



**National Housing Authority**  
**SURVEY ON HOUSEHOLDS AFFECTED BY NATURAL DISASTERS**

City/Municipality \_\_\_\_\_

Barangay/Specific Location: \_\_\_\_\_

Interviewer :	Date :	NHA Ref. No.:	DSWD Ref. No.:	Code 1
Editor :	Date :			Type of Household
Encoder :	Date :		(if applicable)	

Name of Household Head:			Birthday (MM/DD/YY)
Last Name	First Name	Middle Name	
Name of Spouse:			Birthday (MM/DD/YY)
Last Name	First Name	Middle Name	

TENURIAL STATUS				Ethnicity/Ethnic Group	Code 3	Extent of Damage	Code 4	Housing Option	Code 5
On Lot	Code 2	On House	Code 2						
				please specify		Place of Origin	Code 6	Household Size	

**INFORMATION ON INCOME AND EMPLOYMENT (employed & unemployed, 15 - 64 years old)**

Name of Employable Household Member	Code 7	Actual	Actual	Actual	Actual	Actual	Code 8	Code 9	Code 10
	Employed/ Unemployed	From Employment (please specify)	Monthly Income (actual)	From Other Source (please specify)	Monthly Income (actual)	Total Monthly Income (actual)	Place of Work	Membership in Financing Institution	Name of Financing Institution
1									
2									
3									
4									
5									
6									
7									
<b>Total: Php</b>									

**CODES FOR THE SURVEY ON HOUSEHOLDS AFFECTED BY NATURAL DISASTERS**

Code 1	Type of Household
1	Informal Settler
2	Formal Settler

Code 2	Tenurial Status
1	Owner
2	Co-owner
3	Renter
4	Sharer/ Rent-Free Occupant
5	Caretaker

Code 3	Ethnicity/Ethnic Group
1	Indigenous (please specify)
2	Non-Indigenous

Code 4	Extent of Damage
1	Totally Damaged
2	Partially Damaged
3	Flooded Only
4	Others

Code 5	Housing Options
1	Resettlement
2	Housing Materials
3	Balik-Probinsya
4	Others

Code 6	Place of Origin
1	Within LGU
2	Outside LGU, but within Province
3	Outside Province (specify)
3.1	Luzon
3.2	Visayas
3.3	Mindanao
4	Others

Code 7	Employed/Unemployed
1	Yes
2	No

Code 8	Place of Work
1	Residence/House
2	Neighborhood
3	Within LGU
4	Outside LGU but within Metro Manila/Province
5	Outside Metro Manila/Province
6	No definite area
7	Abroad
0	Not Applicable

Code 9	Membership in Financing Institution
1	Member
2	Non-member

Code 10	Name of Financing Institution
1	GSIS
2	SSS
3	Pag-ibig
4	GSIS & SSS
5	GSIS & Pag-ibig
6	SSS & Pag-ibig
7	GSIS, SSS & Pag-ibig

INFORMATION ON BUSINESS				NHA Ref. No.:	DSWD Ref. No.:
				(if applicable)	
<b>1</b>	<b>With business prior to the calamity?</b>				
	1 Yes <input type="checkbox"/> 2 None <input type="checkbox"/>				
<b>1.1</b>	If yes, check appropriate box of the type of business below and specify:				
<b>1.1.1</b>	Trading	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.1.2</b>	Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.1.3</b>	Personal Services	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.1.4</b>	Home/Small-Scale Industry	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.1.5</b>	Transport	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.1.6</b>	Service Contracting	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.1.7</b>	Agri-Aqua business	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.1.8</b>	Others	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2</b>	<b>With existing business after the calamity?</b>				
	1 Yes <input type="checkbox"/> 2 None <input type="checkbox"/>				
<b>2.1</b>	If yes, is the previous business maintained?			1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>	
<b>2.2</b>	Is the business situated within the house?			1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>	
If situated w/in the house, estimate size of occupied area (in sq. meter): _____					
If not situated within the house, specify location: _____					
<b>2.3</b>	With business permit?			1 Yes <input type="checkbox"/> 2 None <input type="checkbox"/>	
<b>2.4</b>	With existing tools/machine/equipment ?			1 Yes <input type="checkbox"/> 2 None <input type="checkbox"/>	
If yes, please specify: _____					
<b>2.5</b>	If no, cite reason/s: _____				
<b>3</b>	<b>Other information on existing business:</b>				
<b>3.1</b>	Initial Capital: PhP _____				
<b>3.2</b>	Source of Capital: _____				
<b>3.3</b>	Present Capitalization: PhP _____				
<b>3.4</b>	Number of Years: _____				
<b>3.5</b>	Monthly Net Income: PhP _____				
<b>3.6</b>	Total Workforce: _____				
<b>3.7</b>	Business/Production Area:				
<b>3.7.1</b>	Location: _____				
<b>3.7.2</b>	Area (sqm): _____				
<b>3.8</b>	Percentage of damage to:				
<b>3.8.1</b>	Tools _____				
<b>3.8.2</b>	Equipment/machines _____				
<b>3.8.3</b>	Other business assets _____				
<b>4</b>	<b>Status of Business Operation</b>				
<b>4.1</b>	Continuous <input type="checkbox"/>		<b>4.2</b>	Seasonal <input type="checkbox"/>	
<b>5</b>	<b>With intent to request assistance?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, specify type of assistance needed (please check appropriate box)					
<b>5.1</b>	Additional capital PhP _____				
<b>5.2</b>	Additional manpower Number : _____				

INFORMATION ON SKILLS, BUSINESS INTERESTS, AND TRAINING NEEDS OF EMPLOYABLE HOUSEHOLD MEMBER (employed & unemployed, 15 - 64 years old)			
Name of Employable Household Member	Existing/Present Skills	Skills/Training Preference	Business Interest/Preference
1			
2			
3			
4			
5			
6			

INFORMATION ON SCHOOL REQUIREMENT			
Number of Enrolled Children : Elementary _____ High School _____			
Name of Enrolled Children	Age (Actual)	School Level (Actual)	Name of School
1			
2			
3			
4			
5			

Name and Contact Number of Respondent (please print)	Signature of Respondent	Date
Name and Contact Number of Interviewer (please print)	Signature of Interviewer	Date