

Community-Based Monitoring System

Household Profile Questionnaire



This survey is authorized by the Local Government of ____ per SB Resolution # ____
All information collected will be held strictly confidential.

A. IDENTIFICATION

I. Identification of Location :

a. Province :		<input type="text"/>
b. City/Municipality :		<input type="text"/>
c. Zone :		<input type="text"/>
d. Barangay :		<input type="text"/>
e. Purok/Sitio :		<input type="text"/>
f. Street :		<input type="text"/>
g. House Number :		<input type="text"/>
h. Additional Identification :		<input type="text"/>

- | | | |
|----------------------|-------------|--|
| 1 - Road island | 3. Park | 5. Others, specify <input style="width: 50px;" type="text"/> |
| 2 - Under the bridge | 4. Sidewalk | 6. None |

II. Household Identification Number : _____ (ID No.)

III. Type of Building/House/Dwelling Unit:

- | | | | |
|------------------|---|---|--|
| 1 - Single house | 3 - Apartment/accessoria
condominium/townhouse | 4 - Commercial/industrial/
agricultural building/house | 5 - Others (e.g., cart, tree,
etc), specify |
| 2 - Duplex | | | |

IV. Name of Respondent : _____

V. Date of Interview :

VI. Time Started :

VII. Time Finished :

VIII. Name of Enumerator : _____

IX. Signature of Enumerator : _____

X. Assessment of the quality and reliability of elicited information :

XI. Name and Signature of Supervisor : _____

DIRECTIONS: FILL-UP ALL THE NEEDED INFORMATION ABOUT THE HOUSEHOLD BASED ON THE ANSWERS GIVEN BY THE RESPONDENT.

(1A)	B. DEMOGRAPHY									C. MIGRATION		
	(2)	(3)	(4)	(5)		(6)	(7)	(8)	(9)	(10)	(11)	(12)
N U M B E R	How many members are there in the household including OFWs?	How is _____ related to the head of the household?	What is _____'s sex?	When is _____'s date of birth?		Was _____'s birth registered with a local civil registrar?	What is _____'s civil status?	What is _____'s religion?	Does _____ belong to any indigenous tribe?	IF YES IN (9) What indigenous tribe does _____ belong to? <i>EX. AETA, ATI, MANGYAN, TBOLI, etc.</i>	How long has _____ been staying in the barangay?	Where was _____'s last place of residence before staying in the barangay?
	Who is the head of the household?	(SEE CODES BELOW)	1. Male 2. Female	MM/DD/YYYY	A G E	1. Yes 2. No	(SEE CODES BELOW)	(SEE CODES BELOW)	1. Yes 2. No (GO TO 11)	INDIGENOUS TRIBE	NUMBER OF YEARS	BARANGAY, CITY/MUNICIPALITY, PROVINCE & COUNTRY
	SURNAME									PROVINCE		
	FIRST NAME											
Who are the other members of the household?												
1		1										
2												
3												
4												
5												
6												
7												
8												
9												
10												
ARE THERE MORE THAN 10 MEMBERS IN THIS HOUSEHOLD? <input type="checkbox"/> 1 YES, USE NEW FORM 2 NO		(3) Relation to head of the household 1 - Head 7 - Other relatives, specify 2 - Spouse 8 - Housemaid/boy 3 - Son/Daughter 9 - Others, specify 4 - Son/Daughter-in-Law 5 - Grandchildren 6 - Parents				(7) Civil status 1 - Single 2 - Legally married 3 - Widowed 4 - Divorced/Separated 5 - Common Law/ "Live in" 6 - Unknown			(8) Religion 1 - Catholic 2 - Protestant 3 - Iglesia ni Kristo 4 - Aglipay 5 - Islam 6 - Born-again 7 - Mormons 8 - Jehovah's Witness 9 - 7th-Day Adventists 10 - Others, specify 11 - None			

CHECK FOR THE RELEVANCE, COMPLETENESS AND ACCURACY OF THE INFORMATION ELICITED FROM THE RESPONDENT.

(1B)	D. OFW		E. EDUCATION AND LITERACY					F. COMMUNITY & POLITICAL PARTICIPATION				
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)		(22)	(23)
	N U M B E R	Is ___ an OFW?	In which country does ___ work?	FOR 3 YEARS OLD & ABOVE			FOR 10 YEARS OLD & ABOVE			FOR 17 YEARS OLD AND ABOVE		
Is ___ attending school?				IF YES IN (15)		What is ___'s highest educational attainment?	Can ___ read and write in a simple message in any language or dialect?	Is ___ a member of a community organiza- tion?	IF YES IN (20)		Is ___ a registered voter?	IF YES IN (22) Did ___ vote in the last election?
	What grade or year is ___ currently attending?	Where does ___ attend school?	What is the name of the community organization?	NAME OF COMMUNITY ORGANIZATION	(SEE CODES BELOW)				1. Yes 2. No (GO TO 24)	1. Yes 2. No 3. Don't know		
	1. Yes 2. No (GOTO 15)	COUNTRY	1. Yes 2. No (GOTO 18)	(SEE CODES BELOW)	1 - Public 2 - Private	(SEE CODES BELOW)	1. Yes 2. No	1. Yes 2. No (GO TO 22)		(SEE CODES BELOW)		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

(16) Grade/Year Level and (18) Highest Educational Attainment			(21) Community Organization			
00 No Grade Completed	ELEMENTARY 11 Grade I 12 Grade II 13 Grade III 14 Grade IV 15 Grade V 16 Grade VI/ VII 17 Elementary Graduate	SECONDARY 21 1st Year HS 22 2nd Year HS 23 3rd Year HS 24 4th Year HS or higher 25 HS Graduate	POST SECONDARY 26 1st Yr Post Secondary 27 2nd Yr Post Secondary 28 3rd Yr Post Secondary 29 Post Secondary Graduate (specify course)	COLLEGE 31 1st Year College 32 2nd Year College 33 3rd Year College 34 4th Year College or higher 35 College Graduate (specify course)	MASTER'S/PHD 36 Post Grad w/ units 37 Graduate, (specify PhD / Master's course)	6 - Agricultural 7 - Labor 8 - Civic 9 - Cooperatives 10 - Senior citizens 11 - Others, specify

		G. ECONOMIC ACTIVITY							
(1C)		(24)	(25)		(26)		(27)	(28)	(29)
N U M B E R	WRITE DOWN FIRST THE NAMES OF EACH MEMBER	FOR 5 YEARS OLD & ABOVE							
		Did ____ work, have a job or business during the past week?	IF YES IN (24)		What business or industry is ____ engaged in or worked in job, occupation or business?		What is the nature of ____'s employ- ment?	How many hours did __ work during the past week?	Did ____ want more hours of work during the past week?
	FIRST NAME	1. Yes (GO TO 25) 2. No (GO TO 32)	PRIMARY JOB, OCCUPATION OR BUSINESS	(SEE CODES BELOW)	INDUSTRY/ SECTOR	(SEE CODES BELOW)	(SEE CODES BELOW)	NUMBER OF HOURS	1. Yes 2. No
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

(25) Job, occupation or business 1 - Officials of government and special interest organization, corporate executives, managers, managing proprietors and supervisors 2 - Professionals 3 - Technicians and associate professionals 4 - Clerks 5 - Service workers and shop and market sales workers 6 - Farmers, forestry workers and fisherfolk 7 - Trades and related workers 8 - Plant and machine operators and assemblers 9 - Laborers and unskilled workers 10 - Special occupations	(26) Industry/ Sector 1 - Agriculture, Forestry and Fishing 2 - Mining and Quarrying 3 - Manufacturing 4 - Electricity, Gas, Steam and Air Conditioning Supply 5 - Water Supply; Sewerage, Waste Management and Remediation Activities 6 - Construction 7 - Wholesale & Retail Trade; Repair of Motor Vehicles and Motorcycles 8 - Transportation and Storage 9 - Accommodation and Food Service Activities 10 - Information and Communication 11 - Financial and Insurance Activities 12 - Real Estate Activities 13 - Professional, Scientific and Technical Activities 14 - Administrative and Support Service Activities 15 - Public Administration and Defense; Compulsory Social Security 16 - Education 17 - Human Health & Social Work Activities 18 - Arts, Entertainment and Recreation 19 - Other Service Activities 20 - Activities of Households as Employers; Undifferentiated Goods-and-Services Producing Activities of Household for Own Use 21 - Activities of Extra-Territorial Organizations and Bodies	(27) Nature of Employment 1- Permanent job/business/unpaid family work 2- Short-term or seasonal or casual job/business 3- Worked on different jobs on day to day or week
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										H. NUTRITION	
(1D)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	
N U M B E R	FOR 5 YEARS OLD & ABOVE									FOR 18 YEARS OLD & ABOVE	FOR MEMBERS 0-5 YEARS OLD
	IF YES IN (24)		IF NO IN (24)						Is ___ a member of SSS or GSIS?	GET THE NUTRITIONAL STATUS OF CHILDREN 0-5 YEARS OLD AND DATE OF REPORT FROM THE BARANGAY NUTRITION SCHOLAR	
	Did ___ look for additional work during the past week?	How do you classify ___'s job or employment?	Did ___ look for work or try to establish business during the past week?	IF YES IN (32) What has ___ been doing to look for work?	IF NO IN (32) Why did ___ not look for work?	When was the last time ___ looked for work?	Had opportunity for work existed during the past week, would ___ have been available?	Is ___ willing to take up work during the past week or within the next two weeks?			
1. Yes 2. No	(SEE CODES BELOW)	1. Yes 2. No (GOTO 34)	(SEE CODES BELOW)	(SEE CODES BELOW)	1. > 1 week < 1 month 2. 1 < 6 months 3. > 6 months 4. Never	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	(SEE CODES BELOW) DATE OF REPORT		
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
(31) Class of worker 1- Working for a household 2- Working for a private establishment 3- Working for government/ government corporation 4- Self-employed without employees 5- Employer in own family-operated farm or business 6- Working with pay on own family-operated farm or business 7- Working without pay on own family-operated farm or business 8- Working for government of other country			(33) Job Search Method 1 - Registered in public employment agency 2 - Registered in private employment agency 3 - Approached employer directly 4 - Approached relatives/ friends 5 - Placed or answered private advertisements 6 - Others, specify			(34) Reasons for not looking for work 1 - Believes no work is available 2 - Awaiting results of previous job application 3 - Temporary illness/ disability 4 - Bad weather 5 - Waiting for rehire/job recall 6 - Too young/old, retired, permanently disabled 7 - Housekeeping 8 - Schooling 9 - Others, specify			(39) Nutritional Status 1 - Above normal 2 - Normal 3 - Below normal (moderate) 4 - Below normal (severe)		

I. CHARACTERISTICS OF HOUSEHOLD MEMBERS												
(1E)		(40)	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
N U M B E R	WRITE DOWN FIRST THE NAMES OF EACH MEMBER	FOR MEMBERS WHO ARE COLLEGE GRADUATES		Is ___ a solo parent taking care of a child/ children?	IF YES IN (42)	Does ___ have any physical or mental disability?	IF YES IN (44)				FOR 60 YEARS OLD AND ABOVE	
		Did ___ pass the board or bar exam?	IF YES IN (40)		What is the reason why ___ is a solo parent?		What type of disability does ___ have?	What is the cause of ___'s disability?	Does ___ have a PWD's ID?	IF YES IN (47)	Does ___ have a Senior Citizen's ID?	IF YES IN (49)
			PROFESSION	For what purpose was ___ able to use the ID?		For what purpose was ___ able to use the ID?						
	FIRST NAME	1. Yes 2. No (GO TO 42)		1. Yes 2. No (GO TO 44)	(SEE CODES BELOW)	1. Yes 2. No (GO TO 49)	(SEE CODES BELOW)	(SEE CODES BELOW)	1. Yes 2. No (GO TO 49)	(SEE CODES BELOW)	1. Yes 2. No (GO TO 51)	(SEE CODES BELOW)
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
(43) Reason why member is a solo parent 1. Death of spouse 2. Imprisonment of spouse for at least one year 3. Mental and physical incapacity of spouse 4. Legal or de facto separation from spouse for at least one year 5. Annulment of marriage as decreed by court or church 6. Abandonment of spouse for at least one year 7. Unmarried mother or father who preferred to keep the child instead of others caring for him/her 8. Any other person who solely provides parental care and support to a child provided he/she is a duly licensed foster parent of DSWD, or duly appointed legal guardian by the court through adoption or legal guardianship 9. Any family member who solely assumes the responsibility as head of the family as a result of death, abandonment, prolonged absence, or disappearance of parent for at least one year 10. Other reasons, specify					(45) Type of disability 1 Total blindness 2 Partial blindness 3 Low vision 4 Totally deaf 5 Partially deaf 6 Hard of hearing 7 Oral defect 8 One hand 9 No hands 10 One leg 11 No legs 12 Cerebral palsy 13 Epileptic 14 Mentally ill 15 Mentally retarded 16 Autistic 17 Hunchback 18 Multiple impairment 19 Others, specify				(46) Cause of disability 1. In-born 2. Illness 3. Accident 4. Old age 5. Others, specify		(48) and (50) use of ID 1. Discount on medicine 2. Discount in hospital 3. Discount in food/ restaurant 4. Discount in transportation 5. Free/Discount in cinema 6. Not yet used 7. Others, specify	

J. HEALTH

(51) During the past 12 months, did you or any member of the household get sick (aside from common cough, colds and fever)?

1 Yes (GO TO 52)
2 No (GO TO 55)

(52) What are these sicknesses or diseases ?
(1. YES 2. NO)

<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Chicken pox
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Dengue fever
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Cholera
<input type="checkbox"/> Influenza	<input type="checkbox"/> Typhoid Fever
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Heat stroke
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Asthma
<input type="checkbox"/> Disease of the heart	<input type="checkbox"/> Others, specify _____
<input type="checkbox"/> Malaria	

(53) Did you or any member of the household avail of medical treatment for any illness?

1 Yes (GO TO 54)
2 No (GO TO 55)

(54) Did you avail medical treatment in any of the following :
(1. YES 2. NO)

Public hospital	<input type="checkbox"/> Private hospital/Clinic
<input type="checkbox"/> National	<input type="checkbox"/> Rural Health Units
<input type="checkbox"/> Provincial	<input type="checkbox"/> Brgy Health Station/Center
<input type="checkbox"/> District	<input type="checkbox"/> Non-medical/non-trained
<input type="checkbox"/> Municipal/City	<input type="checkbox"/> Hilot/Personnel
	<input type="checkbox"/> Others, specify _____

L. HOUSEHOLD MEMBERS WHO DIED

(62) Was there any household member who died in the past 12 months?

1 Yes (GO TO 63)
2 No (GO TO 67)

IF YES IN (62)

(63)	(64)	(65)	(66)
What is the name of the person who died?	What is ___'s sex?	What was ___'s age at the time of death?	What was the cause of ___'s death?
NAME	1 - Male 2 - Female	AGE	(SEE CODES BELOW)
1			
2			
3			

(66) Cause of death

1. Disease of the heart	7. Measles	14. Victim of landslide
2. Disease of the vascular system	8. Complication during pregnancy or childbirth	15. Electrocuted during typhoon
3. Pneumonia	9. Accident (ex. hit by a vehicle)	16. Other causes, specify
4. Tuberculosis	10. Diabetes	
5. Cancer	11. Disease of the lungs	
6. Diarrhea	12. Disease of the kidney	
	13. Drowned from flood	

(55)	(56)	(57)	(58)
How many couples are there in this household?	What are the names of the couples?	Do ___ and ___ use any family planning method?	IF YES IN (57) What type of family planning method do ___ and ___ use?
	NAMES	1. Yes 2. No 3. Don't know 4. Not applicable	(SEE CODES BELOW)
1			
2			
3			

M. INCIDENCE OF CRIME

During the past 12 months, have you or any member of the household been a victim of any of the following crimes?

Type of Crime	(67)	(68)	(69)	(70)
	1 - Yes 2 - No	How many?		
		TOTAL	MALE	FEMALE
1. Murder/Homicide				
2. Theft/Robbery				
3. Rape				
4. Physical Injury				
5. Others, specify				

(58) Family Planning Method

1. Male sterilization	6. Implants	13. Basal Body Temperature
2. Female sterilization	7. Patch	14. Symptothermal
3. Pill	8. Condom	15. Standard days method
4. IUD	9. Female condom	16. Calendar/Rhythm/Periodic Abstinence
5. Injectable	10. Diaphragm	17. Withdrawal
	11. Foam/Jelly/Cream	18. Others, specify
	12. Mucus, Billings, Ovulation	

N. WASTE MANAGEMENT

(71) What is the system of garbage disposal adopted by the household?

1. Garbage collection
2. Burning
3. Composting
4. Recycling
5. Waste segregation
6. Pit with cover
7. Pit without cover
8. Throwing of garbage in river, vacant lot, etc.
9. Others, specify

**1. Yes
2. No**

K. FOOD ADEQUACY

(59) In the last three months, did it happen even once that your household experience hunger and do not have anything to eat?

1 Yes (GO TO 60)
2 No (GO TO 62)

During the past three months, how many days did your household experience hunger and do not have anything to eat?	(60)	(61)
	NAME OF MONTH	NUMBER OF DAYS
a. First Month		
b. Second Month		
c. Third Month		

ASK QUESTIONS (72) AND (73) IF CODE "1" IN (71.1)

(72) Who collects the garbage?

1. Municipal/city garbage collector
2. Barangay garbage collector
3. Private garbage collector
4. Others, specify

(73) How often is the garbage collected?

1. Daily
2. Thrice a week
3. Twice a week
4. Once a week
5. Others, specify

O. WATER AND SANITATION

(74) What is your household's main source of drinking water?

(75) What is the main source of water for other household needs (washing, cooking, cleaning, etc.)?

- 1 Piped water into dwelling
- 2 Piped water to yard/plot
- 3 Public tap/stand pipe
- 4 Tube well or borehole
- 5 Protected dug well
- 6 Semi-protected dug well
- 7 Unprotected dug well
- 8 Protected water from spring
- 9 Unprotected water from spring
- 10 Rainwater
- 11 Tanker truck
- 12 Cart with small tank
- 13 Surface water (River, Dam, etc.)
- 14 Bottled/Mineral water
- 15 Others, specify

ASK QUESTION (76) IF THE ANSWER IN (74) IS "3", "4", "5", "6", "7", "8", "9" OR "13". IF THE ANSWER IN QUESTION (74) IS "1", "2", "10", "11", "12" OR "14", GO TO (77).

(76) How far is the source of drinking water from your house?

- 1 Within premises
- 2 Outside premises but 250 meters or less
- 3 251 meters or more
- 4 Don't know

(77) How much does your household usually pay for your water consumption per month?

(78) What type of toilet facility does the household use?

- 1 Water sealed flush to sewerage system/septic tank - own use
- 2 Water sealed flush to sewerage system/septic tank - shared with other households
- 3 Closed pit
- 4 Open pit
- 5 No toilet
- 6 Others, specify

P. HOUSING

(79) What is the tenure status of the housing unit and lot occupied by your household?

- 1 Owner, owner-like possession of house and lot
- 2 Rent house/room including lot
- 3 Own house, rent lot
- 4 Own house, rent-free lot with consent of owner
- 5 Own house, rent-free lot without consent of owner
- 6 Rent-free house and lot with consent of owner
- 7 Rent-free house and lot without consent of owner
- 8 Living in a public space with rent
- 9 Living in a public space without rent
- 10 Other tenure status, specify

ASK (80) IF THE ANSWER IN (79) IS "1", "3", "4", "5", "6", "7" OR "9". IF THE ANSWER IS "3", ASK ONLY FOR THE IMPUTED RENT FOR THE HOUSE. IF THE ANSWER IN (79) IS "2" OR "8", GO TO (81).

(80) In your own estimate, how much is the imputed rent per month for the house and/or lot?

(81) Is there an electricity in the dwelling place?

- 1 Yes **(GO TO 82)**
- 2 No **(GO TO 84)**

(82) What is the source of electricity in the dwelling place?

	1. Yes	2. No
1 Electric company		
2 Generator		
3 Solar		
4 Battery		
5 Others, specify		

(83) How much does your household usually pay for your electric consumption per month?

(84) Does your household own any of the following items?	1 - Yes	IF YES IN (84)
	2 - No	(85) How many?
1 Radio / Radio Cassette		
2 Television		
3 CD/VCD/DVD		
4 Stereo/Component		
5 Karaoke/Videoke		
6 Refrigerator / Freezer		
7 Electric Fan		
8 Electric Iron		
9 LPG Gas Stove/Range		
10 Washing Machine		
11 Microwave Oven		
12 Computer/Laptop/Netbook		
13 Internet Connection		
14 Cellphone		
15 Landline Telephone		
16 Air conditioner		
17 Sewing Machine		
18 Car, Jeep, etc		
19 Tricycle, Motorcycle etc		
20 Land (Agricultural/Residential/Commercial)		
21 Others, specify		

ANSWER BASED ON YOUR OBSERVATION OF THE CONSTRUCTION MATERIALS USED IN THE SAID PART OF THE HOUSING/DWELLING STRUCTURE.

(86) Construction materials used on the WALLS of the house

(87) Construction materials used on the ROOF of the house

- 1 Strong materials (concrete, brick, stone, wood, galvanized iron, asbestos)
- 2 Light materials (bamboo, sawali, cogon, nipa)
- 3 Salvaged/makeshift materials
- 4 Mixed but predominantly strong materials
- 5 Mixed but predominantly light materials
- 6 Mixed but predominantly salvaged materials

Q. SOURCES OF INCOME			
Q.1. ENTREPRENEURIAL ACTIVITIES		NET INCOME	
		(A)	(B)
During the past twelve months, did you or any member of your household engage as operator in any of the following entrepreneurial activities to earn income or profit?	1 - YES 2 - NO	What was the total net value of income from these activities during the past twelve months? (in pesos)	
LIVELIHOOD ACTIVITIES		(A) IN CASH	(B) IN KIND
(88) Crop farming and gardening such as growing palay, corn, roots and tubers, vegetables, fruits, nuts, ornamental plants, etc.		88A	88B
(89) Livestock and poultry raising such as raising of carabaos, cattle, hogs, horses, chicken, ducks, etc., and the production of fresh milk, eggs, etc.		89A	89B
(90) Fishing activities such as capture of fish; gathering of fry, shells, seaweeds, etc.; culturing fish, oyster, mussel, etc.		90A	90B
(91) Forestry and hunting activities such as tree planting (falcata, gmelina, rubber trees, etc.), firewood gathering, small-scale logging, charcoal making, gathering of forestry product (cogon, nipa, rattan, bamboo, resin, gum, etc.) or hunting of wild animals/birds, etc.		91A	91B
(92) Wholesale and retail trade including market vending, sidewalk vending and peddling, etc.		92A	92B
(93) Manufacturing activities such as mat weaving, tailoring, dressmaking, bagoong making, fish drying, etc.		93A	93B
(94) Community, social and personal services such as medical and dental practice, practice of trade, operation of school, restaurants and hotels, etc.		94A	94B
(95) Transportation, storage and communication service such as operation of jeepneys or taxis, storage and warehousing activities, messengerial services, etc.		95A	95B
(96) Mining and quarrying activities such as mineral extraction like salt making, gold mining, gravel, sand and stone quarrying, etc.		96A	96B
(97) Construction like repair of house, building or any structure		97A	97B
(98) Activities not elsewhere classified, including electricity, gas and water, financing, insurance, real estate and business services		98A	98B
(99) TOTAL NET INCOME FROM ENTREPRENEURIAL ACTIVITIES		(99A): Add the net income from (88A) to (98A) 99A	(99B): Add the net income from (88B) to (98B) 99B
Q.2 SALARIES AND WAGES FROM EMPLOYED MEMBERS			
100. During the past twelve months, how much was the gross salaries and wages earned by employed members of your household?		GROSS SALARY	
		(A) IN CASH	(B) IN KIND
NAME OF EMPLOYED MEMBER	1 _____		
	2 _____		
	3 _____		
	4 _____		
	5 _____		
TOTAL SALARIES AND WAGES		100A	100B
Q.3. OTHER SOURCES OF INCOME			
During the past twelve months, how much did you or any member of your household receive from the following?		INCOME	
		(A) IN CASH	(B) IN KIND
101. Net share of crops, fruits and vegetables produced or livestock and poultry raised by other households		101A	101B
102. Remittances from Overseas Filipino Workers		102A	102B
103. Other Cash receipts, gift, support, relief and other income from abroad including pensions, retirement, workmen's compensation, dividends from investments, etc.		103A	103B
104. Cash receipts, support, assistance, relief and other income from domestic sources, including assistance from government and private sources		104A	104B
105. Rentals received from non-agricultural lands, buildings, spaces and other properties		105A	105B
106. Interest from bank deposits, interest from loans extended to other families.		106A	106B
107. Pension and retirement, workmen's compensation and social security benefits		107A	107B
108. Dividends from investments		108A	108B
109. Other sources of income not elsewhere classified		109A	109B
110. TOTAL INCOME FROM OTHER SOURCES OF INCOME		110A: Add the income from (101A) to (109A)	110B: Add the income from (101B) to (109B)
111. TOTAL IMPUTED RENT FROM OWNED OR RENT-FREE HOUSE AND/OR LOT		111B: Get the monthly imputed rent from (80) and multiply by 12 months	
112. TOTAL INCOME IN CASH AND IN KIND		112A = 99A + 100A + 110A	112B = 99B + 100B + 110B + 111B
113. TOTAL HOUSEHOLD INCOME		113 = 112A + 112B	

U. CLIMATE CHANGE

U.1. AGRICULTURE

ASK QUESTIONS (133)-(136) IF CODE "1" IN (88) AND IF ENGAGED IN FARMING AND LIVING IN THE COMMUNITY FOR AT LEAST 3 YEARS

(133) Compared to 3 years ago, did your harvest ___?
 1. Decrease (GO TO 134)
 2. Increase (GO TO 135)
 3. Remain the same (GO TO 135)

(134) What is the primary reason for the decrease in harvest?
 1. Increase in cost of farm inputs such as seeds, fertilizer, pesticides, etc.
 2. Affected by drought
 3. Affected by typhoon
 4. Affected by flood
 5. Affected by pests
 6. Decrease in supply of water from the irrigation
 7. Change in primary occupation of member
 8. Others, specify

(135) During the past 3 years, did you do the following in the last planting season?
 1- Yes 2- No **(136) Why?**
(135.1) Changed the variety of the same crop
(135.2) Changed major crop

(136)
 1. The former crop is more expensive
 2. More resistant to pests and diseases
 3. The present crop does not require much water
 4. The present crop enables the member to earn more profit
 5. Availability of crops
 6. Others, specify

U.2. LIVESTOCK AND POULTRY

ASK QUESTIONS (137)-(138) IF CODE "1" IN (89) AND IF RAISING LIVESTOCK AND POULTRY AND LIVING IN THE COMMUNITY FOR AT LEAST 3 YEARS

(137) Compared to 3 years ago, did the number of your livestock and poultry ___?
 1. Decrease (GO TO 138)
 2. Increase (GO TO 139)
 3. Remain the same (GO TO 139)

(138) What is the primary reason for the decrease in number of livestock and poultry?
 1. Increase in cost of farm inputs (feeds, chicks, etc.)
 2. Stricken with diseases (swine flu, bird flu, foot and mouth disease, etc.)
 3. Decrease in land holding
 4. Affected by typhoon
 5. Affected by flood
 6. Affected by extreme hot weather condition
 7. Others, specify

U.3. FISHERY

ASK QUESTIONS (139)-(140) IF CODE "1" IN (90) AND IF ENGAGED IN FISHING AND LIVING IN THE COMMUNITY FOR AT LEAST 3 YEARS

(139) Compared to 3 years ago, did your fish catch ___?
 1. Decrease (GO TO 140)
 2. Increase (GO TO 141)
 3. Remained the same (GO TO 141)

(140) What is the primary reason for the decrease in fish catch?
 1. Decrease in fishing area due to government restrictions
 2. Decrease in fishing area due to competition
 3. Fewer fishes
 4. Occurrence of coral bleaching
 5. Fishkill
 6. Occurrence of oil spill and other kinds of pollution
 7. Less frequent fishing because of increase in fuel prices and other expenses
 8. Frequent occurrence of typhoons
 9. Others, specify

U.4. CALAMITIES

(141) During the past 12 months, which of the following calamities affected your household:	1. Yes 2. No	IF YES IN (141)		IF YES IN (143) (144) Where did it come from?
		(142) How many times did the ___ happen?	(143) Did you receive any kind of assistance? 1-Yes 2-No	
1. Typhoon				
2. Flood				
3. Drought				
4. Earthquake				
5. Volcanic eruption				
6. Landslide				
7. Tsunami				
8. Fire				
9. Forest fire				
10. Armed conflict				
11. Others, specify				

(144) Assistance from: 1. Government 2. NGO 3. Relatives 4. Others, specify

ASK QUESTIONS (145)-(154) IF LIVING IN THE COMMUNITY FOR AT LEAST 3 YEARS

U.5. TEMPERATURE
(145) Compared to 3 years ago, is the temperature hotter now in your area?
 1. Yes 2. No

U.6. ELECTRICITY
(146) Compared to 3 years ago, are brownouts more frequent now in your area?
 1. Yes 2. No

U.7. SEA LEVEL
(147) Compared to 3 years ago, does the sea level ___ in your area?
 1 Increase
 2 Decrease
 3 Remain the same
 4. Don't know

U.8. WATER

(148) Compared to 3 years ago, does the water supply ___ in your area?
 1. Decrease (GO TO 149)
 2. Increase (GO TO 150)
 3. Remain the same (GO TO 150)

(149) What is the primary reason for the decrease in water supply?
 1. Drought
 2. Broken faucet/pump
 3. Lower water level in the dam
 4. Less frequent delivery of tanker truck/peddler
 5. Increase in number of consumers
 6. Others, specify

U.9. FLOODING

(150) Compared to 3 years ago, do floods occur more often in your area now?
 1. Yes (GO TO 151)
 2. No (GO TO 151)
 3. Did not experience flood (GO TO 153)

(151) Three years ago, how long does it usually take for the flood to subside? (Specify the number of hours)

(152) During the past 12 months, how long does it usually take for the flood to subside? (Specify the number of hours)

U.10. DROUGHT

(153) Compared to 3 years ago, does drought occur more often in your area now?
 1. Yes (GO TO 154)
 2. No (GO TO 154)
 3. Did not experience drought (GO TO 155)

(154) In the past 3 years, how long did the last drought occur?
 1. < 1 month
 2. 1 month < 2 months
 3. 2 months < 3 months
 4. 3 months < 4 months
 5. 4 months < 5 months
 6. 5 months or more

U.11. EVACUATION

(155) During the past 3 years, did you move out/leave your previous dwelling unit because of any calamity?
 1. Yes
 2. No

(156) During the past 3 years, did you temporarily evacuate your house because of any calamity?
 1. Yes (GO TO 157)
 2. No (GO TO 158)

(157) Where did you stay when you temporarily evacuate?
 1. School
 2. Church
 3. Covered court/gym
 4. Relative's house
 5. Neighbor or friend's house
 6. Others, specify

U.12. DISASTER PREPAREDNESS

(158) Do you have a disaster preparedness kit?
 1. Yes (GO TO 159)
 2. No (GO TO 161)

(159) Do you have the following in your disaster preparedness kit?	1 - Yes 2 - No	(160) How many days will it last?
1. Water		
2. Food (canned goods, biscuit, bread)		
3. Matches/Lighter		
4. Flashlight/Emergency light		
5. Radio/Transistor (battery-operated)		
6. Candle		
7. Medical kit		
8. Whistle		
9. Clothes		
10. Blanket		
11. Battery (cellphone, flashlight, radio, etc.)		
12. Important documents (land title, birth certificate, etc.)		
13. Others, specify		

U.13. INSURANCE

(161) Do you have an insurance for the following?
 1-Yes 2- No **(162) Who is the insurance provider?**
161.1 House
161.2 Motorized vehicle
161.3 Appliances
(162) 1 - Government insurance 3 - Bank
 2 - Private insurance company 4 - Others, specify

S. PROGRAMS					
(163)		(164)	(165)	(166)	(167)
During the past 12 months, did you or any member of your household receive or avail of any of the following programs?		IF YES IN (163)			
		What is the name of the program?	What is the name of the member of the household who is a beneficiary/member of the program?	Who implemented this program?	Was this program helpful?
TYPE OF PROGRAM	1 - Yes 2 - No	FULL NAME OF THE PROGRAM	NAME OF THE MEMBER	(SEE CODES BELOW)	1- Yes 2- No 3- Not yet used
1. Pantawid Pamilyang Pilipino Program (4Ps) - Conditional Cash Transfer					
2. NFA rice program					
3. Comprehensive Agrarian Reform Program (CARP)					
4. Food for School					
5. Food for Work					
6. Self-Employment Assistance - Kaunlaran (SEA-K)					
7. Day Care Center Services					
8. Philhealth - OFW					
9. Philhealth - Employed					
10. Philhealth - Individually paying					
11. Philhealth - Sponsored					
12. Philhealth - Lifetime					
13. Other health insurance (Maxicare, Medicare, Intellicare, etc.)		1.			
		2.			
14. Health assistance		1.			
		2.			
15. Supplemental feeding		1.			
		2.			
16. Education / scholarship program		1.			
		2.			
17. Skills or livelihood training program		1.			
		2.			
18. Credit program		1.			
		2.			
19. Housing program		1.			
		2.			
20. Other programs, specify		1.			
		2.			
(166)	1 - National 2 - Province	3 - City/Municipality 4 - Barangay	5 - Congress/District 6 - Private Organizations/NGOs	7 - Don't know 8 - Others, specify	