



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.

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Expires on October 9, 2013

**CORE QUESTIONNAIRE
FOR AGRICULTURE**

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 – AGRICULTURAL HOLDING IDENTIFICATION

BOOKLET OF BOOKLETS

PROVINCE

CITY/MUNICIPALITY

BARANGAY

ENUMERATION AREA NO.

SEGMENT NUMBER

BUILDING SERIAL NO.

HOUSING UNIT SERIAL NO.

HOUSEHOLD SERIAL NO.

LINE NO. OF OPERATOR ITEM C1 (COLUMN 1) OF CAF FORM 2

TYPE OF OPERATOR ITEM C10 (COLUMN 10) OF CAF FORM 2

SECTION B – INTERVIEW RECORD

L

DATE OF VISIT
MONTH : DAY

INTERVIEW TIME BEGAN
HOUR : MINUTE

INTERVIEW TIME ENDED
HOUR : MINUTE

RESULT OF VISIT*

VISIT 1

VISIT 2

VISIT 3

* 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 RESPONDENT

LINE NO. OF RESPONDENT

SECTION C – NAME OF OPERATOR/HIRED MANAGER

COPY CORRECTLY THE NAME OF THE OPERATOR/HIRED MANAGER FROM ITEM C2 (COLUMN 2) OF CAF FORM 2

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

C1 NAME OF THE OPERATOR/HIRED MANAGER

C2 What is the name of the employer/establishment?

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

LAST NAME

FIRST NAME

NAME OF EMPLOYER/ESTABLISHMENT

PROVINCE

CODE
DO NOT FILL

CITY/MUNICIPALITY

CODE
DO NOT FILL

Establishment Control Number (ECN) (DO NOT FILL, FOR NSO USE ONLY)

SECTION D – TYPE OF AGRICULTURAL ACTIVITY

D1 From January to December 2012, which of the following agricultural activities did _____ operate? WRITE X IN THE BOX

- | | | | | | | | | |
|-------------------------------------|--------------------------------|-------------------------------|---------------------------------------|--------------------------------|-------------------------------|--|--------------------------------|-------------------------------|
| a. Growing of crops | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 2 NO | e. Raising of race horses for sale | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 2 NO | i. Contract growing of trees | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 2 NO |
| b. Raising of livestock | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 2 NO | f. Beeiculture/Honey production | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 2 NO | j. Orchid growing for sale | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 2 NO |
| c. Raising of poultry | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 2 NO | g. Vermiculture/Earthworm culture | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 2 NO | k. Ornamental plant and flower gardening for sale (excluding orchid) | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 2 NO |
| d. Raising of breeder dogs for sale | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 2 NO | h. Sericulture/Silk/Cocoon production | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 2 NO | l. Others, specify _____ | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 2 NO |

SECTION E – LEGAL STATUS OF THE HOLDER

E1 From January to December 2012, did _____ operate this holding as an individual proprietor, on partnership, as a corporation, as a cooperative, as a private institution, as a government corporation/institution or through other legal status? WRITE X IN THE BOX

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 Individual proprietor | <input type="checkbox"/> 4 Cooperative | <input type="checkbox"/> 7 Others, Specify _____ |
| <input type="checkbox"/> 2 Partnership | <input type="checkbox"/> 5 Other private institution | |
| <input type="checkbox"/> 3 Corporation | <input type="checkbox"/> 6 Government corporation/institution | |

SECTION F – CHARACTERISTICS OF THE HOLDING

F1 From January to December 2012, how many parcels were used in (MENTION THE AGRICULTURAL ACTIVITIES REPORTED IN ITEM D1: growing crops, raising livestock and/or poultry, culturing of honeybee, earthworm and silkworm, growing of orchids for sale, ornamental plant and flower gardening for sale, and other agricultural activities) which were still part of the holding as of December 31, 2012?

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REMINDER:
EXCLUDE THE PARCEL USED SOLELY FOR:
1. RAISING OF LIVESTOCK AND POULTRY IN COMMUNAL GRAZING LANDS
2. GROWING OF ORNAMENTAL PLANTS/ORCHIDS FOR SALE AND CULTURING OF MUSHROOMS IN PUBLIC LANDS
3. RENTING/CONTRACTING TREES
ENTER "00" IN F1 IF ALL PARCELS WERE USED SOLELY FOR ANY OF THE ABOVE CONDITIONS.

PARCEL NUMBER	F2 What is the physical area of the parcel? WRITE THE AREA IN HECTARES UP TO THREE (3) DECIMAL PLACES	F3 Where is the parcel located? IF THE PARCEL IS LOCATED IN THE SAME BARANGAY, WRITE "SAME" ON THE SPACES PROVIDED FOR THE PROVINCE, CITY/MUNICIPALITY AND BARANGAY. IF IT IS LOCATED IN ANOTHER BARANGAY, SPECIFY THE NAME OF THE PROVINCE, CITY/MUNICIPALITY AND BARANGAY ON THE SPACES PROVIDED. LEAVE CODE BOXES BLANK			F4 As of December 31, 2012, what is the tenure status of the parcel? ENTER RESPONSE USING THE CODES AT THE BOTTOM	F5 What is the main use of the parcel? ENTER RESPONSE USING THE CODES AT THE BOTTOM	F6 Was there any irrigation structure/equipment used in the parcel? 1 Yes 2 No, GO TO NEXT PARCEL WRITE X IN THE BOX	F7 What was the main source of irrigation water used in the parcel? ENTER RESPONSE USING THE CODES AT THE BOTTOM	F8 What was the secondary source of irrigation water used in the parcel? ENTER RESPONSE USING THE CODES AT THE BOTTOM
	PROVINCE	CITY/MUNICIPALITY	BARANGAY						
01	_____._____._____ HECTARES	_____._____ PROVINCE	_____._____ CITY/MUNICIPALITY	_____._____._____ BARANGAY	<input type="checkbox"/> SPECIFY _____	_____._____ SPECIFY _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_____._____ SPECIFY _____	_____._____ SPECIFY _____
02	_____._____._____ HECTARES	_____._____ PROVINCE	_____._____ CITY/MUNICIPALITY	_____._____._____ BARANGAY	<input type="checkbox"/> SPECIFY _____	_____._____ SPECIFY _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_____._____ SPECIFY _____	_____._____ SPECIFY _____
03	_____._____._____ HECTARES	_____._____ PROVINCE	_____._____ CITY/MUNICIPALITY	_____._____._____ BARANGAY	<input type="checkbox"/> SPECIFY _____	_____._____ SPECIFY _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_____._____ SPECIFY _____	_____._____ SPECIFY _____
04	_____._____._____ HECTARES	_____._____ PROVINCE	_____._____ CITY/MUNICIPALITY	_____._____._____ BARANGAY	<input type="checkbox"/> SPECIFY _____	_____._____ SPECIFY _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_____._____ SPECIFY _____	_____._____ SPECIFY _____
05	_____._____._____ HECTARES	_____._____ PROVINCE	_____._____ CITY/MUNICIPALITY	_____._____._____ BARANGAY	<input type="checkbox"/> SPECIFY _____	_____._____ SPECIFY _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_____._____ SPECIFY _____	_____._____ SPECIFY _____
06	_____._____._____ HECTARES	_____._____ PROVINCE	_____._____ CITY/MUNICIPALITY	_____._____._____ BARANGAY	<input type="checkbox"/> SPECIFY _____	_____._____ SPECIFY _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_____._____ SPECIFY _____	_____._____ SPECIFY _____
	F9 TOTAL PHYSICAL AREA OF ALL THE PARCELS			ARE THERE MORE THAN SIX (6) PARCELS IN THE HOLDING? <input type="checkbox"/> 1 Yes, USE ADDITIONAL CAF FORM 3 <input type="checkbox"/> 2 No, GO TO SECTION G					

Codes for F4 – Tenure Status of the Parcel

- 1 – Fully owned
- 2 – Ownerlike possession
- 3 – Tenanted
- 4 – Leased/Rented
- 5 – Rent Free
- 6 – Held under Certificate of Land Transfer (CLT) or Certificate of Land Ownership Award (CLOA)
- 7 – Held under Certificate of Ancestral Domain Title/ Certificate of Ancestral Land Title (CADT/CALT)
- 8 – Held under Community-Based Forest Management Agreement (CBFMA)/Stewardship
- 9 – Others, Specify

Codes for F5 – Main Use of the Parcel

- 01 – Homelot
- 02 – Under temporary crops
- 03 – Under permanent crops
- 04 – Temporarily fallow
- 05 – Under temporary meadows and pastures
- 06 – Under permanent meadows and pastures
- 07 – Covered with wood and forest
- 08 – Under livestock (other animals) and poultry raising
- 09 – Under aquaculture
- 10 – Others, Specify

Codes for F7 and F8 – Source of Irrigation Water

- 0 – None (APPLICABLE TO ITEM F8 ONLY)
- 1 – National Irrigation System (NIS)
- 2 – Communal Irrigation System (CIS)
- 3 – Tube Well
- 4 – Dug Well
- 5 – Surface/Ram Pump
- 6 – Small Farm Reservoir (SFR)
- 7 – Shallow Well Impounding Project (SWIP)
- 8 – Small Diversion Dam (SDD)
- 9 – Others, Specify

FOR TEMPORARY CROPS ONLY

LINE NUMBER	PARCEL NUMBER	From January to June 2012 ...				PARCEL NUMBER	From July to December 2012 ...						
		G1 What was/were the temporary crop/s planted in this parcel? WRITE THE KIND OF CROPS PLANTED TEMPORARY CROPS	G2 What was the planting pattern of this crop? 1 Mono cropping 2 Inter-cropping 3 Mixed cropping	G3 What was the largest physical area planted to this crop? WRITE THE AREA IN HECTARES UP TO THREE (3) DECIMAL PLACES	G4 Was irrigation water actually provided to this crop? 1 Yes 2 No WRITE X IN THE BOX		G5 What was/were the temporary crop/s planted in this parcel? WRITE THE KIND OF CROPS PLANTED TEMPORARY CROPS	G6 What was the planting pattern of this crop? 1 Mono cropping 2 Inter-cropping 3 Mixed cropping	G7 What was the largest physical area planted to this crop? WRITE THE AREA IN HECTARES UP TO THREE (3) DECIMAL PLACES	G8 Was irrigation water actually provided to this crop? 1 Yes 2 No WRITE X IN THE BOX			
01													
02													
03													
04													
05													
06													
07													
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10													
11													
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17													
18													
19													
20													

ARE THERE MORE THAN TWENTY (20) TEMPORARY CROPS REPORTED?

1 Yes, USE ADDITIONAL CAF FORM 3

2 No, GO TO G9

3 No temporary crops planted, GO TO G9

SECTION G – CROPS PLANTED					L	SECTION H – LIVESTOCK AND POULTRY			3D	
FOR PERMANENT CROPS ONLY										
LINE NUMBER	PARCEL NUMBER	G9 What was/were the permanent crops/planted in this parcel?		G10 How was the crop planted in this parcel?	G11 What was the physical area planted to this crop?	G12 As of December 31, 2012, what was the total number of trees/vines/hills?		FOR LIVESTOCK ONLY		
		WRITE THE KIND OF CROPS PLANTED						H1 As of (MENTION THE DATE OF VISIT), are there any livestock including work animals and other animals for sale such as breeder dogs and race horses that are raised and tended, whether in the holding or communal grazing lands or other lands not part of the holding? WRITE X IN THE BOX		
		PERMANENT CROPS	CODE DO NOT FILL	1 Compact 2 Scattered, GO TO G12	WRITE THE AREA IN HECTARES UP TO THREE (3) DECIMAL PLACES	WRITE THE NUMBER OF TREES/VINES/HILLS		KIND OF LIVESTOCK/OTHER ANIMALS	CODE DO NOT FILL	H3 As of (MENTION THE DATE OF VISIT), how many heads are there? NUMBER OF HEAD
1								CATTLE	011	
								CARABAO	021	
2								SWINE	031	
								GOAT	041	
3								SHEEP	051	
								HORSE	061	
4								RACE HORSE	071	
								OTHER LIVESTOCK/ANIMAL, SPECIFY BELOW		
5								1		
								2		
6								ARE THERE MORE THAN TWO (2) OTHER LIVESTOCK/ANIMALS RAISED AND TENDED? <input type="checkbox"/> 1 Yes, USE ADDITIONAL CAF FORM 3 <input type="checkbox"/> 2 No, GO TO H4		
7								FOR POULTRY ONLY		
8								H4 As of (MENTION THE DATE OF VISIT), are there any poultry raised and tended whether in the holding or other lands not part of the holding? WRITE X IN THE BOX <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No, END INTERVIEW FOR THIS OPERATOR AND GO TO THE NEXT OPERATOR/HOUSEHOLD		
9								H5 As of (MENTION THE DATE OF VISIT), what are the kinds of poultry being raised and tended?		H6 As of (MENTION THE DATE OF VISIT), how many birds are there? NUMBER OF BIRD
10								KIND OF POULTRY		CODE DO NOT FILL
11								CHICKEN	110	
								Native	111	
12								Broiler	112	
								Layer	113	
13								Breeder	114	
								Game fowl	115	
14								DUCK	120	
								Broiler	121	
15								Layer	122	
								Breeder	123	
								QUAIL	130	
								Broiler	131	
								Layer	132	
								Breeder	133	
								OTHER POULTRY, SPECIFY BELOW		
								1		
								2		
								3		
								ARE THERE MORE THAN THREE (3) OTHER POULTRY RAISED AND TENDED? <input type="checkbox"/> 1 Yes, USE ADDITIONAL CAF FORM 3 <input type="checkbox"/> 2 No, END INTERVIEW FOR THIS OPERATOR AND GO TO THE NEXT OPERATOR/HOUSEHOLD		

ARE THERE MORE THAN 15 PERMANENT CROPS REPORTED? 1 Yes, USE ADDITIONAL CAF FORM 3 2 No, GO TO SECTION H 3 No permanent crops planted, GO TO SECTION H

REMARKS/COMPUTATION

ARE THERE MORE THAN THREE (3) OTHER POULTRY RAISED AND TENDED? 1 Yes, USE ADDITIONAL CAF FORM 3 2 No, END INTERVIEW FOR THIS OPERATOR AND GO TO THE NEXT OPERATOR/HOUSEHOLD