions of the operation, including the management and supervision of hired labor. The operator may work alone or with members of his/her household, or may employ others to work. He/she may or may not be the owner of the land. A person may be an agricultural operator regardless of size of land tilled or number of animals raised.

AQUACULTURAL OPERATOR

A person who takes the technical and administrative responsibility of managing the day-to-day operation of an aquafarm. The aquacultural operator is responsible for making major decisions including the management and supervision of hired workers in his/her aquafarm. He/she may do the farming (culturing) of aquatic products himself/herself or with the members of his/her household or may employ others to do the job for him/her. An aquacultural operator may or may not be the owner of the aquafarm.

FISHING OPERATOR

A person who takes the technical and administrative responsibility of managing the day-to-day fishing operation. He/she is responsible for making decisions, including the management and supervision of hired workers in his/her fishing operation. He/she may do the catching of aquatic products alone or with the members of his/her household. He/she may not do the catching or gathering of aquatic products but may employ others to do the job for him/her. He/she may or may not be the owner of the fishing boat and/or fishing gear.