



COMMUNITY-BASED MONITORING SYSTEM

Household Profile Questionnaire

A. IDENTIFICATION

I. Location

- a.1 Region:
- a.2 Province:
- b. City/Municipality:
- c. Zone:
- d. Barangay:
- e. Purok/Sitio:
- f. Street:
- g. House/Building Number:
- h. Unit Number:

III. Coordinates

A.1 Latitude:

A.2 Longitude:

IV. Name of Household Head:

V. Name of Respondent:

VI. Start Date of Interview:

VII. Time Started:

VIII. End Date of Interview:

IX. Time Ended:

X. Name of Enumerator:

XI. Name of Field Editor:

XII. Date of Field-editing:

II. Household Control Number (HCN):

B. HOUSING AND HOUSEHOLD CHARACTERISTICS

(1) In what type of building does the household reside?

1 Single house 2 Duplex	3 Multi-unit residential (three units or more such as apartment, accessoria, condominium, etc.) 4 Commercial/ industrial/ agricultural building/house (e.g. office, factory, or others)	5 Institutional living quarters (e.g. dormitories, lodging houses and others) 6 Other housing unit (e.g. boat, cave, trailers, barges, carts, and others)
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(2) How many bedrooms does this housing unit have?

(3) How many storeys does this housing unit have?

<p>(4) What type of construction materials are the roofs made of? <input style="width: 40px; height: 20px;" type="text"/></p> <ul style="list-style-type: none"> 1 Strong materials (e.g. galvanized iron, aluminum, tile, concrete, brick, stone, asbestos) 2 Light materials (e.g. cogon, nipa, anahaw) 3 Salvaged/makeshift materials (e.g. tarpaulin, tent) 4 Mixed but predominantly strong materials 5 Mixed but predominantly light materials 6 Mixed but predominantly salvaged materials 	<p>(5) What type of construction materials are the outer walls made of? <input style="width: 40px; height: 20px;" type="text"/></p> <ul style="list-style-type: none"> 1 Strong materials (e.g. aluminum, tile, concrete, brick, stone, wood, plywood, asbestos) 2 Light materials (e.g. bamboo, sawali, cogon, nipa, anahaw) 3 Salvaged/makeshift materials 4 Mixed but predominantly strong materials 5 Mixed but predominantly light materials 6 Mixed but predominantly salvaged materials
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(6) What type of construction materials are the floors made of?

<ul style="list-style-type: none"> 1 Marble 2 Ceramic tiles 3 Cement 4 Vinyl, linoleum 	<ul style="list-style-type: none"> 5 Parquet, polished wood 6 Palm/Bamboo 7 Wood planks 8 Natural floor (earth, sand, dung)
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(7) How many nuclear families are there in the household?

(8) How many members are there in the household, including OFWs?

C. DEMOGRAPHY													
N U M B E R	(9)	(10)	(11)	(12)	(13)		(14)	(15)	(16)	(17)	(18)	(19)	(20)
	Who is the head of the household?	What is ___'s relationship to the head of the household?	In which nuclear family does ___ belong?	Is ___ male or female?	When is ___'s date of birth?		Was ___'s birth registered with the civil registry office?	FOR 10 YEARS OLD AND ABOVE	What is ___'s ethnicity by blood?	What is ___'s religious affiliation?	FOR 10 YEARS OLD AND ABOVE		FOR 3 YEARS OLD AND ABOVE
								What is ___'s marital (civil) status?			Is ___ an overseas worker?	Where is ___'s country of destination?	Where was ___ residing 3 years ago?
	SURNAME	(SEE CODES BELOW)	1. Male 2. Female	MM/ DD/ YYYY	A G E	1. Yes 2. No	(SEE CODES BELOW)		ETHNICITY	RELIGIOUS AFFILIATION	1. Yes (GO TO (19)) 2. No	COUNTRY OF DESTINATION	1. Same address now 2. Other address, specify
FIRST NAME													
MIDDLE NAME													
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

(10) Relation to head of the household
 1 Head
 2 Spouse
 3 Son/Daughter
 4 Son-in-law/Daughter-in-law
 5 Grandson/Granddaughter
 6 Father/Mother
 7 Other relatives, specify
 8 Housemaid/boy
 9 Step-son/Step-daughter
 10 Others, specify

(15) Marital (Civil) Status
 1 Single
 2 Married
 3 Widowed
 4 Divorced/Separated
 5 Common-law/Live-in
 6 Unknown

N U M B E R	D. EDUCATION AND LITERACY										E. POLITICAL PARTICIPATION			
	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	
	FOR 3 YEARS OLD AND ABOVE							FOR 10-64 YEARS OLD ONLY			FOR 5 YEARS OLD AND ABOVE		FOR 15 YEARS OLD AND ABOVE	
Is ____ currently attending school?	IF YES IN (21)		IF NO IN (21)		What is the highest educational attainment completed by ____?	If senior high school graduate, what is ____'s track/strand?	If at least college graduate, what is ____'s college course?	Is ____ currently attending any skills training?	Have ____ attended any skills training in the past?	IF YES IN (28) OR (29)	IF NOT AT LEAST HIGH SCHOOL GRADUATE	Can ____ read and write a simple message in any language or dialect?	Is ____ a registered voter?	IF YES IN (32)
	What grade or year is ____ currently attending?	Where does ____ attend school?	FOR 3-24 YEARS OLD	Why is ____ not attending school?						How many skills training have ____ attended including the current one?				
1. Yes 2. No (GO TO (24))	(SEE CODES BELOW)	1. Public 2. Private	(SEE CODES BELOW)	(SEE CODES BELOW)	(SEE CODES BELOW)	COURSE	1. Yes 2. No	1. Yes 2. No (GO TO (31))	NUMBER TRAINING PROGRAM	1. Yes 2. No	1. Yes 2. No (GO TO (34))	1. Yes 2. No 3. Don't know		
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
<p>(22) Grade level</p> <p>00 No Grade 01 Day Care 02 Kindergarten/ GRADE SCHOOL 11 Grade I 12 Grade II 13 Grade III 14 Grade IV 15 Grade V 16 Grade VI</p> <p>JUNIOR HIGH SCHOOL 17 Grade 7 18 Grade 8 19 Grade 9 20 Grade 10 SENIOR HIGH SCHOOL 21 Grade 11 22 Grade 12</p> <p>POST SECONDARY 23 1st Year PS/N-T/TV 24 2nd Year PS/N-T/TV COLLEGE 31 1st Year College 32 2nd Year College 33 3rd Year College 34 4th Year College or higher</p> <p>51 ALS Elementary 52 ALS Secondary 53 SPED Elementary 54 SPED Secondary</p> <p>MASTERS/PHD 41 Post Grad w/ units</p> <p>(24) Reason for not attending school</p> <p>1 Schools are very far 2 No school within the brgy 3 No regular transportation 4 High cost of education/ Financial concern 5 Illness/Disability 6 Housekeeping/Taking care of siblings 7 Marriage/Cohabitation 8 Employment/looking for work 9 Lack of personal interest</p> <p>10 Cannot cope with school work 11 Finished schooling 12 Problem with school record 13 Problem with birth certificate 14 Too young to go to school 15 Got pregnant 16 Others, specify</p> <p>(25) Highest educational attainment</p> <p>00 No Grade 01 Day Care 02 Kindergarten/ Preparatory GRADE SCHOOL 11 Grade I 12 Grade II 13 Grade III 14 Grade IV 15 Grade V 16 Grade VI 100 Elementary graduate</p> <p>JUNIOR HIGH SCHOOL 17 Grade 7 18 Grade 8 19 Grade 9 20 Grade 10 SENIOR HIGH SCHOOL 21 Grade 11 22 Grade 12 200 High school graduate (Old curriculum) 201 Senior High school graduate (K-12 curriculum)</p> <p>POST SECONDARY 23 1st Year PS/N-T/TV 24 2nd Year PS/N-T/TV 210 Post secondary graduate, specify course COLLEGE 31 1st Year College 32 2nd Year College 33 3rd Year College 34 4th Year College or higher 300 College graduate, specify course</p> <p>51 ALS Elementary 52 ALS Secondary 53 SPED Elementary 54 SPED Secondary 500 SPED Graduate</p> <p>MASTERS/PHD 41 Post Grad w/ units 400 Masters/PhD graduate, specify course</p> <p>(26) Track/Course</p> <p>1 Accountancy, Business, and Management 2 Science, Technology, Engineering, and Mathematics 3 Humanities and Social Sciences 4 General Academic 5 Home Economics</p> <p>6 Agri-Fishery 7 Industrial Arts 8 Information and Communications Technology or ICT 9 Sports 10 Arts and Design</p>														

F. ECONOMIC ACTIVITY											
TO BE ASKED TO ALL MEMBERS INCLUDING OFWs											TO BE ASKED TO NON-OFW MEMBERS ONLY
(34)	(35)	(36)	(37)		(38)		(39)	(40)	(41)	(42)	
IF YES IN (34) OR YES IN (35)											FOR 15 YEARS OLD AND ABOVE
N U M B E R	Did ___ do any work for at least 1 hour during the past week?	Although ___ did not work, did ___ have a job or business during the past week?	How many work, jobs or businesses does ___ have?	What was ___'s primary occupation during the past week? (SPECIFY OCCUPATION, E.G. ELEMENTARY TEACHER, RICE FARMER, ETC.)		In what kind of industry did ___ work during the past week? (SPECIFY INDUSTRY, E.G. PRIMARY/ELEMENTARY EDUCATION, GROWING PADDY RICE, ETC.)		What is ___'s nature of employment?	What was ___'s normal working hours per day during the past week?	What was ___'s total number of hours worked during the past week?	Did ___ want more hours of work during the past week?
	1. Yes (GO TO (36)) 2. No	1. Yes 2. No (GO TO (45))		PRIMARY JOB, OCCUPATION, OR BUSINESS	CODE	BUSINESS/INDUSTRY	CODE	(SEE CODES BELOW)	NUMBER OF HOURS	TOTAL NUMBER OF HOURS	1. Yes 2. No
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

(39) Nature of Employment

1 Permanent job/business/unpaid family work
 2 Short-term or seasonal or casual job/business/unpaid family work
 3 Worked for different employers or customers on day-to-day or week-to-week basis

N U M B E R	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)	(53)		(54)	(55)	(56)	(57)	(58)			
	FOR 15 YEARS OLD AND ABOVE											FOR 5 YEARS OLD AND ABOVE		FOR 18 YEARS OLD AND ABOVE			IF YES IN (56)	IF NO IN (56)		
	IF YES IN (34) OR YES IN (35)		IF NO IN (34) AND NO IN (35)											In the past 12 months, how much total salary/wages did _____ receive?		Is _____ a member of SSS?	Is _____ a member of GSIS?	Is _____ a member of PhilHealth?	What is _____'s PhilHealth membership type?	Is _____ a dependent of a PhilHealth member?
	Did _____ look for additional work during the past week?	What is _____'s class of worker?	Did _____ look for work or try to establish business during the past week?	Was this _____'s first time to look for work or try to establish a business?	IF YES IN (45)	IF NO IN (45)	When was the last time _____ looked for work?	Had opportunity for work existed last week or within two weeks, would _____ been available?	Was _____ willing to take up work during the past week or within 2 weeks?	(A) CASH	(B) IN KIND	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	(SEE CODES BELOW)					
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
	(44) Class of worker 1 Working for private household 2 Working for private business/establishment/farm 3 Working for government/government corporation 4 Self-employed with no paid employee 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			(47) Job search method 1 Registered in public employment agency 2 Registered in private employment agency 3 Approached employer directly 4 Approached relatives or friends 5 Placed or answered advertisements 6 Searched and applied online 7 Others, specify				(49) Reason for not looking for work 1 Tired/Believes no work is available 2 Awaiting results of previous job application 3 Temporary illness/ disability 4 Bad weather 5 Waiting for rehire/ 6 Too young/old or retired/permanent disability 7 Household, family duties 8 Schooling 9 Others, specify				(50) Last time looked for work 1 Within last month 2 One to six months 3 More than six months 4 Never		(58) PhilHealth Membership Type 1 PhilHealth - OFW 2 PhilHealth - Employed 3 PhilHealth - Individually-paying 4 PhilHealth - Sponsored 5 PhilHealth - Lifetime 6 PhilHealth - Senior Citizen 7 PhilHealth - Indigent						

N U M B E R	G. OTHER CHARACTERISTICS OF HOUSEHOLD MEMBERS							H. CRIME			I. HEALTH AND NUTRITION			
	(59)	(60)	(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)	(71)	(72)
	IF CODE 2 IN (12)	Is ___ a solo parent taking care of a child/ children?	IF YES IN (60) Does ___ have a Solo Parent ID?	Does ___ have any physical or mental disability?	IF YES IN (62) What type of disability does ___ have? Does ___ have a PWD ID?		FOR 60 YEARS OLD AND ABOVE Does ___ have a Senior Citizen's ID?	Has ___ been a victim of crime in the past 12 months?	IF YES IN (66) What crime/s was/were ___ a victim of? Where did the crime happen?		What is ___'s blood type?	IF '1', '2', '3' OR '4' IN (69) What is the Rhesus (Rh) factor of ___'s blood type?	FOR 5 YEARS OLD AND BELOW NUTRITIONAL STATUS OF CHILDREN 0-5 YEARS OLD DATE OF RECORD OF BARANGAY NUTRITION SCHOLARS	
1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No (GO TO (65))	(SEE CODES BELOW)	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No (GO TO (69))	(SEE CODES BELOW)	(SEE CODES BELOW)	(SEE CODES BELOW)	(SEE CODES BELOW)	TO BE FILLED BY FIELD COORDINATOR (SEE CODES BELOW)		
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
(63) Type of Disability 1 Mental/Intellectual 2 Hearing Disability 3 Psychosocial Disability 4 Visual Disability 5 Speech Impairment 6 Disability due to Chronic illness 7 Orthopedic (Musculoskeletal) Disability 8 Multiple Disabilities, specify ____ 9 Learning Disability				(67) Crime 1 Theft 2 Robbery 3 Rape 4 Physical injury 5 Carnapping 6 Cattle rustling 7 Others, specify			(68) Location of Crime 1 Within the barangay 2 Outside the barangay but within municipality/city 3 Outside the municipality/city but within province 4 Outside the province		(69) Blood type 1 O 2 A 3 B 4 AB 5 Don't Know		(70) Rh Factor 1 Positive 2 Negative 3 Don't Know		(71) Nutritional Status 1 Overweight 2 Normal 3 Underweight 4 Severely underweight	

I. HEALTH AND NUTRITION

(73) During the past 12 months, did you or any member of the household avail of medical treatment for any illness?
 1 Yes **(GO TO 74)**
 2 No
 3 Did not get sick

(74) During the last illness of any member of the household, where did you go to avail medical treatment?

1 Public hospital (National)	6 Rural health units
2 Public hospital (Provincial)	7 Barangay Health Station
3 Public hospital (Municipal/City)	8 Non-medical/non-trained
4 Public hospital (District)	Hilot/Personnel
5 Private hospital/clinic	9 Others, specify _____

(80) What is the household's main source of cooking fuel?

1 Electricity	5 Kerosene	7 Animal dung
2 LPG	6 Agricultural crops	8 Straws/Shrubs/Grass
3 Charcoal/Coal	residues (e.g. coconut midribs,	9 Others, specify
4 Wood	coconut shells, coconut/corn husks, rice hulls, etc.)	

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

1 Yes (GO TO 82)	
2 No (GO TO 83)	

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

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

J. WATER AND SANITATION

(75) What is your household's main source of water supply?

- Own use faucet, community water system (e.g. *Maynilad*)
- Shared faucet, community water system
- Own use tubed/piped deep well
- Shared tubed/piped deep well
- Tubed/piped shallow well (e.g. *Poso*, Artesian well, etc.)
- Dug well (e.g. *balon*)
- Protected spring
- Unprotected spring
- Lake, river, rain, and others
- Peddler
- Bottled water (purified, distilled, mineral)

(83) Do you own any of the following?

1. Yes (GO TO 84)	(84) How many were purchased in the past 3 years?	(85) Does any member of the household have access to internet? <input type="checkbox"/>
2. No (GO TO 85)		1. Yes
		2. No

(86) Do you have insurance for the following?

1 Land (Agricultural, in parcels)		(87) Who is the insurance provider? 1 - Government insurance 2 - Private insurance company 3 - Bank 4 - Others, specify _____
2 Land (Residential, in parcels)		
3 Land (Commercial, in parcels)		
4 Car, jeep, van		1. House
5 Tricycle, motorcycle, e-bike		2. Motor vehicle
6 Bicycle		3. Appliances

ASK (76) IF ANSWER IN (75) IS '2', '3', '4', '5', '6', '7', '8', OR '9'. IF THE ANSWER IN (75) IS '1', '10' OR '11', GO TO (77).

(76) How far is this water source from your house? IN METERS

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

1. Yes
2. No

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

- Water-sealed, sewer septic tank, used exclusively by household
- Water-sealed, sewer septic tank, shared with other households
- Water-sealed, other depository, used exclusively by household
- Water-sealed, other depository, shared with other households
- Closed pit
- Open pit
- Pail system
- None (bodies of water, backyard, public spaces)

L. WASTE MANAGEMENT

(89) Who collects the garbage?

- Municipal/city collector
- Barangay collector
- Private collector
- Others, specify _____

(90) How often is the garbage collected?

- Daily
- Thrice a week
- Twice a week
- Once a week
- Others, specify _____

K. HOUSING

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

- Own or owner-like possession of house and lot
- Rent house/room including lot
- Own house, rent lot
- Own house, rent-free lot with consent of owner
- Own house, rent-free lot without consent of owner
- Rent-free house and lot with consent of owner
- Rent-free house and lot without consent of owner
- Living in a public space with rent
- Living in a public space without rent

ASK (79) IF ANSWER IN (78) 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 (78) IS '2' OR '8,' GO TO (80).

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

ASK QUESTIONS (89) AND (90) IF CODE 1 IN (88.1)

(89) Who collects the garbage?

- Municipal/city collector
- Barangay collector
- Private collector
- Others, specify _____

(90) How often is the garbage collected?

- Daily
- Thrice a week
- Twice a week
- Once a week
- Others, specify _____

M. SOURCES OF INCOME			
M.1. ENTREPRENEURIAL ACTIVITIES/SUSTENANCE ACTIVITIES		NET INCOME	
		(A)	(B)
During the past 12 months, did you or any member of your household operate in any of the following entrepreneurial activities?		What was the total net value of income from these activities during the past 12 months? (in pesos)	
	1 - Yes 2 - No	(A) IN CASH	(B) IN KIND
(91)	CROP FARMING AND GARDENING such as growing of palay, corn, roots and tubers, vegetables, fruits, nuts, orchids, ornamental plants, etc.	91A	91B
(92)	LIVESTOCK AND POULTRY RAISING such as raising of carabaos, cattle, hogs, horses, chicken, ducks, etc., and the production of fresh milk, eggs, etc.	92A	92B
(93)	FISHING such as capturing fish (with a boat of three tons or less); gathering of fry, shells, seaweeds, etc.; and culturing fish, oysters, mussel, etc.	93A	93B
(94)	FORESTRY AND HUNTING such as tree planting (ipil-ipil), firewood gathering, small-scale logging (excluding concessionnaires), charcoal making, forestry product gathering (cogon, nipa, rattan, bamboo, resin, gum, etc.) or wild animals/birds hunting	94A	94B
(95)	WHOLESALE AND RETAIL including market vending, sidewalk vending, and peddling	95A	95B
(96)	MANUFACTURING such as mat weaving, tailoring, dressmaking, bagoong making, fish drying, etc.	96A	96B
(97)	COMMUNITY, SOCIAL, RECREATIONAL, AND PERSONAL SERVICES such as medical and dental practice, practice of trade, operation of schools, restaurants and hotels, etc.	97A	97B
(98)	TRANSPORTATION, STORAGE AND COMMUNICATION SERVICES such as jeepney or taxi operations, storage and warehousing activities, messengerial services, etc.	98A	98B
(99)	MINING AND QUARRYING such as mineral extraction like salt making, gold mining, gravel, sand and stone quarrying, etc.	99A	99B
(100)	CONSTRUCTION like repair of a house, building, or any structure	100A	100B
(101)	ACTIVITIES NOT ELSEWHERE CLASSIFIED including electricity, gas and water; financial, insurance, real estate, and business services	101A	101B
(102) TOTAL NET INCOME FROM ENTREPRENEURIAL ACTIVITIES		(102A): Add the net income from (91A) to (101A)	(102B): Add the net income from (91B) to (101B)
		102A	102B
M.2 SALARIES AND WAGES FROM EMPLOYED MEMBERS			
(103) TOTAL SALARIES AND WAGES		(103A): Add all salaries/wages of all members in cash in Question (53)A	(103B): Add all salaries/wages of all members in kind in Question (53)B
		103A	103B
M.3. OTHER SOURCES OF INCOME			
During the past 12 months, how much did you or any member of your household receive from the following?		GROSS INCOME	
		(A) IN CASH	(B) IN KIND
(104)	Remittances from Overseas Filipino Workers	104A	104B
(105)	Cash receipts, gifts, support, relief, and other forms of assistance from abroad	105A	105B
(106)	Cash receipts, support, assistance, and relief from domestic sources	106A	106B
(107)	Pension and retirement, workmen's compensation, and social security benefits	107A	107B
(108)	Net share of crops, fruits, and vegetables produced, aquaculture products harvested or livestock and poultry raised by other households	108A	108B
(109)	Rentals received from non-agricultural lands, buildings, spaces, and other properties	109A	109B
(110)	Interest from bank deposits, interest from loans extended to other families.	110A	110B
(111)	Dividends from investments	111A	111B
(112)	Other sources of income not elsewhere classified	112A	112B
(113) TOTAL INCOME FROM OTHER SOURCES OF INCOME		(113A): Add income from (104A) to (112A)	(113B): Add income from (104B) to (112B)
(114) TOTAL IMPUTED RENT FROM OWNED OR RENT-FREE HOUSE AND/OR LOT		114B: Get the monthly imputed rent from (79) and multiply by 12	
(115) TOTAL INCOME IN CASH AND IN KIND		(115A) = 102A + 103A + 113A	(115B) = 102B + 103B + 113B + 114B
(116) TOTAL HOUSEHOLD INCOME		116 = (115A) + (115B)	

N. AGRICULTURE-FARMING
ASK QUESTIONS (117)-(122) IF CODE '1' IN (91). IF CODE '2' IN (91), GO TO (123).

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

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

(118) What is the area of the agricultural land?
(in hectares)

(119)	(120)
During the past 12 months, what temporary and permanent crops did your household harvest?	During the past 12 months, how much did you harvest? (in kilograms)
1	
2	
3	
4	
5	

(121)	Number	(122)
How many of each of the following agricultural equipment/facilities does the household use?		How many agricultural equipment/facilities does the household own?
		Number

1 Beast of burden (e.g. carabao)		
2 Plow		
3 Harrow		
4 Mower		
5 Thresher/Corn sheller		
6 Insecticide/Pesticide sprayer		
7 Farm tractor		
8 Hand tractor		
9 Turtle/Mudboat		
10 Planter/Transplanter/Dryer		
11 Mechanical dryer		
12 Multipurpose drying pavement		
13 Rice/corn/feed mill		
14 Harvester, any crop		
15 Warehouse granary		
16 Farmshed		
17 Irrigation pump		
18 Others, specify		

O. AGRICULTURE-LIVESTOCK AND/OR POULTRY RAISING
ASK QUESTIONS (123)-(124) IF CODE '1' IN (92). IF CODE '2' IN (92), GO TO (125).

(123)	(124)	
For the past 12 months, what types of livestock and/or poultry animals were raised and provided the following products?	a) Volume of production sold	b) Volume of production consumed
	Type of livestock/poultry	
	Number	

(SEE CODES BELOW)	Number
1 Live animals (number of heads)	
2 Meat (weight in kilograms)	
3 Milk (in liters)	
4 Eggs (number)	
5 Others, specify	

(123) 1-Hog/Swine 2-Goat 3-Carabao 4-Cattle 5-Chicken 6-Duck 7-Others, specify

P. AGRICULTURE-FISHING
ASK QUESTIONS (125)-(133) IF CODE '1' IN (93). IF CODE '2' IN (93), GO TO (134)

(125) Is the household engaged in the following? 1-Yes 2-No

1 Catching /gathering fishes, crabs, shrimps, etc.	
2 Culturing fish, seaweeds, etc.	

ASK QUESTIONS (126)-(130) IF CODE 1 IN 125.1

(126) Where did household/s member/s fish in the past 12 months?

1 Marine waters	
2 Inland waters	
3 Both	

(127) How many of each of the following types of boats/vessels does the household use in fishing activities? (Number)

1 Boat with engine and outrigger	
2 Boat with engine but without outrigger	
3 Boat without engine but with outrigger	
4 Boat without engine and outrigger	
5 Raft	

(128) How many boats/vessels does the household own? (Number)

(129)	(130)
What kind of gears/accessories/devices was/were used?	How many does the household own?
KIND	Number
1	
2	
3	
4	

ASK QUESTION (131) IF CODE 1 IN 125.2

(131) What type of aquafarm did the household operate? 1- Yes 2- No

1 Fishpond	
2 Fish pen	
3 Fish cage	
4 Seaweed farm	
5 Oyster farm	
6 Mussel farm	
7 Fish tank	
8 Hatchery	
9 Others, specify	

(132)	(133)
For the past 12 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 12 months? (in kilograms)
1	
2	
3	
4	
5	

Q. CLIMATE CHANGE AND DISASTER RISK MANAGEMENT

(134) How many years has the household been living in the barangay?

1. 3 years and above	(GO TO 135)
2. Not more than 3 years	(GO TO 167)

Q.1. CROP FARMING
ASK QUESTIONS (135)-(141) IF CODE '1' IN (91) AND CODE '1' IN 134

(135) How many years has the household been engaged in crop farming?

1. 3 years and above	(GO TO 136)
2. Not more than 3 years	(GO TO 142)

(136) Compared with 3 years ago, did your latest harvest ___?

1. Decrease	(GO TO 137)
2. Increase	(GO TO 140)
3. Remain the same	(GO TO 140)

(137) What is the primary reason for the decrease in total harvest?

1. Increase in cost of inputs such as fertilizer, pesticides, etc.	6. Decrease in supply of water from the irrigation system
2. Affected by drought	7. Decrease in land area
3. Affected by typhoon	8. Change in primary occupation of member
4. Affected by flood	9. Others, specify
5. Affected by pests	

(138) During the past 3 years, did you do the following in the last planting season?

138.1 Changed the variety of the same crop	1 - Yes	(139) Reasons (see codes below)
138.2 Changed major crop	2 - No	

(140) Do you have an insurance for the following:

140.1 Crops	1 - Yes	(141) Who is the insurance provider? (see codes below)
140.1 Agricultural equipment/ facilities	2 - No	

Q.2. LIVESTOCK AND POULTRY

ASK QUESTIONS (142)-(146) IF CODE '1' IN (92) AND CODE '1' IN 134

(142) How many years has the household been engaged in livestock and poultry raising?

1. 3 years and above **(GO TO 143)**

2. Not more than 3 years **(GO TO 145)**

(143) Compared with 3 years ago, did the number of your livestock and poultry ___?

1. Decrease **(GO TO 144)**

2. Increase **(GO TO 145)**

3. Remain the same **(GO TO 145)**

(144) 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

(145) Do you have livestock and poultry insurance?

1. Yes **(GO TO 146)**

2. No **(GO TO 147)**

(146) Who is the insurance provider?

(see codes below)

Q.3. FISHING

ASK QUESTIONS (147)-(151) IF CODE '1' IN (93) AND CODE '1' IN 134

(147) How many years has the household been engaged in fishing?

1. 3 years and above **(GO TO 148)**

2. Not more than 3 years **(GO TO 152)**

(148) Compared with 3 years ago, did your latest fish catch ___?

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 fish catch?

1. Decrease in fishing area due to government restrictions

2. Decrease in fishing area due to competition

3. Decrease in fishes

4. Occurrence of coral bleaching

5. Occurrence of 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

(150) Do you have fisheries insurance?

1. Yes **(GO TO 151)**

2. No **(GO TO 152)**

(151) Who is the insurance provider?

(see codes below)

(139) Reason for changing crop

1. The inputs to the former crop are more expensive

2. The present crop is 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. The seedling of the former crop is no longer available

6. Others, specify

(141), (146), (151)

1 - Philippine Crop Insurance Corporation	3 - Bank
2 - Private insurance company	4 - Others, specify

Q.4. TEMPERATURE

(152) Compared with 3 years ago, is the temperature hotter now in your area?

1. Yes

2. No

Q.5. ELECTRICITY

(153) Compared with 3 years ago, are brownouts more frequent now in your area?

1. Yes

2. No

Q.6. SEA LEVEL

(154) Compared with 3 years ago, did the sea level ___ in your area?

1 Decrease 4 Don't know

2 Increase 5 Not applicable

3 Remain the same

Q.7. WATER SUPPLY

(155) Compared with 3 years ago, did the water supply ___ in your area?

1. Decrease **(GO TO 156)**

2. Increase **(GO TO 157)**

3. Remain the same **(GO TO 157)**

(156) 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

Q.8. FLOODING

(157) Compared with 3 years ago, do floods occur more often in your area now?

1. Yes **(GO TO 158)**

2. No **(GO TO 160)**

3. Did not experience flood **(GO TO 160)**

(158) Three years ago, how long did it usually take for the flood to subside?

(Specify the number of hours)

(159) During the past 12 months, how long did it usually take for the flood to subside?

(Specify the number of hours)

Q.9. DROUGHT

(160) Compared with 3 years ago, does drought occur more often in your area now?

1. Yes **(GO TO 161)**

2. No **(GO TO 162)**

3. Did not experience drought **(GO TO 162)**

(161) In the past 3 years, how long did the last drought occur?

IN MONTHS

Q.10. EVACUATION

(162) During the past 3 years, did you move out/leave permanently from your previous dwelling unit?

1. Yes **(GO TO 163)**

2. No **(GO TO 164)**

(163) What was your primary reason for moving out/evacuating from your previous dwelling unit?

(SEE CODES BELOW)

(164) During the past 3 years, did you temporarily evacuate your house because of any calamity?

1. Yes **(GO TO 165)**

2. No **(GO TO 167)**

(165) During your last temporary evacuation, where did you stay?

(SEE CODES BELOW)

(166) How long did you stay in the evacuation area? (in days)

(163) Primary reason for moving out/ leaving permanently

1. Typhoon	5. Volcanic eruption	8. Fire	11. Infrastructure development project
2. Flood	6. Landslide or mudslide	9. Forest fire	
3. Drought	7. Tsunami	10. Armed conflict	12. Others, specify
4. Earthquake			

(165) Evacuation areas

1. School	4. Relative's house	6. Barangay/City hall	9. Others, specify
2. Church	5. Neighbor or friend's house	7. Multi-purpose hall	
3. Covered court/gym		8. Designated evacuation centers	

Q.11. CALAMITY			
(167)	(168)	(169)	(170)
During the past 12 months, which of the following calamities affected your household:	1-Yes 2-No	IF YES IN (167)	
		How many times did the ___ happen?	Did you receive any kind of assistance?
			IF YES IN (169) Where did it come from?
		1-Yes 2-No	(SEE CODES BELOW, MULTIPLE RESPONSES ALLOWED)
1. Typhoon			
2. Flood			
3. Drought			
4. Earthquake			
5. Volcanic eruption			
6. Landslide/mudslide			
7. Tsunami			
8. Fire			
9. Forest fire			
10. Armed conflict			
11. Others, specify _____			
(170) Assistance provider			
1. National government	3. Non-government organization	5. Relatives	
2. Local government	4. International organization	6. Others, specify _____	

Q.12. DISASTER PREPAREDNESS		
(171) Do you have a disaster preparedness kit? <input type="checkbox"/>		
1. Yes (GO TO 172)		
2. No (GO TO 174)		
(172)	(173)	
Do you have the following in your disaster preparedness kit?	1 - Yes 2 - No	How many days will it last?
1. Water		
2. Food (canned goods, biscuits, 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, valid ID birth certificate, etc.)		
13. Others, specify _____		

T. PROGRAMS			
(182)	IF YES IN (182)		
	(183)	(184)	(185)
	(186)		
During the past 12 months, did you or any member of your household receive or avail of any of the following programs?	What is the name of the program?	How many household members are covered by or are members of this program?	What is/are the name/s of the household member/s who is/are beneficiary/ies /members of the program?
TYPE OF PROGRAM	1 - Yes 2 - No	FULL NAME OF PROGRAM	NAME OF HOUSEHOLD MEMBER/S
			(SEE CODES BELOW)
1. Sustainable Livelihood Program (DSWD)			
2. Food for Work			
3. Cash for Work			
4. Social Pension for the Indigent Senior Citizens			
(186) Program Implementer			
1 - National	3 - City/Municipality	5 - Congress/District	7 - Don't know
2 - Province	4 - Barangay	6 - Private Organizations/NGOs	8 - Others, specify _____

R. HUNGER		
(174) In the last 3 months, did it happen even once that your household experienced hunger and did not have anything to eat? <input type="checkbox"/>		
1 Yes (GO TO 175)		
2 No (GO TO 177)		
During the past 3 months, how many days did your household experience hunger and not have anything to eat?	(175)	(176)
	NAME OF MONTH	NUMBER OF DAYS
a. First Month		
b. Second Month		
c. Third Month		

S. DEATH			
(177) Were there any household members who died in the past 12 months? <input type="checkbox"/>			
1 Yes (GO TO 178)			
2 No (GO TO 182)			
IF YES IN (177)			
(178)	(179)	(180)	(181)
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			
(181) Cause of death			
1. Diseases of the heart (e.g. heart attack)	7. Tuberculosis	12. Drowned from flood/storm surges/tsunami	
2. Diseases of the vascular system (e.g. stroke)	8. Chronic lower respiratory diseases (e.g. COPD, bronchitis, asthma)	13. Victim of landslide	
3. Malignant neoplasms (e.g. cancer)	9. Diabetes mellitus	14. Electrocuted during typhoon or storm surge	
4. Pneumonia	10. Nephritis, nephrotic syndrome and nephrosis (e.g. inflammation of the kidney)	15. Murder	
5. Road/ Vehicular accidents	11. Certain conditions originating in the perinatal period	16. Others, specify _____	
6. Other accidents			

T. PROGRAMS					
(182)		IF YES IN ((182))			
During the past 12 months, did you or any member of your household receive or avail of any of the following programs?		-(181)	-(180)	-(179)	-(178)
		What is the name of the program?	How many household member/s are covered by or members of this program?	What is/are the name/s of the member of the household who is/are beneficiary/ies/ members of the program?	Who implemented this program?
TYPE OF PROGRAM	1 - Yes 2 - No	FULL NAME OF PROGRAM		NAME OF HOUSEHOLD MEMBER/S	(SEE CODES BELOW)
5. Pantawid Pamilyang Pilipino Program (4Ps)					
6. Agrarian Reform Community Development Program (ARCDP)					
7. Training for Work Scholarship Program (TWSP)					
8. Community-Based Employment Program (CBEP)					
9. Other health insurance (Maxicare, Medicare, Intellicare, etc.)		1.			
		2.			
10. Health assistance		1.			
		2.			
11. Supplemental feeding		1.			
		2.			
12. Education/scholarship program		1.			
		2.			
13. Skills or livelihood training program		1.			
		2.			
14. Credit program		1.			
		2.			
15. Housing program		1.			
		2.			
16. Other programs, specify		1.			
		2.			
		3.			
(-178) Program Implementer		1 - National 2 - Province 3 - City/Municipality 4 - Barangay	5 - Congress/District 6 - Private Organizations/NGOs 7 - Don't know 8 - Others, specify		