



Community-Based Monitoring System Household Profile Questionnaire

CONFIDENTIALITY

This survey is authorized by the Provincial Government of _____ per SP Resolution No. _____
All information collected will be held strictly confidential.

A. IDENTIFICATION

I. Identification of Location

a. Province : _____

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b. City/Municipality : _____

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c. Barangay : _____

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d. Purok / District : _____

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II. Household Identification Number : _____

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III. Household Address : _____

IV. Name of Respondent : _____

V. Date of Interview :

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VI. Time Started :

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VII. Time Finished :

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VIII. Name of Enumerator : _____

IX. Assessment of the quality and reliability of elicited information.

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

B. DEMOGRAPHY										C. MIGRATION		
(1A)	(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? Who is the head of the household? Who are the other members of the household?	How is ___ related to the head of the household?	Is ___ male or female?	When is ___'s date of birth?		Was ___'s birth registered with the local civil registrar?	What is ___'s civil status?	What is ___'s religious affiliation?	Does ___ belong to any indigenous tribe?	IF YES IN (9) What indigenous tribe does ___ belong to?	How long has ___ been staying in the barangay?	Where was ___'s last place of residence before staying in the barangay?
				FULL NAME (SURNAME, FIRST NAME)	(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)
1		1										
2												
3												
4												
5												
6												
7												
8												
9												
10												

ARE THERE MORE THAN 10 MEMBERS IN THIS HOUSEHOLD?

1 YES, USE NEW FORM

2 NO

(3) Relation to head of the household 1 - Head 2 - Spouse 3 - Son/Daughter 4 - Son/Daughter-in-law 5 - Grandchildren 6 - Parents 7 - Other relatives, specify 8 - Housemaid/boy 9 - Others, specify	(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 - Others, specify 7 - None
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(10) Indigenous tribe 1 - Bago 2 - Ibanag 3 - Kankanaey 4 - Mangyan 5 - Ibaloi 6 - Aeta 7 - Tagbanuas	8 - Cuyonen 9 - Subanen 10 - B'laan 11 - Mandaya 12 - Manobo 13 - Teduray 14 - Bukidnon	15 - Ati 16 - Cimarón 17 - Itom 18 - Pullon 19 - Badjao 20 - Batak 21 - Palawano
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CHECK FOR THE RELEVANCE, COMPLETENESS AND ACCURACY OF THE INFORMATION ELICITED FROM THE RESPONDENT.

D. EDUCATION AND LITERACY						E. COMMUNITY & POLITICAL PARTICIPATION				F. NUTRITION	
(1B)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		(20)	(21)	(22)
N U M B E R	FOR 3 YEARS OLD & ABOVE				FOR 10 YEARS OLD & ABOVE				FOR 17 YEARS OLD & ABOVE		FOR MEMBERS 0-5 YEARS OLD
	Is __ attending school?	IF YES IN (13)		What is __'s highest educational level completed?	Can __ read and write a simple message in any language or dialect ?	Is __ a member of a community organization?	IF YES IN (18)		Is __ a registered voter in the municipality/city?	IF YES IN (20) Did __ vote in the last election?	GET THE NUTRITIONAL STATUS OF CHILDREN 0-5 YEARS OLD FROM THE BARANGAY NUTRITION SCHOLAR
		What grade or year is __ currently attending?	Is __ attending a private or public school?				What is the name of community organization?	(SEE CODES BELOW)			
1. Yes 2. No (GO TO 16)	(SEE CODES BELOW)	1 - PUBLIC 2 - PRIVATE	(SEE CODES BELOW)	1. Yes 2. No	1. Yes 2. No (GO TO 20)	NAME OF COMMUNITY ORGANIZATION	(SEE CODES BELOW)	1. Yes 2. No (GO TO 22)	1. Yes 2. No	(SEE CODES BELOW)	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

(14) Grade/Year Level and (16) Highest Educational Attainment

00 - No Grade Completed	ELEMENTARY	SECONDARY	POST SECONDARY
01 - Day Care	11 - Grade I	21 - 1st Year HS	26 - 1st Yr Post Secondary
02 - Kindergarten/ Preparatory	12 - Grade II	22 - 2nd Year HS	27 - 2nd Yr Post Secondary
	13 - Grade III	23 - 3rd Year HS	28 - 3rd Yr Post Secondary
	14 - Grade IV	24 - 4th Year HS	29 - Post Secondary Graduate (specify course)
	15 - Grade V	or higher	
	16 - Grade VI/ VII	25 - HS Graduate	
	17 - Elementary graduate		

(19) Community organization

COLLEGE

31 - 1st Year College
32 - 2nd Year College
33 - 3rd Year College
34 - 4th Year College or higher
35 - College Graduate (specify course)

POST GRADUATE

36 - Post Grad w/ units
37 - Graduate (specify PhD / Master's course)

1 - Religious
2 - Youth
3 - Cultural
4 - Political
5 - Women's
6 - Agricultural
7 - Labor
8 - Civic
9 - Cooperatives
10 - Senior citizens
11 - Others, specify

(22) Nutritional status

1 - Above normal
2 - Normal
3 - Below normal (moderate)
4 - Below normal (severe)

G. ECONOMIC ACTIVITY														
(1C)	(23)	(24)		(25)		(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	
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 last three months?	IF YES IN (23)						IF NO IN (23)					
			What was ___'s primary job, occupation or business during the past three months? <small>SPECIFY FOR EX., PALAY FARMER, FILING CLERK, FACTORY WORKER, ELEM. TEACHER, ETC.</small>		What business or industry is ___ engaged in or worked in job, occupation or business (refer to Q.24)? <small>SPECIFY FOR EX., PALAY FARM, FISH CANNING FACTORY, PUBLIC ELEM. SCHOOL, ETC.</small>		What is the nature of ___'s employ- ment?	How do you classify ___'s job or employ- ment?	Did ___ look for work/try to esta- blish business during the past three months?	IF YES IN (28) What has ___ been doing to look for work?	IF NO IN (28) Why ___ did not look for work during the past three months?		When was the last time ___ looked for work?	Had oppor- tunity for work during the last 3 months or the next month, would ___ have been available?
FIRST NAME	1. Yes (GO TO 24) 2. No (GO TO 28)	PRIMARY JOB, OCCUPATION OR BUSINESS	(SEE CODES BELOW)	INDUSTRY/ SECTOR	(SEE CODES BELOW)	(SEE CODES BELOW)	(SEE CODES BELOW)	1. Yes 2. No (GO TO 30)	(SEE CODES BELOW)	(SEE CODES BELOW)	1 - 4 to 6 mos. ago 2 - more than 6 mos. ago 3 - never	1. Yes 2. No	1. Yes 2. No	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

- (24) Job, occupation or business**
- Officials of government and special interest organization, corporate executives, managers, managing proprietors and supervisors
 - Professionals
 - Technicians and associate professionals
 - Clerks
 - Service workers and shop and market sales workers
 - Farmers, forestry workers and fisherfolk
 - Trades and related workers
 - Plant and machine operators and assemblers
 - Laborers and unskilled workers
 - Special occupations

- (25) Industry/sector**
- Agriculture, Hunting and Forestry
 - Fishing
 - Mining and Quarrying
 - Manufacturing
 - Electricity, Gas and Water Supply
 - Construction
 - Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles and Personal and Household Goods
 - Hotel and Restaurants
 - Transport, Storage and Communication
 - Financial Intermediation
 - Real Estate, Renting and Business Activities
 - Public Administration and Defense; Compulsory Social Security
 - Education
 - Health & Social Work
 - Other Community, Social and Personal Service Activities
 - Private Households with Employed Persons
 - Extra-territorial Organizations & Bodies

- (26) Nature of employment**
- Permanent job/business/unpaid family work
 - Short-term or seasonal or casual job/business
 - Worked on different jobs on day to day or week to week

- (27) Class of Worker**
- Worked for a household
 - Worked for a private establishment
 - Worked for government/government corporation
 - Self employed without employees
 - Employer in own family-operated farm or business
 - Worked with pay on own family operated farm or business
 - Worked without pay on own family operated farm or business

- (29) Job Search Method**
- Registered in public employment agency
 - Registered in private employment agency
 - Approached employer directly
 - Approached relatives / friends
 - Placed or answered private advertisements
 - Others (specify)

- (30) Reasons not looking for work**
- Believes no work is available
 - Awaiting results of previous job application
 - Temporary illness/disability
 - Bad weather
 - Waiting for rehire/job recall
 - Too young/old, retired permanently disabled
 - Housekeeping
 - Schooling
 - Other reasons (specify)

H. OTHER FAMILY MEMBERS						
(34) Do you have family members who is at present not in the household but is expected to return in the household within the next twelve months?	(35)	(36)	(37)	(38)	(39)	
	<input type="checkbox"/> 1 Yes (GO TO 35) 2 No (GO TO 40)	What is the name of the family member?	What was the age of ___ as of last birthday?	Is ___ male or female? 1 - Male 2 - Female	How is ___ related to the head of the household? (SEE CODES BELOW)	What is the reason why ___ is at present not in the household? (SEE CODES BELOW)
		1				
	2					
(38) and (42) Relation to the head of the household				(39) Reason		
2. Spouse 3. Son/daughter 4. Son-in-law/daughter-in-law				5. Grandchild 6. Parent 7. Others, specify ___ 1. Schooling 2. Working 3. Others, specify		

I. OVERSEAS FILIPINO WORKER					
(40) Was there any former household member who is an OFW?	(41)	(42)	(43)	(44)	
	<input type="checkbox"/> 1 Yes (GO TO 41) 2 No (GO TO 45)	What is the name of the OFW?	How is ___ related to the head of the household? (SEE CODES OF QUESTION 38)	In what country does ___ work abroad?	What kind of work is ___ doing abroad?
		1			
	2				

J. HOUSEHOLD MEMBERS - SOLO PARENT			
(45) Does the household have a member who is a solo parent taking care of a child/children?	(46)	(47)	
	<input type="checkbox"/> 1 Yes (GO TO 46) 2 No (GO TO 48)	What is the name of the member who is a solo parent? NAME	What is the reason why ___ is a solo parent? (SEE CODES BELOW)
		1	
	2		

(47) 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 _____

J. HOUSEHOLD MEMBERS - DISABILITY					
(48)	(49)	(50)	(51)	(52)	(53)
Does the household have any member who has any physical or mental disability? <input type="checkbox"/> 1 Yes (GO TO 49) 2 No (GO TO 54)	What is the name of member who has disability? NAME	What type of disability does ___ have? (SEE CODES BELOW)	What is the cause of ___'s disability? (SEE CODES BELOW)	What assistance did ___ receive for his/her disability? SPECIFY	From whom did ___ receive this assistance? (SEE CODES BELOW)
	1				
		2			

(50) Type of disability

- | | |
|---------------------|---------------|
| 1 Total blindness | 7 Oral defect |
| 2 Partial blindness | 8 One hand |
| 3 Low vision | 9 No hands |
| 4 Totally deaf | 10 One leg |
| 5 Partially deaf | 11 No legs |
| 6 Hard of hearing | |

- 12 Mild cerebral palsy
- 13 Severe cerebral palsy
- 14 Regularly intellectually impaired
- 15 Severely intellectually impaired

- 16 Regularly impaired by mental illness
- 17 Severely impaired by mental illness
- 18 Regularly multiple impaired
- 19 Severely multiple impaired
- 20 Others (specify)

(51) Cause of disability

1. In-born
2. Illness
3. Accident
4. Old age
5. Others,specify

(53) Assistance from

1. Government
2. NGO
3. Others (specify)

J. HOUSEHOLD MEMBERS - SENIOR CITIZENS						
(54)		(55)		(56)		
WRITE THE NAME OF THE HOUSEHOLD MEMBER WHO IS 60 YEARS OLD AND ABOVE		Does ___ have senior citizen's ID? 1. Yes 2. No		IF YES IN (55) Where was ___ able to use the senior citizens ID?		
1						
2						
J. HOUSEHOLD MEMBERS - PROFESSIONALS						
(57) Do you have any household member who passed the board or bar exam? 1 Yes (GO TO 58) 2 No (GO TO 60)		(58) What is the name of the household member who passed the board or bar exam? NAME		(59) What profession did ___ pass in the bar / board PROFESSION		
		1				
		2				
K. HEALTH			L. PREVIOUS HOUSEHOLD MEMBERS			
(60) During the past twelve months, did you or any member of the household avail of medical treatment for any illness? 1 Yes (GO TO 61) 2 No (GO TO 62) 3 Did not get sick (GO TO 62)			(66) Was there any previous household member who died in the past twelve months? 1 Yes (GO TO 67) 2 No (GO TO 71)			
(61) During the last illness of any member of the household, where did you go to avail medical treatment? 1 Public hospital (Provincial hospital) 2 Public hospital (Municipal/City hospital) 3 Public hospital (District hospital) 4 Public hospital (National) 5 Private Hospital/Clinic 6 Rural Health Units 7 Brgy. Health Station/Center 8 Non-medical/non-trained Hilot/Personnel 9 Others, specify			IF YES IN (66)			
			(67)	(68)	(69)	(70)
			What is the name of the person who died?	Is ___ male or female?	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			
(62)		(63)	(64)	(65)		
How many married couples are there in the household?		What are the names of the married couples?	Do ___ and ___ use any family planning method?	IF YES IN (64) What type of family planning method do ___ and ___ use?		
		NAMES	1. Yes 2. No 3. Don't Know	(SEE CODES BELOW)		
1						
2						
(65) Family Planning Method						
1. Basal body temperature (BBT)		7. IUD				
2. Billings ovulation method		8. Pills				
3. Standard days method		9. Injectable				
4. Symptothermal method		10. Vasectomy				
5. Lactational Amenorrhea Method (LAM)		11. Tubal ligation				
6. Barrier method (condom, diaphragm)		12. Don't know				
		13. Others, specify ___				
M. INCIDENCE OF CRIME						
During the past twelve months, have you or any member of the household been a victim of any of the following crimes?						
Type of Crime		(71)	(72)	(73)	(74)	
		1 - Yes 2 - No	How many members?			
		TOTAL	MALE	FEMALE		
1. Murder/Homicide						
2. Theft/Robbery						
3. Rape						
4. Physical Injury						
5. Others, specify						

P. SOURCES OF INCOME			
P.1. ENTREPRENEURIAL ACTIVITIES		NET INCOME	
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)	
		(A) IN CASH	(B) IN KIND
(86) Crop farming and gardening such as growing palay, corn, roots and tubers, vegetables, fruits, nuts, ornamental plants, etc.		86A	86B
(87) Livestock and poultry raising such as raising of carabaos, cattle, hogs, horses, chicken, ducks, etc., and the production of fresh milk, eggs, etc.		87A	87B
(88) Fishing activities such as capture of fish; gathering of fry, shells, seaweeds, etc.; culturing fish, oyster, mussel, etc.		88A	88B
(89) 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.		89A	89B
(90) Wholesale and retail trade including market vending, sidewalk vending and peddling, etc.		90A	90B
(91) Manufacturing activities such as mat weaving, tailoring, dressmaking, bagoong making, fish drying, etc.		91A	91B
(92) Community, social and personal services such as medical and dental practice, practice of trade, operation of school, restaurants and hotels, etc.		92A	92B
(93) Transportation, storage and communication service such as operation of jeepneys or taxis, storage and warehousing activities, messengerial services, etc.		93A	93B
(94) Mining and quarrying activities such as mineral extraction like salt making, gold mining, gravel, sand and stone quarrying, etc.		94A	94B
(95) Construction like repair of house, building or any structure		95A	95B
(96) Activities not elsewhere classified, including electricity, gas and water, financing, insurance, real estate and business services		96A	96B
(97) TOTAL NET INCOME FROM ENTREPRENEURIAL ACTIVITIES		97A: Add the net income from (86A) to (96A)	97B: Add the net income from (86B) to (96B)
		97A	97B

P. SOURCES OF INCOME		
P.2 SALARIES AND WAGES FROM EMPLOYED MEMBERS		
(98) During the past twelve months, how much was the gross salaries and wages earned of employed members of your household?	GROSS SALARY	
	(A) IN CASH	(B) IN KIND
NAME OF EMPLOYED MEMBER		
1 _____		
2 _____		
3 _____		
4 _____		
TOTAL SALARIES AND WAGES	98A	98B
P.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
(99) Net share of crops, fruits and vegetables produced or livestock and poultry raised by other households	99A	99B
(100) Remittances from Overseas Filipino Workers	100A	100B
(101) Other Cash receipts, gift, support, relief and other income from abroad including pensions, retirement, workmen's compensation, dividends from investments, etc.	101A	101B
(102) Cash receipts, support, assistance, relief and other income from domestic sources, including assistance from government and private sources	102A	102B
(103) Rentals received from non-agricultural lands, buildings, spaces and other properties	103A	103B
(104) Interest from bank deposits, interest from loans extended to other families.	104A	104B
(105) Pension and retirement, workmen's compensation and social security benefits	105A	105B
(106) Dividends from investments	106A	106B
(107) Other sources of income not elsewhere classified	107A	107B
(108) TOTAL INCOME FROM OTHER SOURCES OF INCOME	108A: Add the income from (99A) to (107A)	108B: Add the income from (99B) to (107B)
	108A	108B
(109) TOTAL IMPUTED RENT FROM OWNED OR RENT-FREE HOUSE AND/OR LOT	109B: Get the monthly imputed rent from (79) and multiply by 12 months →	109B
(110) TOTAL INCOME IN CASH AND IN KIND	110A= (97A) + (98A) + (108A)	110B = (97B) + (98B) + (108B) + (109B)
	110A	110B
(111) TOTAL HOUSEHOLD INCOME	111= (110A) + (110B) →	111

Q. AGRICULTURE

INSTRUCTIONS:

IF CODE "1" IN (86), ASK QUESTIONS (112) TO (117)

IF CODE "2" IN (86), GO TO (118)

(112) What is the tenure status of the agricultural land being tilled by the household?

- 1 Own or owner-like possession
- 2 Rent
- 3 Not owned but with consent of owner
- 4 Not owned and without consent of owner
- 5 Others, specify _____

(113) What is the area of the agricultural land?

- 1 Less than 1 hectare
- 2 1 - 3 hectares
- 3 3.1 - 5 hectares
- 4 More than 5 hectares

(114) **(115)**

During the past twelve months, what type of crop or fruit-bearing trees did your household harvest? During the past twelve months, how much did you harvest?

1 Palay	
2 Corn	
3 Oil palm	
4 Other crops, specify ____	
5	
6	

(116) **(117)**

Do you or any member of the household use any of the following agricultural equipments/facilities? Does the household own the equipment?

	1-Yes	2-No	1-Yes	2-No
1 Beast of burden				
2 Plow				
3 Harrow				
4 Mower				
5 Thresher/Corn sheller				
6 Insecticide/Pesti-cide				
7 Farm tractor				
8 Hand tractor				
9 Turtle/Mudboat				
10 Planter/Transplan-ter/ Dryer				
11 Mechanical dryer				
12 Multipurpose drying pavement				
13 Rice mill/corn mill/ feed mill				
14 Harvester, any crop				
15 Warehouse granary				
16 Farmshed				
17 Irrigation pump				
18 Others, specify				

R. LIVESTOCK RAISING

INSTRUCTIONS:

IF CODE "1" IN (87), ASK QUESTIONS (118) AND (119)

IF CODE "2" IN (87), GO TO (120)

(118) For the past twelve months, what were the livestock or poultry that your household raised to earn income? 1 - Yes 2 - No How many?

- 1 Hog for fattening
- 2 Sow
- 3 Goat
- 4 Carabao
- 5 Cow
- 6 Chicken
- 7 Chicken for egg laying
- 8 Duck
- 9 Other livestock/poultry specify

(119) For the past 12 months, what was the usual volume of production of livestock or poultry raised by your household?

	Type	Volume
1 Live animals (number of heads)		
2 Meat (weight - in kilograms)		
3 Milk (in liters)		
4 Eggs (number)		
5 Others, specify ____		

S. FISHING

INSTRUCTIONS:

IF CODE "1" IN (88), ASK QUESTIONS (120) TO (128)

IF CODE "2" IN (88), GO TO (129)

(120) Where does your household do fishing? **1-Yes** **2-No**

- 1 Fishpond **(IF YES GO TO 121)**
- 2 Fishcage **(IF YES GO TO 122)**
- 3 Sea
- 4 Marsh
- 5 Lake **(IF YES GO TO 124)**
- 6 River
- 7 Stream/Creek
- 8 Others, specify ____

(121) What is the area of your fishpond?

- 1 Less than 1 hectare
- 2 1 - 3 hectares
- 3 3.1 - 5 hectares
- 4 More than 5 hectares

(122) How many fishcages does your household have?

(123) What is the area of your fishcage? **(SQ. M.)**

1 Fishcage 1	
2 Fishcage 2	
3 Fishcage 3	
4 Fishcage 4	

S. FISHING	
(124)	(125)
For the past twelve months, what were the fishes or aquatic animals cultured or caught by your household?	How much was the volume of fish harvested/caught in the past twelve months? (in kilograms)
1 Tilapia	
2 Milkfish	
3 Catfish	
4 Mudfish	
5 Carp	
6 Others, specify _____	
7	
8	
9	
10	

(126) Do you have a fishing boat?

1 Yes, motorized
2 Yes, non-motorized
3 No

(127)	(128)	
Do you or any member of the household use any of the following equipment for fishing?	Does the household own the equipment?	
	1-Yes	2-No
1 Fish net		
2 Electricity		
3 Bagnets		
4 Gillnets		
5 Traps		
6 Hooks and line		
7 Sift net		
8 Others, specify		

T. WASTE MANAGEMENT

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

1 Garbage collection
2 Burning
3 Composting
4 Recycling
5 Waste segregation
6 Compost pit with cover
7 Compost pit without cover
8 Others, specify

1. Yes
2. No

ASK QUESTIONS (130) AND (131) IF THE ANSWER TO (129.1) IS YES (CODE 1). IF THE ANSWER TO (129.1) IS NO (CODE 2), GO TO 132.

(130) Who collects the garbage?

1 Municipal/city garbage collector
2 Barangay garbage collector
3 Private garbage collector

(131) How often is the garbage collected?

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

U. NATURAL CALAMITIES

(132) During the past twelve months, was your household severely affected by natural or manmade disasters such as typhoon, flood or fire?

1 Yes **(GO TO 133)**
2 No **(GO TO 134)**

(133) What was the natural or manmade disaster that affected your household?

1 Typhoon
2 Flood
3 Drought
4 Earthquake
5 Volcanic eruption
6 Armed conflict
7 Fire
8 Others, (specify)

1. Yes
2. No

V. FOOD ADEQUACY

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

1 Yes **(GO TO 135)**
2 No **(GO TO 137)**

IF YES IN (134)

During the past 3 months, how many days did your household experience hunger and not having anything to eat?	(135)	(136)
	NAME OF MONTH	NUMBER OF DAYS
a. First Month		
b. Second Month		
c. Third Month		

W. ACCESS TO PROGRAMS					
(137) Did you or any member of your household a recipient of the Comprehensive Agrarian Reform Program? <input type="checkbox"/>				IF YES IN (137)	
				(138) When did you become a recipient of the program?	
1 Yes (GO TO 138) 2 No (GO TO 139)				Month	Day
				Year	
(139)		(140)	(141)	(142)	(143)
During the past twelve months, did you or any member of your household receive or avail of any of the following programs?		IF YES IN (139)			
		What was the name of this program?	Who implemented this program?	How did this program affect your household?	How do you classify the effect of this program in your household?
TYPE OF PROGRAM	1 - YES 2 - NO	FULL NAME OF PROGRAM	(SEE CODES BELOW)	EFFECT OF THE PROGRAM	1 - Positive effect 2 - No effect 3 - Negative effect
1. Philhealth for Indigents					
2. Health assistance program (Ex. free eye checkup, dental services, etc.)		1.			
		2.			
3. Supplemental feeding program		1.			
		2.			
4. Education / scholarship program		1.			
		2.			
5. Skills or livelihood training program		1.			
		2.			
6. Housing program		1.			
		2.			
7. Credit program		1.			
		2.			
8. Other types of program, specify		1.			
		2.			

(141) 1-national 2-province 3-city/municipality 4-barangay 5-private organizations / NGOs
6 - don't know