

Appendix A

Facsimile of 2002 CAF Form 1 (Listing Sheet) Part 1

CAF Form 1 NSCB Approval No. NSO-0216-01 Expires on 31 March 2004 AUTHORITY Commonwealth Act No. 591 authorizes this census and the National Statistics Office to collect information on Agriculture and Fisheries. CONFIDENTIALITY Section 4 of CA No. 591 provides that all information furnished on this form is held STRICTLY CONFIDENTIAL .				NATIONAL STATISTICS OFFICE Philippines 2002 CENSUSES OF AGRICULTURE AND FISHERIES LIST OF HOUSEHOLDS, AGRICULTURAL AND FISHING OPERATORS				CERTIFICATION I hereby certify that the data set forth were obtained/reviewed by me personally and in accordance with the instructions given. <hr/> ENUMERATOR (SIGNATURE OVER PRINTED NAME) <hr/> DATE SIGNED	
				NAME OF HOUSEHOLD HEAD LAST NAME, FIRST NAME AND ADDRESS ENTER HOUSE NUMBER AND STREET OR SITIO NAME		AGRICULTURAL OPERATOR TO BE ASKED ONLY IF "YES" (CODE "1") IN COL. 7 Name of Operator/Holder LAST NAME, FIRST NAME ACCOMPLISH CAF FORM 2		Operator Serial Number (OSN)	
LINE NUMBER	DAY OF VISIT	BUILDING SERIAL NO.	HOUSEHOLD SERIAL NO.			Did any member of this household raise crop, fruit trees, livestock, mushroom, honey-bees, etc. or perform other agricultural activity anytime from January 1 to December 31, 2002?	Was there any member of the household who was an agricultural operator/holder anytime from January 1 to December 31, 2002?		
						1 - YES 2 - NO, GO TO COL. 10	1 - YES 2 - NO, GO TO COL. 10		
1	2	3	4	5		6	7	8	
01						<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
02						<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
03						<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
04						<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
05						<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
06						<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
07						<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
08						<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
09						<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		

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Facsimile of 2002 CAF Form 1 (Listing Sheet) Part 2

Use the following alphanumeric characters in writing. Characters should be written in the same pressure. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">A B C D E F G H I J</div> <div style="border: 1px solid black; padding: 2px;">K L M N Ñ O P Q R S</div> <div style="border: 1px solid black; padding: 2px;">T U V W X Y Z</div> <div style="border: 1px solid black; padding: 2px;">0 1 2 3 4 5 6 7 8 9</div> </div>		GENERAL INSTRUCTIONS <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Please write neatly and legibly; use only NSO-supplied pencils when filling-up this form. Use clean erasers when making corrections. Complete all information to maintain data accuracy and consistency. Do not make unnecessary folds and creases on the form. Do not write unnecessary marks or comments on the form. <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 8</div> </div> <div style="width: 50%;"> Write the appropriate digits (0, 8) in the designated boxes. Please make sure each digit is written neatly inside each box as shown here. </div> </div>		<div style="display: flex; justify-content: space-between; align-items: center;"> 1 527967 A </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Sheet <div style="border: 1px solid black; width: 20px; height: 20px;"></div> of <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Sheets </div>				
FISHING OPERATOR <small>TO BE ASKED ONLY IF "YES" (CODE "1") IN COL. 11</small>		AQUAFARM OPERATOR <small>TO BE ASKED ONLY IF "YES" (CODE "1") IN COL. 14</small>		REMARKS		LINE NUMBER		
Did any member of this household catch/gather/culture fish, crustaceans, seaweeds and other aquatic animals at anytime from January 1 to December 31, 2002? 1 - YES 2 - NO, GO TO NEXT HH	Was there any member of the household who was a fishing operator anytime from January 1 to December 31, 2002? 1 - YES 2 - NO, GO TO COL. 14	Name of Operator/Holder LAST NAME, FIRST NAME	Operator Serial Number (OSN)	Name of Operator/Holder LAST NAME, FIRST NAME	What type of aquafarm was operated? 1 - Fishpond 2 - Fish Pen 3 - Fish Cage 4 - Fish Tanks 5 - Hatchery 6 - Seaweed 7 - Oyster 8 - Mussel 9 - Others <small>ENTER CODE OF AQUAFARM</small>	Operator Serial Number (OSN)	REMARKS	LINE NUMBER
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2		01
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2		02
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2		03
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2		04
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2		05
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2		06
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2		07
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2		08
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2		09

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Facsimile of 2002 CAF Form 1 (Listing Sheet) Part 3

LINE NUMBER	DAY OF VISIT	BUILDING SERIAL NO.	HOUSEHOLD SERIAL NO.	NAME OF HOUSEHOLD HEAD LAST NAME, FIRST NAME AND ADDRESS ENTER HOUSE NUMBER AND STREET OR SITIO NAME	Did any member of this household raise crop, fruit trees, livestock, mushroom, honey-bees, etc. or perform other agricultural activity anytime from January 1 to December 31, 2002? 1 - YES 2 - NO, GO TO COL 10	Was there any member of the household who was an agricultural operator/holder anytime from January 1 to December 31, 2002? 1 - YES 2 - NO, GO TO COL 10	TO BE ASKED ONLY IF "YES" (CODE "1") IN COL 7	
							Name of Operator/Holder LAST NAME, FIRST NAME ACCOMPLISH CAF FORM 2	Operator Serial Number (OSN)
1	2	3	4					
10					<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
11					<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
12					<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
13					<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
14					<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
15					<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
16					<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
17					<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
18					<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
19					<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
20					<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
21					<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
22	TOTAL NO. OF HOUSEHOLDS				TOTAL NO. OF AGRICULTURAL OPERATORS			

Appendix A – Concluded

Facsimile of 2002 CAF Form 1 (Listing Sheet) Part 4

Did any member of this household catch/gather/culture fish, crustaceans, seaweeds and other aquatic animals at anytime from January 1 to December 31, 2002?		TO BE ASKED ONLY IF "YES" (CODE "1") IN COL. 11		Was there any member of the household who was a fishing operator anytime from January 1 to December 31, 2002?		TO BE ASKED ONLY IF "YES" (CODE "1") IN COL. 14		1		B		
1 – YES 2 – NO, GO TO NEXT HH		Name of Operator/Holder LAST NAME, FIRST NAME		Operator Serial Number (OSN)		Name of Operator/Holder LAST NAME, FIRST NAME		What type of aquafarm was operated? 1 – Fishpond 2 – Fish Pen 3 – Fish Cage 4 – Fish Tanks 5 – Hatchery 6 – Seaweed 7 – Oyster 8 – Mussel 9 – Others ENTER CODE OF AQUAFARM		REMARKS	LINE NUMBER	
1 – YES 2 – NO, GO TO COL. 14												
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2				10
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2				11
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2				12
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2				13
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2				14
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2				15
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2				16
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2				17
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2				18
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2				19
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2				20
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2				21
<input type="checkbox"/> TOTAL NO. OF FISHING OPERATORS				TOTAL NO. OF AQUAFARM OPERATORS BY TYPE		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>					22	

Facsimile of CAF Form 3 (Municipal and Commercial Fishing Questionnaire)

Page 1

CAF Form 3 Municipal and Commercial Fishing Questionnaire NSCB Approval No. NSO-0216-03 Expires on March 31, 2004	NATIONAL STATISTICS OFFICE Philippines 2002 CENSUS OF FISHERIES MUNICIPAL AND COMMERCIAL FISHING QUESTIONNAIRE	3 1363402 A <small>AUTHORITY: Commonwealth Act (CA) No. 591 authorizes this census and the NATIONAL STATISTICS OFFICE to collect information on Agriculture and Fisheries.</small> <small>CONFIDENTIALITY: Sec. 4 of CA No. 591 provides that all information furnished on this form is held STRICTLY CONFIDENTIAL.</small>
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> SECTION A – FISHING OPERATION IDENTIFICATION <div style="text-align: center;">Booklet <input type="checkbox"/> of <input type="checkbox"/> Booklets</div> A1. Geographic Identification Province <input style="width: 100px;" type="text"/> <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> City/Municipality <input style="width: 100px;" type="text"/> <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> Barangay <input style="width: 100px;" type="text"/> <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> Enumeration Area <input style="width: 100px;" type="text"/> <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> Household Serial Number (HSN) <input style="width: 100px;" type="text"/> <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> Operator Serial Number (OSN) <input style="width: 100px;" type="text"/> <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> </div> <div style="width: 48%;"> SECTION B – CHARACTERISTICS OF THE OPERATOR/HIRED MANAGER B1 Name of Fishing Operator/Hired Manager <input style="width: 150px;" type="text"/> Address of Fishing Operator/Hired Manager <input style="width: 150px;" type="text"/> If Hired Manager, Name of Employer <input style="width: 150px;" type="text"/> Address of Employer <input style="width: 150px;" type="text"/> B2 What is your age as of your last birthday? <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> B3 PLEASE DETERMINE SEX OF THE RESPONDENT AND MARK THE CORRESPONDING BOX WITH "X". <input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female B4 What was your highest grade/level completed? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> 0 – No Grade Completed</div> <div style="width: 33%;"><input type="checkbox"/> 3 – High School Undergraduate</div> <div style="width: 33%;"><input type="checkbox"/> 7 – College Graduate</div> <div style="width: 33%;"><input type="checkbox"/> 1 – Elementary Undergraduate</div> <div style="width: 33%;"><input type="checkbox"/> 4 – High School Graduate</div> <div style="width: 33%;"><input type="checkbox"/> 8 – Post Graduate</div> <div style="width: 33%;"><input type="checkbox"/> 2 – Elementary Graduate</div> <div style="width: 33%;"><input type="checkbox"/> 5 – Post Secondary Course</div> <div style="width: 33%;"><input type="checkbox"/> 9 – Cannot Remember</div> <div style="width: 33%;"><input type="checkbox"/> 6 – College Undergraduate</div> </div> B5 During the period September 1, 2002 to August 31, 2003, what was your main activity/primary occupation? <input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/> <div style="text-align: right; font-size: small;">DO NOT FILL: FOR OFFICE PROCESSING ONLY</div> </div> </div>		
SECTION C – CATEGORY OF FISHING		
C1 During the period September 1, 2002 to August 31, 2003, where did you perform fishing operation more often, in marine or inland waters? <input type="checkbox"/> 1 – Marine <input type="checkbox"/> 2 – Inland		
C2 During the period September 1, 2002 to August 31, 2003, what was the highest tonnage of boat/vessel did you use in the fishing operation? <input type="checkbox"/> 1 – More than three (3) gross tons <input type="checkbox"/> 2 – Three (3) gross tons or less <input type="checkbox"/> 3 – Used raft only <input type="checkbox"/> 4 – Did not use boat		
SECTION D – LEGAL FORM OF ORGANIZATION		
D1 As of August 31, 2003, did you operate as an individual, on partnership, corporation, cooperative, other private institution, government corporation/institution, or other legal form of organization? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> 1 – Individual</div> <div style="width: 25%;"><input type="checkbox"/> 3 – Corporation</div> <div style="width: 25%;"><input type="checkbox"/> 5 – Other Private Institution</div> <div style="width: 25%;"><input type="checkbox"/> 7 – Others, SPECIFY</div> <div style="width: 25%;"><input type="checkbox"/> 2 – Partnership</div> <div style="width: 25%;"><input type="checkbox"/> 4 – Cooperative</div> <div style="width: 25%;"><input type="checkbox"/> 6 – Government Corporation/Institution</div> </div>		

Facsimile of CAF Form 3 (Municipal and Commercial Fishing Questionnaire)

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SECTION E – FISHING GEARS/ACCESSORIES/DEVICES USED											3 B	
E1 During the period September 1, 2002 to August 31, 2003, did you use fishing gears/accessories/devices in the fishing operation? <input type="checkbox"/> 1 – Yes, FILL THE TABLE BELOW <input type="checkbox"/> 2 – No, GO TO SECTION F – FISHING BOATS/VESSELS USED												
Kind of Gears/ Accessories/Devices	Code	Number as of August 31, 2003	Kind of Gears/ Accessories/Devices	Code	Number as of August 31, 2003	Kind of Gears/ Accessories/Devices	Code	Number as of August 31, 2003	Kind of Gears/ Accessories/Devices Others, SPECIFY	Code	Number as of August 31, 2003	
Gill Net/Entangling Net/Drift Net	01	<input type="text"/>	Drive-In Net	11	<input type="text"/>	Modified Danish Seine	21	<input type="text"/>			<input type="text"/>	
Beach Seine	02	<input type="text"/>	Cover Pot	12	<input type="text"/>	Fish Shelter/ FAD/Payaw	22	<input type="text"/>			<input type="text"/>	
Hook and Line	03	<input type="text"/>	Squid Jig	13	<input type="text"/>	Fishing Light	23	<input type="text"/>			<input type="text"/>	
Fish Pot	04	<input type="text"/>	Crab Pot	14	<input type="text"/>	Scoop Net	24	<input type="text"/>			<input type="text"/>	
Fish Trap	05	<input type="text"/>	Lambakid Net	15	<input type="text"/>	Crab Hook	25	<input type="text"/>			<input type="text"/>	
Filter Net	06	<input type="text"/>	Purse Seine	16	<input type="text"/>	Luring Device	26	<input type="text"/>			<input type="text"/>	
Fyke Net	07	<input type="text"/>	Ring Net	17	<input type="text"/>	Sonar	27	<input type="text"/>			<input type="text"/>	
Hoop Net	08	<input type="text"/>	Bag Net	18	<input type="text"/>	Fish Finder	28	<input type="text"/>			<input type="text"/>	
Push Net	09	<input type="text"/>	Trawl Net	19	<input type="text"/>	Service Boat	29	<input type="text"/>			<input type="text"/>	
Cast Net	10	<input type="text"/>	Round Haul Seine	20	<input type="text"/>	Ranger Boat	30	<input type="text"/>			<input type="text"/>	
SECTION F – FISHING BOATS/VESSELS USED											WERE THERE MORE THAN 6 FISHING BOATS/VESSELS USED IN THE OPERATION? <input type="checkbox"/> 1 – YES, USE ADDITIONAL CAF FORM 3 <input type="checkbox"/> 2 – NO	
F1 During the period September 1, 2002 to August 31, 2003, how many fishing boat(s)/vessel(s) did you use in the operation? <input type="text"/>												
INCLUDE ALL FISHING BOATS/VESSELS USED REGARDLESS OF OWNERSHIP AND FREQUENCY OF USE. IF NO FISHING BOAT/VESSEL/RAFT WAS USED (REFER TO C2), GO TO SECTION G – DEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD MEMBERS.												
Question/Skip Instructions	Fishing Boat/Vessel Number	Fishing Boat/Vessel Number	Fishing Boat/Vessel Number	Fishing Boat/Vessel Number	Fishing Boat/Vessel Number	Fishing Boat/Vessel Number						
F2 What type of fishing boat/vessel did you use?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
1 Boat with engine and with outrigger	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1						
2 Boat with engine and no outrigger	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2						
3 Boat without engine and with outrigger	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3						
4 Boat without engine and no outrigger	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4						
5 Raft	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5						

Facsimile of CAF Form 3 (Municipal and Commercial Fishing Questionnaire)

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SECTION F - FISHING BOATS/VESSELS USED (CONTINUATION)							3 C
Question/Skip Instructions	Fishing Boat/Vessel Number	Fishing Boat/Vessel Number	Fishing Boat/Vessel Number	Fishing Boat/Vessel Number	Fishing Boat/Vessel Number	Fishing Boat/Vessel Number	
F3 What kind of gear/accessories/devices did you use for the boat/vessel?	<input type="checkbox"/> 01 <input type="checkbox"/> 16	<input type="checkbox"/> 01 <input type="checkbox"/> 16	<input type="checkbox"/> 01 <input type="checkbox"/> 16	<input type="checkbox"/> 01 <input type="checkbox"/> 16	<input type="checkbox"/> 01 <input type="checkbox"/> 16	<input type="checkbox"/> 01 <input type="checkbox"/> 16	
	<input type="checkbox"/> 02 <input type="checkbox"/> 17	<input type="checkbox"/> 02 <input type="checkbox"/> 17	<input type="checkbox"/> 02 <input type="checkbox"/> 17	<input type="checkbox"/> 02 <input type="checkbox"/> 17	<input type="checkbox"/> 02 <input type="checkbox"/> 17	<input type="checkbox"/> 02 <input type="checkbox"/> 17	
01 Gill Net 17 Ring Net	<input type="checkbox"/> 03 <input type="checkbox"/> 18	<input type="checkbox"/> 03 <input type="checkbox"/> 18	<input type="checkbox"/> 03 <input type="checkbox"/> 18	<input type="checkbox"/> 03 <input type="checkbox"/> 18	<input type="checkbox"/> 03 <input type="checkbox"/> 18	<input type="checkbox"/> 03 <input type="checkbox"/> 18	
02 Beach Seine 18 Bag Net	<input type="checkbox"/> 04 <input type="checkbox"/> 19	<input type="checkbox"/> 04 <input type="checkbox"/> 19	<input type="checkbox"/> 04 <input type="checkbox"/> 19	<input type="checkbox"/> 04 <input type="checkbox"/> 19	<input type="checkbox"/> 04 <input type="checkbox"/> 19	<input type="checkbox"/> 04 <input type="checkbox"/> 19	
03 Hook & Line 19 Trawl Net	<input type="checkbox"/> 05 <input type="checkbox"/> 20	<input type="checkbox"/> 05 <input type="checkbox"/> 20	<input type="checkbox"/> 05 <input type="checkbox"/> 20	<input type="checkbox"/> 05 <input type="checkbox"/> 20	<input type="checkbox"/> 05 <input type="checkbox"/> 20	<input type="checkbox"/> 05 <input type="checkbox"/> 20	
04 Fish Pot 20 Round Haul Seine	<input type="checkbox"/> 06 <input type="checkbox"/> 21	<input type="checkbox"/> 06 <input type="checkbox"/> 21	<input type="checkbox"/> 06 <input type="checkbox"/> 21	<input type="checkbox"/> 06 <input type="checkbox"/> 21	<input type="checkbox"/> 06 <input type="checkbox"/> 21	<input type="checkbox"/> 06 <input type="checkbox"/> 21	
05 Fish Trap 21 Modified Danish Seine	<input type="checkbox"/> 07 <input type="checkbox"/> 22	<input type="checkbox"/> 07 <input type="checkbox"/> 22	<input type="checkbox"/> 07 <input type="checkbox"/> 22	<input type="checkbox"/> 07 <input type="checkbox"/> 22	<input type="checkbox"/> 07 <input type="checkbox"/> 22	<input type="checkbox"/> 07 <input type="checkbox"/> 22	
06 Filter Net 22 Fish Shelter/FAD/ Payaw	<input type="checkbox"/> 08 <input type="checkbox"/> 23	<input type="checkbox"/> 08 <input type="checkbox"/> 23	<input type="checkbox"/> 08 <input type="checkbox"/> 23	<input type="checkbox"/> 08 <input type="checkbox"/> 23	<input type="checkbox"/> 08 <input type="checkbox"/> 23	<input type="checkbox"/> 08 <input type="checkbox"/> 23	
07 Fyke Net 23 Fishing Light	<input type="checkbox"/> 09 <input type="checkbox"/> 24	<input type="checkbox"/> 09 <input type="checkbox"/> 24	<input type="checkbox"/> 09 <input type="checkbox"/> 24	<input type="checkbox"/> 09 <input type="checkbox"/> 24	<input type="checkbox"/> 09 <input type="checkbox"/> 24	<input type="checkbox"/> 09 <input type="checkbox"/> 24	
08 Hoop Net 24 Scoop Net	<input type="checkbox"/> 10 <input type="checkbox"/> 25	<input type="checkbox"/> 10 <input type="checkbox"/> 25	<input type="checkbox"/> 10 <input type="checkbox"/> 25	<input type="checkbox"/> 10 <input type="checkbox"/> 25	<input type="checkbox"/> 10 <input type="checkbox"/> 25	<input type="checkbox"/> 10 <input type="checkbox"/> 25	
09 Push Net 25 Crab Hook	<input type="checkbox"/> 11 <input type="checkbox"/> 26	<input type="checkbox"/> 11 <input type="checkbox"/> 26	<input type="checkbox"/> 11 <input type="checkbox"/> 26	<input type="checkbox"/> 11 <input type="checkbox"/> 26	<input type="checkbox"/> 11 <input type="checkbox"/> 26	<input type="checkbox"/> 11 <input type="checkbox"/> 26	
10 Cast Net 26 Luring Device	<input type="checkbox"/> 12 <input type="checkbox"/> 27	<input type="checkbox"/> 12 <input type="checkbox"/> 27	<input type="checkbox"/> 12 <input type="checkbox"/> 27	<input type="checkbox"/> 12 <input type="checkbox"/> 27	<input type="checkbox"/> 12 <input type="checkbox"/> 27	<input type="checkbox"/> 12 <input type="checkbox"/> 27	
11 Drive-In Net 27 Sonar	<input type="checkbox"/> 13 <input type="checkbox"/> 28	<input type="checkbox"/> 13 <input type="checkbox"/> 28	<input type="checkbox"/> 13 <input type="checkbox"/> 28	<input type="checkbox"/> 13 <input type="checkbox"/> 28	<input type="checkbox"/> 13 <input type="checkbox"/> 28	<input type="checkbox"/> 13 <input type="checkbox"/> 28	
12 Cover Pot 28 Fish Finder	<input type="checkbox"/> 14 <input type="checkbox"/> 29	<input type="checkbox"/> 14 <input type="checkbox"/> 29	<input type="checkbox"/> 14 <input type="checkbox"/> 29	<input type="checkbox"/> 14 <input type="checkbox"/> 29	<input type="checkbox"/> 14 <input type="checkbox"/> 29	<input type="checkbox"/> 14 <input type="checkbox"/> 29	
13 Squid Jig 29 Service Boat	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30	<input type="checkbox"/> 15 <input type="checkbox"/> 30	
14 Crab Pot 30 Ranger Boat	Others, SPECIFY	Others, SPECIFY	Others, SPECIFY	Others, SPECIFY	Others, SPECIFY	Others, SPECIFY	
15 Lambaklad Net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16 Purse Seine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
REFER TO F2. IF BOAT USED IN THE FISHING OPERATION WAS WITHOUT ENGINE, GO TO F3. HOWEVER, IF RAFT WAS USED, GO TO F9.							
F4 What was the capacity of engine (in horsepower or hp)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
F5 What was the gross tonnage (gt) of the fishing boat/vessel? ENTER 99999.9 IF RESPONDENT DOES NOT KNOW GROSS TONNAGE.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
IF GROSS TONNAGE IS GIVEN IN F5, GO TO F9. IF THE RESPONDENT CANNOT GIVE THE GROSS TONNAGE, ASK HIM/HER ABOUT THE DIMENSION OF THE BOAT IN METERS (LENGTH, BREADTH/WIDTH AND DEPTH) AND WRITE THE MEASUREMENT BELOW.							
F6 Length in meters (m.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
F7 Breadth/Width in meters (m.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
F8 Depth in meters (m.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
PERIOD OF OPERATION							
F9 During the period September 1, 2002 to August 31, 2003, how many months did you use the fishing boat/vessel in the operation? REPORT NUMBER OF MONTHS.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
F10 During the period September 1, 2002 to August 31, 2003, how many days per month did you use the fishing boat/vessel in the operation? REPORT AVERAGE NUMBER OF DAYS PER MONTH.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Appendix B - Concluded

Facsimile of CAF Form 3 (Municipal and Commercial Fishing Questionnaire)

Page 4

SECTION G - DEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD MEMBERS <small>DO NOT INCLUDE OPERATOR OR HIRED MANAGER BEING INTERVIEWED IN THIS FORM.</small>				<small>ARE THERE MORE THAN 6 MEMBERS OTHER THAN THE OPERATOR IN THIS HOUSEHOLD?</small> <input type="checkbox"/> 1 - YES, USE ADDITIONAL CAF FORM 3 <input type="checkbox"/> 2 - NO		3 D
<small>Question/Skipping Instructions</small>	<small>Col. Number of HH Member</small> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<small>Col. Number of HH Member</small> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<small>Col. Number of HH Member</small> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<small>Col. Number of HH Member</small> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<small>Col. Number of HH Member</small> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<small>Col. Number of HH Member</small> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
G1	<small>Who were the members of this household other than the operator or hired manager as of August 31, 2003?</small> <div style="border-bottom: 1px solid black; width: 100%;"></div>	<small>Last Name</small> <div style="border-bottom: 1px solid black; width: 100%;"></div>	<small>Last Name</small> <div style="border-bottom: 1px solid black; width: 100%;"></div>	<small>Last Name</small> <div style="border-bottom: 1px solid black; width: 100%;"></div>	<small>Last Name</small> <div style="border-bottom: 1px solid black; width: 100%;"></div>	<small>Last Name</small> <div style="border-bottom: 1px solid black; width: 100%;"></div>
G2	<small>Is _____ a male or female?</small> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female </div>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 </div>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 </div>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 </div>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 </div>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 </div>
G3	<small>What is _____'s age as of his/her last birthday?</small> <div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
<small>FOR ITEM G4, REFER TO G3. IF THE ANSWER IN G3 IS BELOW 10 YEARS OLD, GO TO NEXT HOUSEHOLD MEMBER.</small>						
<small>FOR HOUSEHOLD MEMBER(S) 10 YEARS OLD AND OVER.</small>						
G4	<small>During the period September 1, 2002 to August 31, 2003, what was _____'s main activity/primary occupation?</small> <div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
<small>DO NOT FILL: FOR OFFICE PROCESSING ONLY</small>		<small>DO NOT FILL: FOR OFFICE PROCESSING ONLY</small>	<small>DO NOT FILL: FOR OFFICE PROCESSING ONLY</small>	<small>DO NOT FILL: FOR OFFICE PROCESSING ONLY</small>	<small>DO NOT FILL: FOR OFFICE PROCESSING ONLY</small>	<small>DO NOT FILL: FOR OFFICE PROCESSING ONLY</small>
G5	<small>During the period September 1, 2002 to August 31, 2003, was _____ engaged in:</small> 1 Own Fishing Operation, 2 Other Fishing Operation, 3 Both, or 4 Not Engaged?	<div style="display: flex; flex-direction: column; align-items: center;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 </div>
REMARKS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>						
INTERVIEW RECORD						
<small>VISIT NUMBER</small>	<small>VISIT 1</small>		<small>VISIT 2</small>		<small>VISIT 3</small>	
<small>DATE OF VISIT (MM/DD)</small>	<div style="border-bottom: 1px solid black; width: 100%;"></div>		<div style="border-bottom: 1px solid black; width: 100%;"></div>		<div style="border-bottom: 1px solid black; width: 100%;"></div>	
<small>RESULT OF VISIT</small> 1 Completed 2 Partly Completed 3 Refused 4 Postponed 5 Household Not Around/ No Respondent Around 6 Others, SPECIFY	<div style="display: flex; flex-direction: column; align-items: center;"> <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 </div>		<div style="display: flex; flex-direction: column; align-items: center;"> <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 </div>		<div style="display: flex; flex-direction: column; align-items: center;"> <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 </div>	
<small>NEXT VISIT (MM/DD)</small>	<div style="border-bottom: 1px solid black; width: 100%;"></div>		<div style="border-bottom: 1px solid black; width: 100%;"></div>		<div style="border-bottom: 1px solid black; width: 100%;"></div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <small>ENUMERATOR</small> <small>(Signature Over Printed Name)</small> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> <div style="width: 30%;"> <small>TEAM SUPERVISOR</small> <small>(Signature Over Printed Name)</small> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> <div style="width: 30%;"> <small>CENSUS AREA SUPERVISOR</small> <small>(Signature Over Printed Name)</small> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><small>Date Accomplished</small></div> <div><small>Date Reviewed</small></div> <div><small>Date Reviewed</small></div> </div>						

END OF INTERVIEW
THANK YOU MR./MRS./MS.

Facsimile of CAF Form 4 (Aquaculture Questionnaire)

Page 1

CAF FORM 4 Aquaculture Questionnaire NSCB Approval No. NSQ-0216-04 Expires on March 31, 2004	NATIONAL STATISTICS OFFICE Philippines 2002 CENSUS OF FISHERIES AQUACULTURE QUESTIONNAIRE	4 0501883 A <small>AUTHORITY: Commonwealth Act (CA) No. 591 authorizes this census and the NATIONAL STATISTICS OFFICE to collect information on Agriculture and Fisheries.</small> <small>CONFIDENTIALITY: Sec. 4 of CA No. 591 provides that all information furnished on this form is held STRICTLY CONFIDENTIAL.</small>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SECTION A – AQUAFARM OPERATION IDENTIFICATION </div> <div style="width: 55%;"> SECTION B – CHARACTERISTICS OF THE OPERATOR/HIRED MANAGER </div> </div>														
<div style="display: flex;"> <div style="width: 45%;"> <p>Booklet <input type="checkbox"/> of <input type="checkbox"/> Booklets</p> <p>A1. Geographic Identification</p> <p>Province <input style="width: 100px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>City/Municipality <input style="width: 100px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>Barangay <input style="width: 100px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>Enumeration Area <input style="width: 100px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>Household Serial Number (HSN) <input style="width: 100px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>Operator Serial Number (OSN) <input style="width: 100px;" type="text"/> <input style="width: 20px;" type="text"/></p> </div> <div style="width: 55%;"> <p>B1 Name of Aquaculture Operator/Hired Manager <input style="width: 150px;" type="text"/></p> <p>Address of Aquaculture Operator/Hired Manager <input style="width: 150px;" type="text"/></p> <p>If Hired Manager, Name of Employer <input style="width: 150px;" type="text"/></p> <p>Address of Employer <input style="width: 150px;" type="text"/></p> <p>B2 What is your age as of your last birthday? <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>B3 PLEASE DETERMINE SEX OF THE RESPONDENT AND MARK THE CORRESPONDING BOX WITH "X". <input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female</p> <p>B4 What was your highest grade/level completed?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 0 – No Grade Completed</td> <td><input type="checkbox"/> 3 – High School Undergraduate</td> <td><input type="checkbox"/> 7 – College Graduate</td> </tr> <tr> <td><input type="checkbox"/> 1 – Elementary Undergraduate</td> <td><input type="checkbox"/> 4 – High School Graduate</td> <td><input type="checkbox"/> 8 – Post Graduate</td> </tr> <tr> <td><input type="checkbox"/> 2 – Elementary Graduate</td> <td><input type="checkbox"/> 5 – Post Secondary Course</td> <td><input type="checkbox"/> 9 – Cannot Remember</td> </tr> <tr> <td><input type="checkbox"/> 6 – College Undergraduate</td> <td></td> <td></td> </tr> </table> <p>B5 During the period September 1, 2002 to August 31, 2003, what was your main activity/primary occupation? <input style="width: 100px;" type="text"/></p> <p style="text-align: right;"><small>DO NOT FILL: FOR OFFICE PROCESSING ONLY</small></p> </div> </div>			<input type="checkbox"/> 0 – No Grade Completed	<input type="checkbox"/> 3 – High School Undergraduate	<input type="checkbox"/> 7 – College Graduate	<input type="checkbox"/> 1 – Elementary Undergraduate	<input type="checkbox"/> 4 – High School Graduate	<input type="checkbox"/> 8 – Post Graduate	<input type="checkbox"/> 2 – Elementary Graduate	<input type="checkbox"/> 5 – Post Secondary Course	<input type="checkbox"/> 9 – Cannot Remember	<input type="checkbox"/> 6 – College Undergraduate		
<input type="checkbox"/> 0 – No Grade Completed	<input type="checkbox"/> 3 – High School Undergraduate	<input type="checkbox"/> 7 – College Graduate												
<input type="checkbox"/> 1 – Elementary Undergraduate	<input type="checkbox"/> 4 – High School Graduate	<input type="checkbox"/> 8 – Post Graduate												
<input type="checkbox"/> 2 – Elementary Graduate	<input type="checkbox"/> 5 – Post Secondary Course	<input type="checkbox"/> 9 – Cannot Remember												
<input type="checkbox"/> 6 – College Undergraduate														
SECTION C – TYPE OF AQUAFARM														
<p>C1 During the period September 1, 2002 to August 31, 2003, what type of aquafarm did you operate?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 1 – Fishpond</td> <td><input type="checkbox"/> 3 – Fish Cage</td> <td><input type="checkbox"/> 5 – Hatchery</td> <td><input type="checkbox"/> 7 – Oyster Farming</td> <td><input type="checkbox"/> 9 – Others, SPECIFY <input style="width: 50px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> 2 – Fish Pen</td> <td><input type="checkbox"/> 4 – Fish Tanks</td> <td><input type="checkbox"/> 6 – Seaweed Farming</td> <td><input type="checkbox"/> 8 – Mussel Farming</td> <td></td> </tr> </table>			<input type="checkbox"/> 1 – Fishpond	<input type="checkbox"/> 3 – Fish Cage	<input type="checkbox"/> 5 – Hatchery	<input type="checkbox"/> 7 – Oyster Farming	<input type="checkbox"/> 9 – Others, SPECIFY <input style="width: 50px;" type="text"/>	<input type="checkbox"/> 2 – Fish Pen	<input type="checkbox"/> 4 – Fish Tanks	<input type="checkbox"/> 6 – Seaweed Farming	<input type="checkbox"/> 8 – Mussel Farming			
<input type="checkbox"/> 1 – Fishpond	<input type="checkbox"/> 3 – Fish Cage	<input type="checkbox"/> 5 – Hatchery	<input type="checkbox"/> 7 – Oyster Farming	<input type="checkbox"/> 9 – Others, SPECIFY <input style="width: 50px;" type="text"/>										
<input type="checkbox"/> 2 – Fish Pen	<input type="checkbox"/> 4 – Fish Tanks	<input type="checkbox"/> 6 – Seaweed Farming	<input type="checkbox"/> 8 – Mussel Farming											
<div style="display: flex;"> <div style="width: 60%;"> SECTION D – CHARACTERISTICS OF AQUAFARM </div> <div style="width: 40%;"> <p>WERE THERE MORE THAN 5 AQUAFARMS WHICH THE OPERATOR USED IN THE AQUAFARM OPERATION?</p> <p><input type="checkbox"/> 1 – YES, USE ADDITIONAL CAF FORM 4 <input type="checkbox"/> 2 – NO</p> </div> </div>														
<p>D1 During the period September 1, 2002 to August 31, 2003, how many aquafarm(s) did you use in raising/farming (culture) of aquafarm products? <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p><small>INCLUDE ALL AQUAFARMS USED REGARDLESS OF OWNERSHIP.</small></p>														

Facsimile of CAF Form 4 (Aquaculture Questionnaire)

Page 2

SECTION D - CHARACTERISTICS OF AQUAFARM (CONTINUATION)							4 B
Question/Skipping Instructions	Aquafarm Number <input type="text"/> <input type="text"/>	Aquafarm Number <input type="text"/> <input type="text"/>	Aquafarm Number <input type="text"/> <input type="text"/>	Aquafarm Number <input type="text"/> <input type="text"/>	Aquafarm Number <input type="text"/> <input type="text"/>	Aquafarm Number <input type="text"/> <input type="text"/>	
D2 As of August 31, 2003, did you operate as: 1 Individual 2 Partnership 3 Corporation 4 Cooperative 5 Other Private Institution 6 Government Corp./Institution 7 Others, SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4 _____	
D3 Where is the aquafarm located? Province City/Municipality Province/City/Mun	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Province/City/Mun	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Province/City/Mun	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Province/City/Mun	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Province/City/Mun	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Province/City/Mun	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Province/City/Mun	
D4 What type of water environment was used in the aquafarm? 1 Marine 2 Brackish 3 Fresh	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
D5 What was the tenure status of the aquafarm? 1 Fully Owned 2 Ownership Possession 3 Rented/Leased from Private Owners 4 Leased from Government 5 Subleased 6 Rent Free 7 Others, SPECIFY	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4 _____	
D6 What were the species cultured in the aquafarm? 11 Milkfish (Bangus) 12 Tilapia 13 Catfish (Ilo) 14 Carp (Karpas) 15 Grouper (Lapu) 16 Sigand (Samarat) 17 Sea Bass (Apahap) 18 Mudfish (Dalag) 19 Other Fish 21 Prawn (Supog) 22 Mud Crab (Almango) 23 Other Crustacean 31 Others, SPECIFY	<input type="checkbox"/> 11 <input type="checkbox"/> 32 <input type="checkbox"/> 12 <input type="checkbox"/> 33 <input type="checkbox"/> 13 <input type="checkbox"/> 34 <input type="checkbox"/> 14 <input type="checkbox"/> 35 <input type="checkbox"/> 15 <input type="checkbox"/> 36 <input type="checkbox"/> 16 <input type="checkbox"/> 41 <input type="checkbox"/> 17 <input type="checkbox"/> 42 <input type="checkbox"/> 18 <input type="checkbox"/> 43 <input type="checkbox"/> 19 <input type="checkbox"/> 44 <input type="checkbox"/> 21 <input type="checkbox"/> 51 <input type="checkbox"/> 22 <input type="checkbox"/> 52 <input type="checkbox"/> 23 <input type="checkbox"/> 53 <input type="checkbox"/> 31 _____	<input type="checkbox"/> 11 <input type="checkbox"/> 32 <input type="checkbox"/> 12 <input type="checkbox"/> 33 <input type="checkbox"/> 13 <input type="checkbox"/> 34 <input type="checkbox"/> 14 <input type="checkbox"/> 35 <input type="checkbox"/> 15 <input type="checkbox"/> 36 <input type="checkbox"/> 16 <input type="checkbox"/> 41 <input type="checkbox"/> 17 <input type="checkbox"/> 42 <input type="checkbox"/> 18 <input type="checkbox"/> 43 <input type="checkbox"/> 19 <input type="checkbox"/> 44 <input type="checkbox"/> 21 <input type="checkbox"/> 51 <input type="checkbox"/> 22 <input type="checkbox"/> 52 <input type="checkbox"/> 23 <input type="checkbox"/> 53 <input type="checkbox"/> 31 _____	<input type="checkbox"/> 11 <input type="checkbox"/> 32 <input type="checkbox"/> 12 <input type="checkbox"/> 33 <input type="checkbox"/> 13 <input type="checkbox"/> 34 <input type="checkbox"/> 14 <input type="checkbox"/> 35 <input type="checkbox"/> 15 <input type="checkbox"/> 36 <input type="checkbox"/> 16 <input type="checkbox"/> 41 <input type="checkbox"/> 17 <input type="checkbox"/> 42 <input type="checkbox"/> 18 <input type="checkbox"/> 43 <input type="checkbox"/> 19 <input type="checkbox"/> 44 <input type="checkbox"/> 21 <input type="checkbox"/> 51 <input type="checkbox"/> 22 <input type="checkbox"/> 52 <input type="checkbox"/> 23 <input type="checkbox"/> 53 <input type="checkbox"/> 31 _____	<input type="checkbox"/> 11 <input type="checkbox"/> 32 <input type="checkbox"/> 12 <input type="checkbox"/> 33 <input type="checkbox"/> 13 <input type="checkbox"/> 34 <input type="checkbox"/> 14 <input type="checkbox"/> 35 <input type="checkbox"/> 15 <input type="checkbox"/> 36 <input type="checkbox"/> 16 <input type="checkbox"/> 41 <input type="checkbox"/> 17 <input type="checkbox"/> 42 <input type="checkbox"/> 18 <input type="checkbox"/> 43 <input type="checkbox"/> 19 <input type="checkbox"/> 44 <input type="checkbox"/> 21 <input type="checkbox"/> 51 <input type="checkbox"/> 22 <input type="checkbox"/> 52 <input type="checkbox"/> 23 <input type="checkbox"/> 53 <input type="checkbox"/> 31 _____	<input type="checkbox"/> 11 <input type="checkbox"/> 32 <input type="checkbox"/> 12 <input type="checkbox"/> 33 <input type="checkbox"/> 13 <input type="checkbox"/> 34 <input type="checkbox"/> 14 <input type="checkbox"/> 35 <input type="checkbox"/> 15 <input type="checkbox"/> 36 <input type="checkbox"/> 16 <input type="checkbox"/> 41 <input type="checkbox"/> 17 <input type="checkbox"/> 42 <input type="checkbox"/> 18 <input type="checkbox"/> 43 <input type="checkbox"/> 19 <input type="checkbox"/> 44 <input type="checkbox"/> 21 <input type="checkbox"/> 51 <input type="checkbox"/> 22 <input type="checkbox"/> 52 <input type="checkbox"/> 23 <input type="checkbox"/> 53 <input type="checkbox"/> 31 _____	<input type="checkbox"/> 11 <input type="checkbox"/> 32 <input type="checkbox"/> 12 <input type="checkbox"/> 33 <input type="checkbox"/> 13 <input type="checkbox"/> 34 <input type="checkbox"/> 14 <input type="checkbox"/> 35 <input type="checkbox"/> 15 <input type="checkbox"/> 36 <input type="checkbox"/> 16 <input type="checkbox"/> 41 <input type="checkbox"/> 17 <input type="checkbox"/> 42 <input type="checkbox"/> 18 <input type="checkbox"/> 43 <input type="checkbox"/> 19 <input type="checkbox"/> 44 <input type="checkbox"/> 21 <input type="checkbox"/> 51 <input type="checkbox"/> 22 <input type="checkbox"/> 52 <input type="checkbox"/> 23 <input type="checkbox"/> 53 <input type="checkbox"/> 31 _____	

Facsimile of CAF Form 4 (Aquaculture Questionnaire)

Page 3

SECTION D – CHARACTERISTICS OF AQUAFARM (CONTINUATION)							4 C				
Question/Skipping Instructions	Aqualarm Number <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	Aqualarm Number <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	Aqualarm Number <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	Aqualarm Number <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	Aqualarm Number <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	Aqualarm Number <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>					
FOR FISHPOND, FISH PEN, FISH CAGE, SEAWEED FARM, OYSTER FARM AND MUSSEL FARM ONLY											
D7 What was the total area of the aquafarm in hectares (has)?	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px;"></div>					
FOR FISHPOND ONLY											
D8 What was the degree of development of the fishpond?	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 1	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 1	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 1	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 1	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 1	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 1					
1 Fully developed/enclosed with dikes and gates	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 2	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 2	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 2	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 2	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 2	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 2					
2 Partly developed/enclosed with dikes and gates	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 3					
3 Undeveloped											
D9 What was the production type?	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 1	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 1	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 1	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 1	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 1	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 1					
1 Fry/Fingerling Production	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 2	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 2	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 2	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 2	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 2	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> 2					
2 Marketable Production											
FOR FISH TANKS AND HATCHERY ONLY											
D10 What was the total volume of the aquafarm (in cubic meters or cu. m)?	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px;"></div>					
SECTION E – EQUIPMENT AND FACILITIES USED											
E1 During the period September 1, 2002 to August 31, 2003, were there equipment and facilities used in the aquafarm?											
<input type="checkbox"/> 1 – Yes, FILL THE TABLE BELOW <input type="checkbox"/> 2 – No, GO TO SECTION F – DEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD MEMBERS											
Kind of Equipment and Facilities	Code	Number as of August 31, 2003	Kind of Equipment and Facilities	Code	Number as of August 31, 2003	Kind of Equipment and Facilities	Code	Number as of August 31, 2003	Kind of Equipment and Facilities	Code	Number as of August 31, 2003
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Paddle Wheels	11	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Hatching Cones	20	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Electric Generator	29	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Aerators/Blower	12	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Feed Grinder	21	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Worker's Hut/Guard Shed	30	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Water Pumps	13	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Refractometer	22	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Storage/Warehouse Building	31	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Weighing Scale	14	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Secchi Disk	23	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Farm Office/Staff House	32	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Freezer	15	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Oxygen Tank	24	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Farm Laboratory	33	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Fish Grader	16	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Test Kit	25	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Fish Transporters (Car, Jeep, Truck, etc.)	34	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Fish Containers (Styropor, Pail, etc.)	17	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Water Quality Monitoring Equipment	26	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Water Reservoir	35	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Nets (Scoop Net, Seine Net)	18	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Feed Dispenser (Demand/Kinetic Feeder)	27	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Tanks (Fiberglass, Wooden, Concrete)	36	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Incubator	19	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Boat/Raft (including Motorized)	28	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Aquarium	37	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>

Appendix C - Concluded

Facsimile of CAF Form 4 (Aquaculture Questionnaire)

Page 4

SECTION F - DEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD MEMBERS <small>DO NOT INCLUDE OPERATOR OR HIRED MANAGER BEING INTERVIEWED IN THIS FORM.</small>				ARE THERE MORE THAN 6 MEMBERS OTHER THAN THE OPERATOR IN THIS HOUSEHOLD? <input type="checkbox"/> 1 - YES, USE ADDITIONAL CAF FORM 4 <input type="checkbox"/> 2 - NO		4 D																				
Question/Skipping Instructions	Col. Number of HH Member <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	Col. Number of HH Member <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	Col. Number of HH Member <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	Col. Number of HH Member <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	Col. Number of HH Member <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	Col. Number of HH Member <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>																				
F1 Who were the members of this household other than the operator or hired manager as of August 31, 2003?	Last Name <div style="border-bottom: 1px solid black; width: 100%;"></div> First Name <div style="border-bottom: 1px solid black; width: 100%;"></div>	Last Name <div style="border-bottom: 1px solid black; width: 100%;"></div> First Name <div style="border-bottom: 1px solid black; width: 100%;"></div>	Last Name <div style="border-bottom: 1px solid black; width: 100%;"></div> First Name <div style="border-bottom: 1px solid black; width: 100%;"></div>	Last Name <div style="border-bottom: 1px solid black; width: 100%;"></div> First Name <div style="border-bottom: 1px solid black; width: 100%;"></div>	Last Name <div style="border-bottom: 1px solid black; width: 100%;"></div> First Name <div style="border-bottom: 1px solid black; width: 100%;"></div>	Last Name <div style="border-bottom: 1px solid black; width: 100%;"></div> First Name <div style="border-bottom: 1px solid black; width: 100%;"></div>																				
F2 Is _____ a male or female? 1 Male 2 Female	<div style="display: flex; justify-content: space-around;"><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div style="display: flex; justify-content: space-around;"><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div style="display: flex; justify-content: space-around;"><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div style="display: flex; justify-content: space-around;"><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div style="display: flex; justify-content: space-around;"><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div style="display: flex; justify-content: space-around;"><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>																				
F3 What is _____'s age as of his/her last birthday?	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>																				
FOR ITEM F4, REFER TO F3. IF THE ANSWER IN F3 IS BELOW 10 YEARS OLD, GO TO NEXT HOUSEHOLD MEMBER.																										
FOR HOUSEHOLD MEMBER(S) 10 YEARS OLD AND OVER.																										
F4 During the period September 1, 2002 to August 31, 2003, what was _____'s main activity/primary occupation?	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <small>DO NOT FILL: FOR OFFICE PROCESSING ONLY</small>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <small>DO NOT FILL: FOR OFFICE PROCESSING ONLY</small>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <small>DO NOT FILL: FOR OFFICE PROCESSING ONLY</small>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <small>DO NOT FILL: FOR OFFICE PROCESSING ONLY</small>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <small>DO NOT FILL: FOR OFFICE PROCESSING ONLY</small>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <small>DO NOT FILL: FOR OFFICE PROCESSING ONLY</small>																				
F5 During the period September 1, 2002 to August 31, 2003, was _____ engaged in: 1 Own Aquafarm Operation, 2 Other Aquafarm Operation, 3 Both, or 4 Not Engaged?	<div style="display: flex; flex-direction: column; align-items: center;"><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div><div><input type="checkbox"/> 3</div><div><input type="checkbox"/> 4</div></div>	<div style="display: flex; flex-direction: column; align-items: center;"><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div><div><input type="checkbox"/> 3</div><div><input type="checkbox"/> 4</div></div>	<div style="display: flex; flex-direction: column; align-items: center;"><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div><div><input type="checkbox"/> 3</div><div><input type="checkbox"/> 4</div></div>	<div style="display: flex; flex-direction: column; align-items: center;"><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div><div><input type="checkbox"/> 3</div><div><input type="checkbox"/> 4</div></div>	<div style="display: flex; flex-direction: column; align-items: center;"><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div><div><input type="checkbox"/> 3</div><div><input type="checkbox"/> 4</div></div>	<div style="display: flex; flex-direction: column; align-items: center;"><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div><div><input type="checkbox"/> 3</div><div><input type="checkbox"/> 4</div></div>																				
REMARKS																										
INTERVIEW RECORD <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width: 15%;">VISIT NUMBER</th> <th style="width: 25%;">VISIT 1</th> <th style="width: 25%;">VISIT 2</th> <th style="width: 25%;">VISIT 3</th> <th style="width: 10%;">SUMMARY</th> </tr> </thead> <tbody> <tr> <td>DATE OF VISIT (MM/DD)</td> <td><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></td> <td><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></td> <td><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></td> <td>NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div></td> </tr> <tr> <td>RESULT OF VISIT 1 Completed 2 Partly Completed 3 Refused 4 Postponed 5 Household Not Around/ No Respondent Around 6 Others, SPECIFY</td> <td><div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> 1 <input type="checkbox"/> 4</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div></td> <td><div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> 1 <input type="checkbox"/> 4</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div></td> <td><div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> 1 <input type="checkbox"/> 4</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div></td> <td>RESULT OF VISIT <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div></td> </tr> <tr> <td>NEXT VISIT (MM/DD)</td> <td><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></td> <td><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></td> <td><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></td> <td>NAME OF RESPONDENT _____</td> </tr> </tbody> </table>							VISIT NUMBER	VISIT 1	VISIT 2	VISIT 3	SUMMARY	DATE OF VISIT (MM/DD)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	RESULT OF VISIT 1 Completed 2 Partly Completed 3 Refused 4 Postponed 5 Household Not Around/ No Respondent Around 6 Others, SPECIFY	<div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> 1 <input type="checkbox"/> 4</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> 1 <input type="checkbox"/> 4</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> 1 <input type="checkbox"/> 4</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	RESULT OF VISIT <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	NEXT VISIT (MM/DD)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	NAME OF RESPONDENT _____
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CERTIFICATION <small>I hereby certify under my official oath that the data set forth herein were obtained/reviewed personally by me in accordance with the instructions given.</small>																										
<small>ENUMERATOR</small> <small>(Signature Over Printed Name)</small> <div style="border-bottom: 1px solid black; width: 100%;"></div>		<small>TEAM SUPERVISOR</small> <small>(Signature Over Printed Name)</small> <div style="border-bottom: 1px solid black; width: 100%;"></div>		<small>CENSUS AREA SUPERVISOR</small> <small>(Signature Over Printed Name)</small> <div style="border-bottom: 1px solid black; width: 100%;"></div>																						
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END OF INTERVIEW
THANK YOU MR./MRS./MS.