**CAGAYANO FAMILY DEVELOPMENT PROGRAM (CFDP)**

**“No Family Left Behind”**

**FAMILY SURVEY QUESTIONNAIRE**

*Note: This is an enumerator-assisted survey tool. Not to be self-administered by respondent. Enumerator to be with respondent at all times when respondent responds to the survey instrument.*

Barangay Code: \_\_\_\_\_\_\_\_\_\_\_ Enumerator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date accomplished: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. Household Identification**

| **Suggested Fields** | **Response** |
| --- | --- |
| Household ID Number | \_\_\_\_\_\_\_\_\_\_ |
| Barangay | \_\_\_\_\_\_\_\_\_\_ |
| Municipality | \_\_\_\_\_\_\_\_\_\_ |
| Legislative District | 1 / 2 / 3 |
| Enumerator’s Name | \_\_\_\_\_\_\_\_\_\_ |
| Date of Interview | \_\_\_ / \_\_\_ / 2025 |

**B. Head of the Family/ HH Profile**

| **Question** | **Response Options** |
| --- | --- |
| Name of Household Head | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (First name, Middle Name, Last Name) |
| Sex | Male Female |
| Age | \_\_\_\_\_\_\_ years |
| Civil Status | Single Married Widowed Separated Cohabiting |
| Ethnicity | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Religion | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Highest Education Attained | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Occupation/Source of Income | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Monthly Income (₱) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PhilHealth Member (Y/N) | Yes No |
| 4Ps Beneficiary (Y/N) | Yes No |
| PCIC Insurance (Y/N) | Yes No |
| Beneficiary of Other Programs (Scholarships, Housing, Livelihood, etc.) (Y/N) | Yes No  If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



**C. Household Composition**

| **Full Name** | **Relationship to HH Head** | **Age** | **Sex** | **Civil Status** | **Highest Education Attained** | **Occupation/Source of Income** | **Monthly Income (₱)** | **PhilHealth Member (Y/N)** | **4Ps Beneficiary (Y/N)** | **Beneficiary of Other Programs (Scholarships, Housing, Livelihood, etc.) (Y/N)(specify if Y)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

*(Enumerator to list ALL household members)*

**D. Housing & Living Conditions**

| **Question** | **Response Options** |
| --- | --- |
| Type of Dwelling | Concrete Semi-concrete Light Materials Makeshift |
| Tenure Status | Owned Rented Informal Shared |
| Number of Rooms | \_\_\_\_\_\_\_ |
| Source of Drinking Water | Piped Deep well Open well Spring Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Toilet Facility | Flush Septic Open pit None |
| Lighting Source | Electricity Kerosene Solar Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cooking Fuel | LPG Charcoal Wood Electricity Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**E. Health & Nutrition**

| **Question** | **Response Options** |
| --- | --- |
| Any family member with disability? | Yes No  If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Any family member with chronic illness? | Yes No  If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Children (0–5 yrs) fully immunized? | Yes No |
| Pregnant women in household? | Yes No |
| Nutrition Status of Children (0–12 yrs) | Normal Underweight Severely Underweight Overweight |

**F. Education**

| **Full Name of Children of School age** | **Age** | **Gender** | **School enrolled** | **School level** | **Scholarship** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

| **Question** | **Response Options** | **Equipment/ Tool available** | **Equipment/ Tool available** |
| --- | --- | --- | --- |
| Does the HH has access to internet/digital learning equipment/tools? | Yes No | Laptop/ PC  Cellular Phone  Others | Globe Telecoms  Smart Telecoms  Starlink  Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**G. Livelihood & Income**

| **Question** | **Response Options** | **Monthly Household Income (from the source)** |
| --- | --- | --- |
| Sources of income |  |  |
|  | Farming |  |
|  | Fishing |  |
|  | Employment |  |
|  | Business |  |
|  | Remittances |  |
|  | Others |  |

| **Question** | **Response Options** |
| --- | --- |
| Does HH have savings? | Yes No |
| Does HH has Access to micro-credit/loans facility? | Yes No  If yes, specify if it is any of the following:  Formal (cooperative bank or any other similar financial)  Informal (from acquaintances, relatives, 5-6, etc.) |

**H. Social Welfare & Services**

Refer to Section **B. Head of the Family/ HH Profile** and **Section C. Household Composition** for data

**I. Disaster Preparedness & Safety**

| **Question** | **Response Options** | **Details (for Y response options)** |
| --- | --- | --- |
| Has HH experienced disaster in last 5 yrs? | Yes No | Flood  Typhoon  Earthquake  Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Evacuation center accessible? | Yes No |  |
| Household has emergency kit? | Yes No |  |
| Has HH experienced disaster in last 5 yrs? | Yes No | Flood  Landslide  Storm surges  Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**J. Cultural & Community Participation**

| **Question** | **Response Options** | **Details (for Y response options)** |
| --- | --- | --- |
| Member of any community organization? | Yes No | If yes, please specify: \_\_\_\_\_\_\_\_\_\_ |
| Household visits provincial museum? | Yes No | Frequency: \_\_\_\_\_\_\_ |
| Household visits provincial library? | Yes No | Frequency: \_\_\_\_\_\_\_ |

**K. Feedback & Aspirations**

| **Question** | **Response Options** |
| --- | --- |
| What is your family’s top 3 needs which you want your Provincial Government to address? | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What programs do you expect from Provincial Government? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you feel your family is included in government planning? | Yes / No |

**(End of Questionnaire)**