REPUBLIC OF THE PHILIPPINES
PHILIPPINE STATISTICS AUTHORITY

Management System ISO 9001:2015

2022 COMMUNITY-BASED MONITORING SYSTEM
HOUSEHOLD PROFILE QUESTIONNAIRE

Dear Sir/Madam:

The Philippine Statistics Authority (PSA) is collecting information from every household in the country using the Community-Based Monitoring System or CBMS. The CBMS aims to gather information about your household on different dimensions of living conditions such as health, nutrition, water, sanitation, shelter, education, income, employment, security, participation, and disaster preparedness. The data collected will be used by your city/municipality and national government agencies to craft evidenced-based policies and programs for the development of the community. The CBMS will also be used as basis in targeting beneficiaries of social and economic development programs of the government.

The PSA highly encourages your participation and cooperation in the CBMS by providing truthful and complete answers. All information provided are strictly confidential pursuant to Section 10 (Confidentiality of Information) of Republic Act (RA) No. 11315 or the CBMS Act and Section 8 (Confidentiality) of RA No. 10173 or the Data Privacy Act of 2012 and will not be used against you or to any of your household member for taxation, investigation, or law enforcement purposes.

If you have inquiries, you may contact PSA at (02) 8376-1909. You may also send us a message through the following e-mail addresses: cbms@psa.gov.ph and psacbms@gmail.com

Thank you very much.

CLAIRE DENNIS S. MAPA, Ph.D.
Undersecretary
National Statistician and Civil Registrar General

CERTIFICATION

I hereby certify that the data set forth herein were personally obtained/reviewed by me and in accordance with the instructions given by the PSA.

EN CODE

_____
ENUMERATOR
SIGNATURE OVER PRINTED NAME

_____
DATE ACCOMPLISHED
(MM/DD/YYYY)

TS CODE

_____
TEAM SUPERVISOR
SIGNATURE OVER PRINTED NAME

_____
DATE REVIEWED
(MM/DD/YYYY)

CAS CODE

_____
CBMS AREA SUPERVISOR
SIGNATURE OVER PRINTED NAME

_____
DATE REVIEWED
(MM/DD/YYYY)

HCAS CODE

_____
HEAD CAS / PSA SUPERVISOR
SIGNATURE OVER PRINTED NAME

_____
DATE REVIEWED
(MM/DD/YYYY)

GEOGRAPHIC IDENTIFICATION

BOOKLET [   ] OF [   ] BOOKLETS

REGION _____

PROVINCE _____

CITY/MUNICIPALITY _____

BARANGAY _____

SITIO/PUROK _____

ENUMERATION AREA NUMBER..................

BUILDING SERIAL NUMBER ....

HOUSING UNIT SERIAL NUMBER.............

HOUSEHOLD SERIAL NUMBER.............

LINE NUMBER OF THE RESPONDENT.............

CONTACT NUMBER.............

EMAIL ADDRESS _____

NAME OF THE HOUSEHOLD HEAD

LAST NAME	FIRST NAME	SUFFIX	MIDDLE NAME

ADDRESS

FLOOR NO.	HOUSE/BUILDING NUMBER	NAME BLOCK/ LOT NO.	STREET NAME	SUBDIVISION/ VILLAGE

INTERVIEW RECORD

VISIT NUMBER	1	2	3
DATE (MM/DD/YYYY)			
TIME BEGAN (HH:MM)			
TIME ENDED (HH:MM)			
RESULT OF VISIT			

CODES FOR THE RESULT OF VISIT

1 COMPLETED	6 EXCLUDED IN THE INTERVIEW
2 REFUSED	7 VACATION / REST HOUSE
3 TERMINATED INTERVIEW	8 CALLBACK (WITH APPOINTMENT DATE)
4 VACANT HOUSING UNIT/VACANT BUILDING	9 CALLBACK (NOT YET COMPLETED)
5 NON USUAL RESIDENT	

APPOINTMENT FOR NEXT VISIT

APPOINTMENT NUMBER	1	2
DATE (MM/DD/YYYY)		
TIME (HH:MM)		

SUMMARY OF VISIT

NUMBER OF VISIT/S MADE.................................. [   ]
RESULT OF FINAL VISIT...................................... [   ]
NUMBER OF HOUSEHOLD MEMBERS.............. [   ]
NUMBER OF MALES...................................... [   ]
NUMBER OF FEMALES................................... [   ]
NUMBER OF NUCLEAR FAMILIES.................. [   ]

MODE OF DATA COLLECTION........................... [   ]
  1 COMPUTER-ASSISTED PERSONAL INTERVIEW (CAPI)
  2 COMPUTER-ASSISTED WEB INTERVIEW (CAWI)
  3 PAPER AND PENCIL PERSONAL INTERVIEW (PAPI)
  4 SELF-ADMINISTERED QUESTIONNAIRE (SAQ)

SIGNED CBMS FORM 3 (CONSENT FORM)............. [   ]
  1 YES 2 NO
GEOTAGGED X/Y COORDINATES.......................... [   ]
  1 YES 2 NO

A. DEMOGRAPHIC CHARACTERISTICS

	FOR ALL HOUSEHOLD MEMBERS						
L I N E N U M B E R	Who is the household head? Who are the other members of the household usually residing here as of <u>July 01, 2022</u>? ORDER OF LISTING: • HEAD • SPOUSE OF THE HEAD • NEVER-MARRIED CHILDREN OF THE HEAD/SPOUSE, FROM THE OLDEST TO THE YOUNGEST • EVER-MARRIED CHILDREN OF THE HEAD/SPOUSE AND THEIR FAMILIES, FROM THE OLDEST TO THE YOUNGEST • OTHER RELATIVES OF THE HEAD • NONRELATIVES OF THE HEAD	What is (NAME)'s relationship to the head of this household? SEE CODES BELOW	IN WHICH NUCLEAR FAMILY DOES (NAME) BELONG?	What is (NAME)'s relationship to the head of the nuclear family? 00 ONE MEMBER HH 01 FAMILY HEAD 02 SPOUSE 03 PARTNER 04 SON 05 DAUGHTER 06 BROTHER 07 SISTER 08 FATHER 09 MOTHER 10 OTHER FAMILY MEMBER	Is (NAME) male or female? 1 MALE 2 FEMALE	In what month, day and year was (NAME) born? MONTH (MM) DAY (DD) YEAR (YYYY) M M D D Y Y Y Y	What is (NAME)'s age as of <u>June 30, 2022</u>?
	(01)	(02)	(03)	(04)	(05)	(06)	(07)
1	LAST NAME ___ FIRST NAME ___ SUFFIX MIDDLE NAME	0 1	1			MM DD / YYYY	
2	LAST NAME ___ FIRST NAME ___ SUFFIX MIDDLE NAME					MM DD / YYYY	
3	LAST NAME ___ FIRST NAME ___ SUFFIX MIDDLE NAME					MM DD / YYYY	
4	LAST NAME ___ FIRST NAME ___ SUFFIX MIDDLE NAME					MM DD / YYYY	
5	LAST NAME ___ FIRST NAME ___ SUFFIX MIDDLE NAME					MM DD / YYYY	
6	LAST NAME ___ FIRST NAME ___ SUFFIX MIDDLE NAME					MM DD / YYYY	

CHECK FOR PERSONS NOT YET LISTED	INDICATOR FOR ADDITIONAL BOOKLET	CODES FOR (02) RELATIONSHIP TO THE HOUSEHOLD HEAD	
Are there other persons in this household who were not yet listed such as infants, small children, elderly persons, and overseas workers? 1 YES, ADD TO THE HOUSEHOLD MEMBER LIST 2 NONE	Are there more than six (6) members in this household? 1 YES, USE ADDITIONAL BOOKLET 2 NO	01 HEAD 02 SPOUSE 03 SON 04 DAUGHTER 05 STEPSON 06 STEPDAUGHTER 07 SON-IN-LAW 08 DAUGHTER-IN-LAW 09 GRANDSON 10 GRANDDAUGHTER 11 FATHER 12 MOTHER 13 FATHER-IN-LAW 14 MOTHER-IN-LAW	15 BROTHER 16 SISTER 17 BROTHER-IN-LAW 18 SISTER-IN-LAW 19 UNCLE 20 AUNT 21 NEPHEW 22 NIECE 23 OTHER RELATIVE 24 BOARDER 25 DOMESTIC HELPER 26 NONRELATIVE

A. DEMOGRAPHIC CHARACTERISTICS

	FOR ALL HOUSEHOLD MEMBERS								
L I N E N U M B E R	Was (NAME)'s birth registered with the Local Civil Registry Office? 1 YES 2 NO 8 DON'T KNOW	Is (NAME) single, married, in common law/live-in arrangement, widowed, or divorced/separated/ annulled? FOR CHILDREN "0" TO "9" YEARS OLD, WRITE CODE "1" (SINGLE) IN THE BOX SEE CODES BELOW	What is (NAME)'s ethnicity by descent/blood relation/ consanguinity? Is he/she a/an ____? MENTION THE PREDOMINANT/ COMMON INDIGENOUS PEOPLES (IP) OR NON-IP GROUPS IN THE AREA	What is (NAME)'s religious affiliation?	Was (NAME) issued a National ID/ PhilID? 1 YES 2 NO, **GO TO A14** 8 DON'T KNOW, **GO TO A14**	What is (NAME)'s PhilSys Card Number (PCN)? **ANY ANSWER, GO TO A15** SEE CODES BELOW	Has (NAME) undergone Step 2 Registration for the National ID/ PhilID? *(STEP 2: VALIDATION OF DEMOGRAPHIC DATA SUCH AS BIOMETRIC INFORMATION, IRIS SCAN, FINGERPRINTS AND FRONT-FACING PHOTOGRAPH)* 1 YES 2 NO 8 DON'T KNOW	Was (NAME) issued a city/ municipal LGU ID? **(CITY/ MUNICIPAL LGU ID SHOULD BE ISSUED IN THE CITY/ MUNICIPAL LGU WHERE THE HH RESIDES)** 1 YES 2 NO, **GO TO A17** 8 DON'T KNOW, **GO TO A17**	What is (NAME)'s LGU ID number? ENTER 98 IF DON'T KNOW LGU ID NUMBER
	(08)	(09)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
1	☐	☐	SPECIFY ☐☐☐	SPECIFY ☐☐☐	☐	☐☐☐☐☐	☐	☐	___
2	☐	☐	SPECIFY ☐☐☐	SPECIFY ☐☐☐	☐	☐☐☐☐☐	☐	☐	___
3	☐	☐	SPECIFY ☐☐☐	SPECIFY ☐☐☐	☐	☐☐☐☐☐	☐	☐	___
4	☐	☐	SPECIFY ☐☐☐	SPECIFY ☐☐☐	☐	☐☐☐☐☐	☐	☐	___
5	☐	☐	SPECIFY ☐☐☐	SPECIFY ☐☐☐	☐	☐☐☐☐☐	☐	☐	___
6	☐	☐	SPECIFY ☐☐☐	SPECIFY ☐☐☐	☐	☐☐☐☐☐	☐	☐	___

CODES FOR (09) MARITAL STATUS	**CODES FOR (13) PHILSYS CARD NUMBER**
1 SINGLE 2 MARRIED 3 COMMON LAW/LIVE-IN 4 WIDOWED 5 DIVORCED 6 SEPARATED 7 ANNULLED 8 UNKNOWN	SPECIFY PCN IF RESPONDENT/HOUSEHOLD MEMBER IS WILLING TO PROVIDE. 9999999999999998 DON'T KNOW, NOT AVAILABLE 9999999999999997 NOT OPEN TO SHARE

A. DEMOGRAPHIC CHARACTERISTICS

	FOR 10 YEARS OLD AND OVER		FOR 60 YEARS OLD AND OVER	FOR ALL PERSONS 5 YEARS OLD AND OVER					
L I N E N U M B E R	Is (NAME) a solo parent taking care of a child/children? **(SOLO PARENT SHOULD HAVE UNMARRIED CHILDREN LESS THAN 18 YEARS OLD OR CHILDREN 18 YEARS OLD AND ABOVE WITH DISABILITY)** 1 YES 2 NO, **GO TO A19**	Does (NAME) have a Solo Parent ID? 1 YES 2 NO 8 DON'T KNOW	Does (NAME) have a Senior Citizen ID? 1 YES 2 NO 8 DON'T KNOW	The following questions ask about difficulties a person may have doing certain activities because of a HEALTH PROBLEM. *Does (NAME) have any difficulty/problem in…?*					
				A Seeing, even if wearing glasses	**B** Hearing, even if using hearing aid	**C** Walking or climbing steps, even if with cane or artificial leg	**D** Remembering or Concentrating	**E** Self-caring (such as washing all over or dressing)	**F** Communicating using his/her usual (customary) language
	(17)	**(18)**	**(19)**	**(20)**					
1	☐	☐	☐	☐	☐	☐	☐	☐	☐
2	☐	☐	☐	☐	☐	☐	☐	☐	☐
3	☐	☐	☐	☐	☐	☐	☐	☐	☐
4	☐	☐	☐	☐	☐	☐	☐	☐	☐
5	☐	☐	☐	☐	☐	☐	☐	☐	☐
6	☐	☐	☐	☐	☐	☐	☐	☐	☐

CODES FOR (20) LEVEL OF DIFFICULTY

1 NO, NO DIFFICULTY
2 YES, SOME DIFFICULTY
3 YES, A LOT OF DIFFICULTY
4 CANNOT DO IT AT ALL

B. MIGRATION

Now we will ask about your household members' migration experience and whether there are Overseas Filipinos in this household .

LINE NUMBER	FOR 5 YEARS OLD AND OVER					FOR 15 YEARS OLD AND OVER				
	In what province and city/ municipality did (NAME)'s mother reside at the time of (NAME)'s birth? SEE CODES BELOW	In what province and city/ municipality, or country did (NAME) reside five (5) years ago (July 01, 2017)? IF SAME AS CURRENT CITY/ MUNICIPALITY, GO TO B04 ENTER 9997 IF DON'T KNOW COUNTRY IF CODE 9998, GO TO B04 SEE CODES BELOW	What is (NAME)'s reason for moving/ staying in (B02)? SEE CODES BELOW	Where was (NAME) residing six (6) months ago (January 01, 2022)? IF SAME AS CURRENT CITY/ MUNICIPALITY, GO TO B06 ENTER 9997 IF DON'T KNOW COUNTRY IF CODE 9998, GO TO B06 SEE CODES BELOW	What is (NAME)'s reason for moving/ staying in (B04)? SEE CODES BELOW	Is (NAME) an Overseas Filipino? (as of July 01, 2022) IF CODE 3, 4, 5, 6, GO TO B09 IF CODE 7, GO TO SECTION C	When did (NAME) (last) leave the Philippines? (MM/YYYY) 98 DON'T KNOW FOR MONTH 9998 DON'T KNOW FOR YEAR	For how many months did (NAME) stay/intend to stay abroad? (NO. OF MONTHS) 98 DON'T KNOW	Where is (NAME)'s country of work/study/ visit? 9998 DON'T KNOW	In the past 12 months (July 01, 2021 - June 30, 2022), how many times did (NAME) send money? 98 DON'T KNOW SKIP IF CODE 5 IN B06
	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)	(10)
1	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	SPECIFY	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	SPECIFY		MM YYYY		COUNTRY COUNTRY CODE	
2	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	SPECIFY	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	SPECIFY		MM YYYY		COUNTRY COUNTRY CODE	
3	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	SPECIFY	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	SPECIFY		MM YYYY		COUNTRY COUNTRY CODE	
4	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	SPECIFY	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	SPECIFY		MM YYYY		COUNTRY COUNTRY CODE	
5	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	SPECIFY	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	SPECIFY		MM YYYY		COUNTRY COUNTRY CODE	
6	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	SPECIFY	PROVINCE/COUNTRY CITY/MUNICIPALITY PROV CITY/MUN COUNTRY	SPECIFY		MM YYYY		COUNTRY COUNTRY CODE	

CODES FOR (01) RESIDENCE OF MOTHER AT THE TIME OF BIRTH, (02) RESIDENCE FIVE YEARS AGO, AND (04) RESIDENCE SIX MONTHS AGO

0000 SAME AS CURRENT CITY/MUNICIPALITY
IF NOT SAME AS CURRENT CITY/MUNICIPALITY, ENTER 2-DIGIT CODE FOR SPECIFIC PROVINCE; AND 2-DIGIT CODE FOR CITY/MUNICIPALITY

IF OUTSIDE THE PHILIPPINES, ENTER 4-DIGIT FOR SPECIFIC COUNTRY
9998 DON'T KNOW

CODES FOR (03) and (05) REASON FOR MOVING / STAYING

01 SCHOOL
02 EMPLOYMENT/JOB CHANGE/JOB RELOCATION
03 FAMILY BUSINESS SUCCESSION
04 FINISHED CONTRACT
05 RETIREMENT
06 HOUSING-RELATED REASON
07 LIVING ENVIRONMENT
08 COMMUTING-RELATED REASONS
09 TO LIVE WITH PARENTS
10 TO JOIN WITH SPOUSE/PARTNER
11 TO LIVE WITH CHILDREN
12 MARRIAGE
13 DIVORCE/ANNULMENT
14 HEALTH-RELATED REASONS
15 PEACE AND SECURITY
16 COVID-RELATED REASONS
17 TO LIVE WITH OTHER RELATIVES
18 BIRTHPLACE
99 OTHERS, SPECIFY _____

CODES FOR (06) OVERSEAS FILIPINO INDICATOR

1 YES, OVERSEAS FILIPINO WORKER (OFW) WITH CONTRACT
2 YES, OTHER OFW WITH NO CONTRACT
3 YES, EMPLOYEE IN PHIL. EMBASSY, CONSULATES & OTHER MISSIONS, GO TO B09
4 YES, STUDENT ABROAD, GO TO B09
5 YES, TOURIST, GO TO B09
6 YES, OTHER OVERSEAS FILIPINO NOT ELSEWHERE CLASSIFIED, GO TO B09
7 NO, RESIDENT (PHILIPPINES), GO TO SECTION C

C. EDUCATION AND LITERACY

The next set of questions pertains to education, literacy, and skills development training attended by the members of your household.

L I N E N U M B E R	FOR 5 YEARS OLD AND OVER		FOR 3 TO 24 YEARS OLD				FOR 15 YEARS OLD AND OVER		
	Can (NAME) read and write a simple message in any language or dialect? 1 YES 2 NO	What is (NAME)'s highest grade completed? SEE CODES BELOW	Is (NAME) currently attending school? 1 YES 2 NO, GO TO C06	In which school is (NAME) currently attending? Is it ___? 1 PUBLIC 2 PRIVATE 3 HOME SCHOOL	What grade or year is (NAME) currently attending? GO TO C07 SEE CODES BELOW	Why is (NAME) not attending school? SEE CODES BELOW	Is (NAME) a graduate of technical/ vocational education and training (TVET)? 1 YES 2 NO	Is (NAME) currently attending TVET for skills development? 1 YES 2 NO IF BOTH NO IN C07 AND C08, GO TO SECTION D	What skills development training have (NAME) attended including the current one?
	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)
1	☐	☐☐☐☐☐☐☐☐ SPECIFY	☐	☐	☐☐☐☐☐☐☐☐ SPECIFY	☐☐ SPECIFY	☐	☐	☐☐☐ ☐☐☐ SPECIFY
2	☐	☐☐☐☐☐☐☐☐ SPECIFY	☐	☐	☐☐☐☐☐☐☐☐ SPECIFY	☐☐ SPECIFY	☐	☐	☐☐☐ ☐☐☐ SPECIFY
3	☐	☐☐☐☐☐☐☐☐ SPECIFY	☐	☐	☐☐☐☐☐☐☐☐ SPECIFY	☐☐ SPECIFY	☐	☐	☐☐☐ ☐☐☐ SPECIFY
4	☐	☐☐☐☐☐☐☐☐ SPECIFY	☐	☐	☐☐☐☐☐☐☐☐ SPECIFY	☐☐ SPECIFY	☐	☐	☐☐☐ ☐☐☐ SPECIFY
5	☐	☐☐☐☐☐☐☐☐ SPECIFY	☐	☐	☐☐☐☐☐☐☐☐ SPECIFY	☐☐ SPECIFY	☐	☐	☐☐☐ ☐☐☐ SPECIFY
6	☐	☐☐☐☐☐☐☐☐ SPECIFY	☐	☐	☐☐☐☐☐☐☐☐ SPECIFY	☐☐ SPECIFY	☐	☐	☐☐☐ ☐☐☐ SPECIFY

CODES FOR (02) HIGHEST GRADE/YEAR COMPLETED AND (05) GRADE/YEAR CURRENTLY ATTENDING

LEVEL 0 - EARLY CHILDHOOD EDUCATION
00000000 - NO GRADE COMPLETED
00001000 - NURSERY
00002000 - KINDERGARTEN

LEVEL 1 - PRIMARY EDUCATION (ELEMENTARY)
00010011 - GRADE 1
00010012 - GRADE 2
00010013 - GRADE 3
00010014 - GRADE 4
00010015 - GRADE 5
00010016 - GRADE 6
00010017 - GRADE 7 (OLD CURRICULUM)
00010018 - GRADUATE
00010003 - ALTERNATIVE LEARNING SYSTEM (ALS)
00010004 - INDIGENOUS PEOPLE EDUCATION (IPED)
00010005 - MADRASAH
00010006 - SPECIAL EDUCATION (SPED)

LEVEL 2 - LOWER SECONDARY (JUNIOR HIGH SCHOOL)
00024011 - GRADE 7/1ST YEAR
00024012 - GRADE 8/2ND YEAR
00024013 - GRADE 9/3RD YEAR
00024014 - GRADE 10/4TH YEAR
00024015 - JHS GRADUATE/HS GRADUATE (OLD CURRICULUM)
00024003 - ALTERNATIVE LEARNING SYSTEM (ALS)
00024004 - INDIGENOUS PEOPLE EDUCATION (IPED)
00024005 - MADRASAH
00024006 - SPECIAL EDUCATION (SPED)

LEVEL 3 - UPPER SECONDARY (SENIOR HIGH SCHOOL)
ACADEMIC TRACK
00034011 - GRADE 11
00034012 - GRADE 12
00034013 - SHS GRADUATE (STRAND UNKNOWN TO RESPONDENT)
00034014 - GENERAL ACADEMIC STRAND GRADUATE
00034015 - ACCOUNTANCY, BUSINESS AND MANAGEMENTSTRAND GRADUATE
00034016 - SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS STRAND GRADUATE
00034017 - HUMANITIES AND SOCIAL SCIENCES STRAND GRADUATE
00034018 - PRE-BACCALAUREATE MARITIME SPECIALIZATION GRADUATE
ARTS AND DESIGN TRACK
00034021 - GRADE 11
00034022 - GRADE 12
00034023 - SHS GRADUATE (STRAND UNKNOWN TO RESPONDENT)
00034024 - MUSIC STRAND GRADUATE
00034025 - THEATER STRAND GRADUATE
00034026 - VISUAL ARTS STRAND GRADUATE
00034027 - MEDIA ARTS STRAND GRADUATE
00034028 - DANCE STRAND GRADUATE
SPORTS TRACK
00034031 - GRADE 11
00034032 - GRADE 12
00034033 - SHS GRADUATE
TECHNOLOGY AND LIVELIHOOD EDUCATION AND TECHNICAL-VOCATIONAL LIVELIHOOD TRACK
00035011 - GRADE 11
00035012 - GRADE 12
00035013 - SHS GRADUATE (STRAND UNKNOWN TO RESPONDENT)
00035014 - HOME ECONOMICS STRAND GRADUATE
00035015 - INFORMATION AND COMMUNICATIONS TECHNOLOGY STRAND GRADUATE
00035016 - INDUSTRIAL ARTS STRAND GRADUATE
00035017 - AGRI-FISHERY ARTS STRAND GRADUATE
00035018 - TVL MARITIME SPECIALIZATION STRAND GRADUATE

LEVEL 4-POST-SECONDARY NON-TERTIARY EDUCATION
00040001 -1ST YEAR
00040002 - 2ND YEAR
00040003 - 3RD YEAR
IF GRADUATE, SPECIFY PROGRAM _____

LEVEL 5-SHORT CYCLE TERTIARY EDUCATION
00050001 -1ST YEAR
00050002 - 2ND YEAR
00050003 - 3RD YEAR
IF GRADUATE, SPECIFY PROGRAM _____

LEVEL 6-BACHELOR LEVEL EDUCATION OR EQUIVALENT
00060001 - 1ST YEAR
00060002 - 2ND YEAR
00060003 - 3RD YEAR
00060004 - 4TH YEAR
00060005 - 5TH YEAR
00060006 - 6TH YEAR
IF GRADUATE, SPECIFY PROGRAM _____

LEVEL 7-MASTER LEVEL EDUCATION OR EQUIVALENT
00070010 - UNDERGRADUATE
IF GRADUATE, SPECIFY PROGRAM_____

LEVEL 8 - DOCTORAL LEVEL EDUCATION OR EQUIVALENT
00080010 - UNDERGRADUATE
IF GRADUATE, SPECIFY PROGRAM _____

CODES FOR (06) REASON FOR NOT ATTENDING SCHOOL

01 ACCESSIBILITY OF SCHOOL
02 ILLNESS
03 DISABILITY
04 PREGNANCY
05 MARRIAGE
06 HIGH COST OF EDUCATION/FINANCIAL CONCERN
07 EMPLOYMENT
08 FINISHED SCHOOLING OR FINISHED POST SECONDARY OR COLLEGE
09 LOOKING FOR WORK

10 LACK OF PERSONAL INTEREST
11 FEAR OF BEING AFFECTED BY COVID-19
12 TOO YOUNG TO GO TO SCHOOL
13 BULLYING
14 FAMILY MATTERS
15 NO/WEAK INTERNET CONNECTION
16 MODULAR LEARNING IS NOT PREFERRED
17 WITH PROBLEMS IN SCHOOL REQUIREMENTS (e.g., NO BIRTH CERTIFICATE OR FORM 137)
99 OTHERS, SPECIFY_____

D. COMMUNITY AND POLITICAL PARTICIPATION

This section will ask about the household's participation in the activities in your community and/or Barangay.

FOR 15 YEARS OLD AND OVER

L I N E N U M B E R	Is (NAME) a registered voter? 1 YES 2 NO, **GO TO D03**	Did (NAME) vote in the last election? 1 YES 2 NO	In the past month, did (NAME) do voluntary work or spend any time helping? 1 YES 2 NO , **GO TO D05**	To whom did (NAME) provide volunteer work or spend any time helping? SEE CODES BELOW	ANSWER ONLY IF IN B06 IS 4, 5, OR 7 — Besides providing unpaid help, people may do something to donate food or other products to people or to organizations, such as charities, NGOs or religious institutions. In the past month, did (NAME) spend any time buying, collecting, or distributing donated products or goods? 1 YES 2 NO	Did (NAME) spend any time preparing products or goods to be donated? (e.g., cooking, cleaning, arranging, packaging, fixing, ironing) 1 YES 2 NO **IF BOTH NO IN D05 & D06, GO TO D10**
	(01)	(02)	(03)	(04)	(05)	(06)
1	☐	☐	☐	☐☐/☐☐	☐	☐
2	☐	☐	☐	☐☐/☐☐	☐	☐
3	☐	☐	☐	☐☐/☐☐	☐	☐
4	☐	☐	☐	☐☐/☐☐	☐	☐
5	☐	☐	☐	☐☐/☐☐	☐	☐
6	☐	☐	☐	☐☐/☐☐	☐	☐

CODES FOR (04) VOLUNTEER WORK OR SPEND ANY TIME HELPING

A FRIENDS, NEIGHBORS, STRANGERS
B ORGANIZATIONS, ASSOCIATIONS, CLUBS, INSTITUTIONS (NGOs, RELIGIOUS ORGANIZATIONS, SPORTS CLUBS, SCHOOLS, ONLINE GROUPS, etc.)
C COMMUNITY
D NATURE, WILD/STREET ANIMALS (DOGS, CATS, BIRDS, FISH, etc.)

D. COMMUNITY AND POLITICAL PARTICIPATION

FOR 15 YEARS OLD AND OVER

ANSWER ONLY IF CODE IN B06 IS 4, 5, OR 7

LINE NUMBER	What kind of help did (NAME) provide? Please name all activities that you can remember.		In total, during the past month, did (NAME) spend more than one hour providing all the help you just named?	Now, please think about the last 12 months. Did (NAME) volunteer/ do voluntary work, or spend time providing unpaid help during this time?	What kind of help did (NAME) provide? Please name all activities that you can remember.		Is (NAME) a barangay or local government unit volunteer?
	VOLUNTEER WORK INCLUDES: ENVIRONMENTAL VOLUNTEER WORK, PARTICIPATION IN BRIGADA ESKWELA, BRIGADA PAG-ASA, VOLUNTEER EDUCATOR, ASSIST IN NEIGHBORHOOD BEAUTIFICATION, SERVE AS BANTAY DAGAT, ETC.	ENTER PSOC CODE	1 YES 2 NO	1 YES 2 NO, **GO TO SECTION E**		ENTER PSOC CODE	SEE CODES BELOW
	(07)	**(08)**	**(09)**	**(10)**	**(11)**	**(12)**	**(13)**
1	ACTIVITY 1 / ACTIVITY 2 / ACTIVITY 3	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐	☐	☐	ACTIVITY 1 / ACTIVITY 2 / ACTIVITY 3	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐	☐ SPECIFY
2	ACTIVITY 1 / ACTIVITY 2 / ACTIVITY 3	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐	☐	☐	ACITIVITY 1 / ACTIVITY 2 / ACTIVITY 3	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐	☐ SPECIFY
3	ACTIVITY 1 / ACTIVITY 2 / ACTIVITY 3	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐	☐	☐	ACTIVITY 1 / ACTIVITY 2 / ACTIVITY 3	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐	☐ SPECIFY
4	ACTIVITY 1 / ACTIVITY 2 / ACTIVITY 3	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐	☐	☐	ACTIVITY 1 / ACTIVITY 2 / ACTIVITY 3	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐	☐ SPECIFY
5	ACTIVITY 1 / ACTIVITY 2 / ACTIVITY 3	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐	☐	☐	ACTIVITY 1 / ACTIVITY 2 / ACTIVITY 3	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐	☐ SPECIFY
6	ACTIVITY 1 / ACTIVITY 2 / ACTIVITY 3	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐	☐	☐	ACTIVITY 1 / ACTIVITY 2 / ACTIVITY 3	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐	☐ SPECIFY

CODES FOR (13) BARANGAY OR LGU VOLUNTEER

1 BARANGAY TANOD
2 BARANGAY HEALTH WORKER (BHW)
3 BARANGAY NUTRITION SCHOLAR
4 OTHER BARANGAY VOLUNTEER, SPECIFY _____
5 CITY/MUNICIPALITY LGU VOLUNTEER, SPECIFY _____
6 PROVINCIAL LGU VOLUNTEER, SPECIFY _____
7 NOT A BARANGAY OR AN LGU VOLUNTEER

E. ECONOMIC CHARACTERISTICS

Now we would like to ask information on the work, job or business activity of household members.

FOR PERSONS WHO EVER WORKED OR HAD A JOB/BUSINESS DURING THE PAST WEEK

FOR 5 YEARS OLD AND OVER

ANSWER ONLY IF CODE IN B06 IS 4, 5, OR 7

LINE NUMBER	Did (NAME) do any work for at least one (1) hour, including work from home or telecommuting, during the past week? 1 YES 2 NO, **GO TO E03**	What is (NAME)'s working arrangement? **ENTER CODE THEN GO TO E04** **SEE CODES BELOW**	Although (NAME) did not work, did (NAME) have a job or business during the past week? 1 YES 2 NO 3 NO, TEMPORARILY **IF ANSWER IS CODE 2 OR 3, GO TO E25**	Did (NAME) engage in online platform or mobile application, for at least an hour, in his/her work/ job or business in the past week? 1 YES 2 NO	Where was (NAME)'s location of work? 2 DIGITS FOR PROVINCE 2 DIGITS FOR CITY/ MUNICIPALITY **ENTER PROVINCE CODE**	**ENTER CITY/ MUN CODE**	What was (NAME)'s primary occupation during the past week? **(SPECIFY OCCUPATION e.g., ELEMENTARY SCHOOL TEACHER, RICE FARMER)**	**ENTER PSOC CODE**	In what kind of industry did (NAME) work during the past week? **(SPECIFY INDUSTRY e.g., PRIMARY/ELEMENTARY PRIVATE/PUBLIC EDUCATION, GROWING OF PADDY RICE)** **ENTER PSIC CODE**
	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08) (09)	(10)
1	☐	☐	☐	☐	☐☐ SPECIFY	☐☐ SPECIFY	SPECIFY	☐☐☐☐☐ SPECIFY	☐☐☐☐ SPECIFY
2	☐	☐	☐	☐	☐☐ SPECIFY	☐☐ SPECIFY	SPECIFY	☐☐☐☐☐ SPECIFY	☐☐☐☐ SPECIFY
3	☐	☐	☐	☐	☐☐ SPECIFY	☐☐ SPECIFY	SPECIFY	☐☐☐☐☐ SPECIFY	☐☐☐☐ SPECIFY
4	☐	☐	☐	☐	☐☐ SPECIFY	☐☐ SPECIFY	SPECIFY	☐☐☐☐☐ SPECIFY	☐☐☐☐ SPECIFY
5	☐	☐	☐	☐	☐☐ SPECIFY	☐☐ SPECIFY	SPECIFY	☐☐☐☐☐ SPECIFY	☐☐☐☐ SPECIFY
6	☐	☐	☐	☐	☐☐ SPECIFY	☐☐ SPECIFY	SPECIFY	☐☐☐☐☐ SPECIFY	☐☐☐☐ SPECIFY

CODES FOR (02) WORKING ARRANGEMENT

1 WORKING IN THE DEFAULT PLACE OF WORK (NOT AT HOME)
2 TELECOMMUTING/WORK FROM HOME
3 HOME-BASED WORK
4 ON JOB ROTATION
5 ON A MIXED ARRANGEMENT
6 ON REDUCED HOURS

E. ECONOMIC CHARACTERISTICS

	FOR PERSONS WHO EVER WORKED OR HAD A JOB/BUSINESS DURING THE PAST WEEK										FOR PERSON WITH JOB/BUSINESS DURING THE PAST WEEK		

FOR 15 YEARS OLD AND OVER EXCEPT QUESTIONS E14, E18, E21 AND E23

ANSWER ONLY IF CODE IN B06 IS 4, 5, OR 7

L I N E N U M B E R	What is (NAME)'s nature of employment? SEE CODES BELOW	What is (NAME)'s normal working hours per day during the past week?	How many days did (NAME) work during the past week?	What was (NAME)'s total number of hours worked during the past week? ALSO ASK IF AGE IS 5-14 YEARS OLD, GO TO E18	Did (NAME) want more hours of work during the past week? 1 YES 2 NO	Did (NAME) look for additional work during the past week? 1 YES 2 NO	Since the age of 15, was this (NAME)'s first time to do any work? 1 YES 2 NO	What is (NAME)'s class of worker? (SEE CODES BELOW) IF CODE 3,4,6, GO TO E21 ALSO ASK IF AGE IS 5-14 YEARS OLD, GO TO E21	FOR HOUSEHOLD MEMBER WITH CODE 0,1,2, OR 5 IN QUESTION 18 (CLASS OF WORKER) Basis of Payment IF ANSWER IS CODE 5,6,7 GO TO E21 SEE CODES BELOW	Basic Pay per Day (In Cash)	Did (NAME) have other job or business during the past week? 1 YES 2 NO, GO TO E23 ALSO ASK IF AGE IS 5-14 YEARS OLD, GO TO E23	How many other job/s did (NAME) have during the past week?	What was (NAME)'s total number of hours worked for all jobs during the past week? IF TOTAL HOURS WORKED IS 40-48 HOURS, GO TO E39 ALSO ASK IF AGE IS 5-14 YEARS OLD
	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
1										IN PHP			
2										IN PHP			
3										IN PHP			
4										IN PHP			
5										IN PHP			
6										IN PHP			

CODES FOR (11) NATURE OF EMPLOYMENT	CODES FOR (18) CLASS OF WORKER	CODES FOR (19) BASIS OF PAYMENT
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	0 WORKED FOR PRIVATE HOUSEHOLD 1 WORKED FOR PRIVATE ESTABLISHMENT 2 WORKED FOR GOVERNMENT/GOVERNMENT-OWNED AND CONTROLLED CORPORATION 3 SELF-EMPLOYED WITHOUT ANY PAID EMPLOYEE 4 EMPLOYER IN OWN FAMILY-OPERATED FARM OR BUSINESS 5 WORKED WITH PAY IN OWN FAMILY-OPERATED FARM OR BUSINESS 6 WORKED WITHOUT PAY IN OWN FAMILY-OPERATED FARM OR BUSINESS	0 IN KIND, IMPUTED (RECEIVED AS WAGE/ SALARY) 1 PER PIECE 2 PER HOUR 3 PER DAY 4 MONTHLY 5 PAKYAW 6 OTHER SALARIES/WAGES, SPECIFY _____ 7 NOT SALARIES/WAGES, SPECIFY _____ (EX. COMMISSION BASIS)

E. ECONOMIC CHARACTERISTICS

	FOR PERSON WITH JOB/BUSINESS DURING THE PAST	FOR PERSONS WHO DID NOT WORK OR HAD NO JOB/BUSINESS DURING THE PAST WEEK							
		FOR 15 YEARS OLD AND OVER							
		ANSWER ONLY IF CODE IN B06 IS 4, 5, OR 7							
L I N E N U M B E R	What is the main reason why (NAME) worked more than 48 or less than 40 hours during the past week? ENTER CODE THEN GO TO E39 SEE CODES BELOW	Did (NAME) look for work or try to establish business during the past week? 1 YES 2 NO, GO TO E29	Since the age of 15, was this (NAME)'s first time to look for work or establish business? 1 YES 2 NO	What has (NAME) been doing to find work? SEE CODES BELOW	How many weeks has (NAME) been looking for work? ENTER ANSWER THEN GO TO E31	Why did (NAME) not look for work? SEE CODES BELOW	When was the last time (NAME) looked for work?	Had opportunity for work existed last week or within two (2) weeks, would have (NAME) been available? 1 YES 2 NO	Is (NAME) willing to take up work during the past week or within two (2) weeks? 1 YES 2 NO
	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
1	☐☐ ____ SPECIFY	☐	☐	☐ ____ SPECIFY	☐	☐☐ ____ SPECIFY	☐	☐	☐
2	☐☐ ____ SPECIFY	☐	☐	☐ ____ SPECIFY	☐	☐☐ ____ SPECIFY	☐	☐	☐
3	☐☐ ____ SPECIFY	☐	☐	☐ ____ SPECIFY	☐	☐☐ ____ SPECIFY	☐	☐	☐
4	☐☐ ____ SPECIFY	☐	☐	☐ ____ SPECIFY	☐	☐☐ ____ SPECIFY	☐	☐	☐
5	☐☐ ____ SPECIFY	☐	☐	☐ ____ SPECIFY	☐	☐☐ ____ SPECIFY	☐	☐	☐
6	☐☐ ____ SPECIFY	☐	☐	☐ ____ SPECIFY	☐	☐☐ ____ SPECIFY	☐	☐	☐

CODES FOR (24) REASONS WHY WORKED MORE THAN 48 HOURS OR LESS THAN 40 HOURS

WORKED MORE THAN 48 HOURS	WORKED LESS THAN 40 HOURS
11 WANTED MORE EARNINGS 12 REQUIREMENTS OF THE JOB 13 EXCEPTIONAL WEEK 14 AMBITION, PASSION FOR JOB 15 DUE TO COVID-19 PANDEMIC COMMUNITY QUARANTINE 99 OTHERS, SPECIFY_____	20 VARIABLE WORKING TIME/NATURE OF WORK 21 HOLIDAYS 22 POOR BUSINESS CONDITION 23 REDUCTION IN CLIENTS/WORK 24 LOW OR OFF SEASON 25 BAD WEATHER, NATURAL DISASTER 26 STRIKE OR LABOR DISPUTE 27 START/END/CHANGE OF JOB 28 COULD ONLY FIND PART TIME WORK 29 SCHOOL TRAINING 30 PERSONAL/FAMILY REASONS 31 HEALTH/MEDICAL LIMITATIONS 32 DUE TO COVID-19 PANDEMIC COMMUNITY QUARANTINE 99 OTHERS, SPECIFY _____

CODES FOR (27) 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
9 OTHERS, SPECIFY _____

CODES FOR (30) LAST TIME LOOK FOR WORK

1 WITHIN LAST MONTH
2 TWO TO SIX MONTHS AGO
3 MORE THAN SIX MONTHS AGO

CODES FOR (29) REASONS FOR NOT LOOKING FOR WORK

00 ECQ/LOCKDOWN/COVID-19 PANDEMIC ⎤
01 TEMPORARY ILLNESS OR DISABILITY ⎥ GO TO E31
02 BAD WEATHER ⎥
03 WAITING FOR REHIRE/JOB RECALL ⎦
04 TIRED/BELIEVED NO WORK AVAILABLE
05 AWAITING RESULTS OF PREVIOUS JOB APPLICATION
06 TOO YOUNG/OLD ⎤
07 RETIRED ⎥
08 PERMANENT DISABILITY ⎥
09 SCHOOLING ⎥ GO TO E33
10 HOUSEHOLD AND FAMILY DUTIES, SPECIFY _____ ⎥
99 OTHERS, SPECIFY _____ ⎦

E. ECONOMIC CHARACTERISTICS

FOR PERSONS WHO DID NOT WORK OR HAD NO JOB/BUSINESS DURING THE PAST WEEK

FOR 15 YEARS OLD AND OVER

ANSWER ONLY IF CODE IN B06 IS 4, 5, OR 7

LINE NUMBER	Did (NAME) ever work/had business at any time in the past? 1 YES 2 NO **GO TO E39**	What was the year and month when (NAME) last worked? (MM/YYYY) 98 FOR DON'T KNOW MM 9998 FOR DON'T KNOW YYYY	What was (NAME)'s last occupation? (SPECIFY OCCUPATION e.g., ELEMENTARY SCHOOL TEACHER, RICE FARMER)	ENTER PSOC CODE	In what kind of industry did (NAME) last work? (SPECIFY INDUSTRY e.g., PRIMARY/ELEMENTARY PRIVATE/PUBLIC EDUCATION, GROWING OF PADDY RICE)	ENTER PSIC CODE
	(33)	(34)	(35)	(36)	(37)	(38)
1	☐	☐☐ MM ☐☐☐☐ YYYY	_____ SPECIFY	☐☐☐☐☐	_____ SPECIFY	☐☐☐☐☐
2	☐	☐☐ MM ☐☐☐☐ YYYY	_____ SPECIFY	☐☐☐☐☐	_____ SPECIFY	☐☐☐☐☐
3	☐	☐☐ MM ☐☐☐☐ YYYY	_____ SPECIFY	☐☐☐☐☐	_____ SPECIFY	☐☐☐☐☐
4	☐	☐☐ MM ☐☐☐☐ YYYY	_____ SPECIFY	☐☐☐☐☐	_____ SPECIFY	☐☐☐☐☐
5	☐	☐☐ MM ☐☐☐☐ YYYY	_____ SPECIFY	☐☐☐☐☐	_____ SPECIFY	☐☐☐☐☐
6	☐	☐☐ MM ☐☐☐☐ YYYY	_____ SPECIFY	☐☐☐☐☐	_____ SPECIFY	☐☐☐☐☐

E. ECONOMIC CHARACTERISTICS

FOR PERSONS WITH AGRICULTURAL LANDS

FOR 15 YEARS OLD AND OVER

LINE NUMBER	During the period July 01, 2021 to June 30, 2022, does (NAME) own or have rights over agricultural land/s? 1 YES 2 NO, **GO TO SECTION F**	Did (NAME) use this agricultural land in operating any agricultural activity during the <u>past 12 months</u>? 1 YES 2 NO	Does (NAME) have a document proving that he/she owns or has the rights to use this/these agricultural land/s? Was there a formal document for the agricultural land you or your households own or hold secure rights that is issued by the Philippine Land Registration Authority or any government agency such as Transfer Certificate of Title, deed of sale, legal heir, or succession certificate etc.? 1 YES 2 NO, **GO TO E43**	Is (NAME)'s name listed in any of the documents as owner or holder of secured rights over any of these agricultural lands? 1 YES 2 NO 8 DON'T KNOW 9 PREFER NOT TO ANSWER	Does (NAME) have the right to sell the agricultural land, either alone or jointly with someone else? 1 YES, ALONE 2 YES, JOINTLY WITH CO-OWNERS 3 NO 8 DON'T KNOW 9 PREFER NOT TO ANSWER	Does (NAME) have the right to bequeath the agricultural land, either alone or jointly with someone else? 1 YES, ALONE 2 YES, JOINTLY WITH CO-OWNERS 3 NO 8 DON'T KNOW 9 PREFER NOT TO ANSWER
	(39)	**(40)**	**(41)**	**(42)**	**(43)**	**(44)**
1	☐	☐	☐	☐	☐	☐
2	☐	☐	☐	☐	☐	☐
3	☐	☐	☐	☐	☐	☐
4	☐	☐	☐	☐	☐	☐
5	☐	☐	☐	☐	☐	☐
6	☐	☐	☐	☐	☐	☐

F. ENTREPRENEURIAL AND HOUSEHOLD SUSTENANCE ACTIVITIES

The next questions will ask about the entrepreneurial and sustenance activities of your household

(01)	In the past 12 months (July 01, 2021—June 30, 2022), did you or any member of your household produce goods mainly for home consumption?	YES .... 1 NO .... 2 **GO TO F03**	

(02)	What is/are the sustenance activitiy/ies conducted by your household?	FISHING, GATHERING SHELLS, SNAIL, SEAWEEDS, CORALS, ETC. A LOGGING, GATHERING FOREST PRODUCTS LIKE FIREWOOD .... B HUNTING AND TRAPPING .... C FARMING, GARDENING .... D RAISING LIVESTOCK AND POULTRY .... E	**1 YES ; 2 NO** A B C D E

1 YES ; 2 NO

(03)	In the past 12 months (July 01, 2021—June 30, 2022), did you or any member of your household engage as operator in any of the following entrepreneurial activities? **IF NO TO ALL ENTREPRENEURIAL ACTIVITIES, GO TO G11.1**	Activity	Code	Code
		CROP FARMING AND GARDENING SUCH AS GROWING OF PALAY, CORN, ROOTS AND TUBERS, VEGETABLES, FRUITS, NUTS, ORCHIDS, ORNAMENTAL PLANTS, ETC.	A	A
		LIVESTOCK AND POULTRY RAISING SUCH AS RAISING OF CARABAOS, CATTLE, HOGS, HORSES, CHICKEN, DUCKS, ETC., AND THE PRODUCTION OF FRESH MILK, EGGS, ETC.	B	B
		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.	C	C
		FORESTRY AND HUNTING SUCH AS TREE PLANTING (IPIL-IPIL), FIREWOOD GATHERING, SMALL SCALE LOGGING (EXCLUDING CONCESSIONAIRES), CHARCOAL MAKING, FORESTRY PRODUCT GATHERING (COGON, NIPA, RATTAN, BAMBOO, RESIN, GUM, ETC.) OR WILD ANIMALS/BIRDS HUNTING	D	D
		MINING AND QUARRYING SUCH AS MINERAL EXTRACTION LIKE SALT MAKING, GOLD MINING, GRAVEL, SAND AND STONE QUARRYING, ETC.	E	E
		MANUFACTURING SUCH AS MAT WEAVING, TAILORING, DRESSMAKING, BAGOONG MAKING, FISH DRYING, ETC.	F	F
		ELECTRICITY SUPPLY SUCH AS USING GENERATORS, SOLAR PANELS	G	G
		WATER SUPPLY AND WASTE MANAGEMENT SUCH AS DEEP WELL, HAND OPERATED WATER PUMP, COLLECTION OF HAZARDOUS AND NON-HAZARDOUS WASTE	H	H
		CONSTRUCTION LIKE REPAIR OF A HOUSE, BUILDING, OR ANY STRUCTURE; PRIVATE CONTRACTOR, ETC.	I	I
		WHOLESALE AND RETAIL INCLUDING MARKET VENDING, SIDEWALK VENDING, AND PEDDLING, SARI-SARI STORE, ONLINE SELLING; **REPAIR OF MOTOR VEHICLES AND MOTORCYCLES**	J	J
		TRANSPORTATION AND STORAGE SUCH AS JEEPNEY OR TAXI OPERATIONS, UV EXPRESS TRICYCLE/PEDICAB OPERATOR, DELIVERY SERVICES, CAR RENTALS, STORAGE AND WAREHOUSING ACTIVITIES, ETC.	K	K
		COMMUNICATION, POSTAL, AND COURIER SERVICES SUCH AS MESSENGERIAL SERVICES, ETC.	L	L
		ACCOMMODATION AND FOOD SERVICE ACTIVITIES SUCH AS HOTELS, MOTELS, RESORT, CONDOTELS, PENSION HOUSES, CAMPING SITES, AND RESTAURANTS, DORMITORIES, CANTEEN, CATERING, CARINDERIA, REFRESHMENT STANDS, KIOSK, ETC.	M	M
		INFORMATION AND COMMUNICATION SUCH AS YOUTUBE VLOGGING, ONLINE CONTENT CREATION, PUBLISHING AND PRINTING, MOTION PICTURE/VIDEO PRODUCTION, SOUND RECORDING AND MUSIC PUBLISHING, ETC	N	N
		FINANCIAL AND INSURANCE ACTIVITIES SUCH AS MONEY LENDING, CREDIT COOPERATIVES, MICROFINANCING, VIRTUAL ASSETS TRADING	O	O
		REAL ESTATE AND OWNERSHIP OF DWELLINGS SUCH AS APARTMENT FOR RENT, AND RENTING OF RENTAL SPACES	P	P
		PROFESSIONAL AND BUSINESS SERVICES SUCH AS ACCOUNTING SERVICES, LEGAL SERVICES, ENGINEERING SERVICES, ARCHITECTURAL SERVICES, INTERIOR DESIGN SERVICES, VETERINARY SERVICES, ETC.	Q	Q
		EDUCATION SUCH AS ONLINE TUTORIAL, PRIVATE TUTORIAL, REVIEW CENTER, BASKETBALL/PIANO LESSONS, PRE-SCHOOL, ELEMENTARY AND TERTIARY EDUCATION SERVICES, ETC	R	R
		HUMAN HEALTH AND SOCIAL WORK ACTIVITIES SUCH AS DENTAL CLINICS, MATERNITY LYING-IN CLINICS, MEDICAL CLINICS, OPTICAL CLINICS	S	S
		ADMINISTRATIVE AND SUPPORT SERVICE ACTIVITIES	T	T
		ARTS, ENTERTAINMENT AND RECREATION SUCH AS SPORTS ACTIVITIES, THEATRICAL ACTIVITIES, ART FACILITIES, ACTIVITIES OF AMUSEMENT PARKS AND THEME PARKS	U	U
		OTHER SERVICES (SPA ACTIVITIES, BEAUTY TREATMENT, BEAUTY PARLOR AND BARBER SHOP ACTIVITIES, WELLNESS ACTIVITIES, AND OTHER PERSONAL ACTIVITIES, REPAIR OF COMPUTERS AND COMMUNICATION EQUIPMENTS, REPAIR OF PERSONAL AND HOUSEHOLD GOODS, FUNERAL SERVICES, LAUNDRY SERVICES, BARBER SHOPS, BEAUTY PARLOR, CLEANING SERVICES, ETC.)	V	V

1 YES ; 2 NO

F. ENTREPRENEURIAL AND HOUSEHOLD SUSTENANCE ACTIVITIES

Use a separate booklet to record more than three (3) entrepreneurial activities of household. Report only the major entrepreneurial activity for each industry in F03

		ENTREPRENEURIAL ACTIVITY 1	ENTREPRENEURIAL ACTIVITY 2	ENTREPRENEURIAL ACTIVITY 3
(04)	What is/are the specific entrepreneurial activity/ies of the household?	_____ SPECIFY	_____ SPECIFY	_____ SPECIFY
(05)	ENTER PSIC CODE			
(06)	Does the entrepreneurial activity/ies use e-commerce platform in performing business?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2
(07)	Does the entrepreneurial activity/ies use social media (Facebook, Twitter, Instagram, etc.) in selling goods and/or services?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2
(08)	In what year did the household member's entrepreneurial activity start to operate?			
(09)	In the past 12 months (July 01, 2021 - June 30, 2022) in which month/s did the household member/s operate this entrepreneurial activity?	CODES JULY 2021 A AUGUST 2021 B SEPTEMBER 2021 C OCTOBER 2021 D NOVEMBER 2021 E DECEMBER 2021 F JANUARY 2022 G FEBRUARY 2022 H MARCH 2022 I APRIL 2022 J MAY 2022 K JUNE 2022 L ALL MONTHS (FROM JULY 2021 TO JUNE 2022) M	CODES JULY 2021 A AUGUST 2021 B SEPTEMBER 2021 C OCTOBER 2021 D NOVEMBER 2021 E DECEMBER 2021 F JANUARY 2022 G FEBRUARY 2022 H MARCH 2022 I APRIL 2022 J MAY 2022 K JUNE 2022 L ALL MONTHS (FROM JULY 2021 TO JUNE 2022) M	CODES JULY 2021 A AUGUST 2021 B SEPTEMBER 2021 C OCTOBER 2021 D NOVEMBER 2021 E DECEMBER 2021 F JANUARY 2022 G FEBRUARY 2022 H MARCH 2022 I APRIL 2022 J MAY 2022 K JUNE 2022 L ALL MONTHS (FROM JULY 2021 TO JUNE 2022) M
(10)	On the average, how many persons worked in or for the household's entrepreneurial activity/ business every month (with operations) in the past 12 months (July 01, 2021 - June 30, 2022)? THIS INCLUDES PAID EMPLOYEES, WORKING OWNERS, UNPAID WORKERS AND ALL EMPLOYEES WHO WORK FULL-TIME OR PART-TIME. BUT EXCLUDES WORKERS UNDER SUB-CONTRACT AGREEMENT OR THOSE RECEIVING WAGES/SALARY FROM THE MANPOWER OR EMPLOYMENT AGENCIES	Working owners and unpaid workers Paid employees Total	Working owners and unpaid workers Paid employees Total	Working owners and unpaid workers Paid employees Total
(11)	In which of the following government agency/ies is/are the entrepreneurial activity/ies registered?	CODES BARANGAY LGU A CITY/MUNICIPAL LGU B DTI C BIR D OTHER GOVERNMENT AGENCY E NOT REGISTERED F DON'T KNOW X	CODES BARANGAY LGU A CITY/MUNICIPAL LGU B DTI C BIR D OTHER GOVERNMENT AGENCY E NOT REGISTERED F DON'T KNOW X	CODES BARANGAY LGU A CITY/MUNICIPAL LGU B DTI C BIR D OTHER GOVERNMENT AGENCY E NOT REGISTERED F DON'T KNOW X

CHECK FOR ENTREPRENEURIAL ACTIVITIES NOT YET LISTED

ARE THERE OTHER ENTREPRENEURIAL ACTIVITIES BEING OPERATED BY THE HOUSEHOLD?	YES, USE ANOTHER BOOKLET .... 1 NO 2

G. AGRICULTURAL AND FISHERY ACTIVITIES

The next set of questions will ask about the engagement of the household in agricultural and fishery activities. Agricultural activities involve growing of crops, and raising of livestock and poultry while fishery activities involve aquaculture, and fish capture.

FOR 15 YEARS OLD AND OVER

(01)	**IF ANSWER TO F02 D AND/OR E, AND/OR F03 , ROW A AND/OR ROW B IN SECTION F IS YES** In the past 12 months (July 01, 2021- June 30, 2022), did any member of your household operate the agricultural activity mainly using _____? **IF ANSWER TO F02 D AND/OR E, AND/OR F03 ROW A AND/OR ROW B IN SECTION F IS NO, GO TO G11.1**	Agricultural land/parcel .... 1 Hydroponics ……….. 2 ⎫ **GO TO G11.1** Urban gardening/roof top gardening ………….….............. 3 ⎭
(02)	**IF ANSWER IN G01 IS 1** How many parcels are being operated/managed by the household (either alone or jointly with someone else) in the past 12 months (July 01, 2021—June 30, 2022)?	NO. OF PARCELS ....

		Parcel 1	Parcel 2	Parcel 3	Parcel 4	Parcel 5	Parcel 6
(03)	Where is the (PARCEL) located? WITHIN THE BARANGAY ……....................................... 1 OUTSIDE THE BARANGAY BUT WITHIN THE CITY/MUNICIPALITY .... 2 OUTSIDE THE BARANGAY AND CITYMUNICIPALITY 3						
(03.1)	Which activity/ies is/are done in the (PARCEL)? Crop farming ……... 1 Livestock and/or poultry raising………………………........ 2 Both crop farming and livestock and/or poultry raising………….….. 3						

G. AGRICULTURAL AND FISHERY ACTIVITIES

FOR GROWING OF CROPS AND/OR LIVESTOCK AND/OR POULTRY OPERATOR

			Parcel 1	Parcel 2	Parcel 3	Parcel 4	Parcel 5	Parcel 6
(04)	What is the tenure status of the (PARCEL) that the household operates? FULLY OWNED .... OWNER-LIKE POSSESSION .... TENANTED .... LEASED/RENTED .... RENT-FREE .... OWNED UNDER CERTIFICATE OF LAND TRANSFER (CLT) OR CERTIFICATE OF LAND OWNERSHIP AWARD (CLOA) .... HELD UNDER CERTIFICATE OF ANCESTRAL DOMAIN TITLE/ CERTIFICATE OF ANCESTRAL LAND TITLE (CADT/CALT) ...... HELD UNDER COMMUNITY-BASED FOREST MANAGEMENT AGREEMENT (CBFMA)/STEWARDSHIP .... DON'T KNOW .... OTHERS, SPECIFY _____	01 02 03 04 05 06 07 08 98 99	☐☐ _____ SPECIFY	☐☐ _____ SPECIFY	☐☐ _____ SPECIFY	☐☐ _____ SPECIFY	☐☐ _____ SPECIFY	☐☐ _____ SPECIFY

ANSWER G05 - G07 IF ANSWER IN G03.1 IS 1 OR 3. OTHERWISE, SKIP TO G08

			Parcel 1	Parcel 2	Parcel 3	Parcel 4	Parcel 5	Parcel 6
(05)	Was the (PARCEL) irrigated as of (**July 01, 2022**)? YES .... NO .... DON'T KNOW .... **IF 2 NO, GO TO G07** **IF 8 DON'T KNOW, GO TO G08**	1 2 8	☐	☐	☐	☐	☐	☐
(06)	What is the status of irrigation of the (PARCEL)? FULLY IRRIGATED .... PARTIALLY IRRIGATED .... **ANY ANSWER GO TO G08**	1 2	☐	☐	☐	☐	☐	☐
(07)	Is the farm (PARCEL) operated by the household rainfed upland or rainfed lowland? RAINFED UPLAND .... RAINFED LOWLAND	1 2	☐	☐	☐	☐	☐	☐
(08)	What is the physical area of the (PARCEL)? **(INDICATE AREA IN HECTARES FOR UP TO 4 DECIMAL PLACES)**		IN HECTARES	IN HECTARES	IN HECTARES	IN HECTARES	IN HECTARES	IN HECTARES
(09)	Who among the household members is engaged as operator of the agricultural land/parcel? **ENTER LINE NUMBER**		☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
(10)	What is the total physical area of all the parcels of land operated by the household?						☐☐☐☐ IN HECTARES	

CHECK FOR OTHER HOUSEHOLD MEMBERS AND OTHER PARCELS NOT YET LISTED

ARE THERE OTHER AGRICULTURAL LAND/PARCEL OPERATED BY THE HOUSEHOLD?	YES, USE ANOTHER BOOKLET .... NO	1 2	☐

FOR 10 YEARS OLD AND OVER

(11.1)	In the past 12 months (July 01, 2021- June 30, 2022), was there any member of this household engaged in any of the agricultural and fishery activities such as growing of crops, livestock and/or poultry raising, aquaculture, fish capture and/or other agricultural and fishery activities?	YES .... NO	1 2 **GO TO SECTION H**	☐

(11.2)	Who among the household members is/are engaged in any of the agricultural and fishery activities such as growing of crops, livestock and/or poultry raising, aquaculture, fish capture and/or other agricultural and fishery activities?	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐

			HH MEMBER 1	HH MEMBER 2	HH MEMBER 3
(12)	In what agricultural and fishery activity/ies is (NAME) engage in? Growing of crops .... A Livestock and/or poultry raising .... B Aquaculture .... C Fish capture .... D Gleaning (gathering of shells) .... E Renting of agricultural machineries, fishing boats/vessels (including the machine/boat operator) .... F Others, specify .... Z **IF YES IN F AND/OR Z, GO TO SECTION H**		1 YES ; 2 NO A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ Z ☐ _____ SPECIFY	1 YES ; 2 NO A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ Z ☐ _____ SPECIFY	1 YES ; 2 NO A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ Z ☐ _____ SPECIFY
(13)	**IF ANSWER IN G12 A–GROWING OF CROPS, AND/OR G12 B-LIVESTOCK AND/OR POULTRY RAISING IS YES** What is the type of (NAME)'s engagement in the growing of crops, and/or livestock and/or poultry raising? Operator in own household farm .... 1 Unpaid household members working in own household farm .... 2 Farm laborer/worker (paid) in own household farm .... 3 Hired manager of another household farm, or establishment/ enterprise/institution of another agricultural holding .... 4 Farm laborer/worker in another household farm, or establishment/ enterprise/institution in another agricultural holding....................... 5		☐	☐	☐

G. AGRICULTURAL AND FISHERY ACTIVITIES

FOR 10 YEARS OLD AND OVER

		HH MEMBER 1	HH MEMBER 2	HH MEMBER 3

(14) IF ANSWER IN G12 A–GROWING OF CROPS AND/OR G12 B-LIVESTOCK AND POULTRY IS YES

Which production activity/ies does (NAME) engage in growing of crops, and/or livestock and/or poultry raising?

For each HH MEMBER (1 YES ; 2 NO):
- Manage day-to-day farm operation — A
- Land preparation — B
- Planting/Transplanting — C
- Cultivation — D
- Harvesting/Threshing — E
- Feeding livestock and/or poultry — F
- Others, specify _____ — Z

(15) IF ANSWER IN G12 C-AQUACULTURE AND/OR G12 D-FISH CAPTURE AND/OR G12 E-GLEANING IS YES

What is the type of (NAME)'s engagement in the fisheries activity?

- Operator in own household fishery activity ……….………………… 1
- Hired manager in another household fishery activity or establishment/enterprise/institution in another fishery business …. 2
- Laborer/Worker (paid) in own household fishery activity …………. 3
- Unpaid household member working in own household fishery activity 4
- Laborer/Worker in another household fishery activity or establishment/enterprise/institution in another fishery business ….. 5

(16) IF ANSWER IN G12 C-AQUACULTURE AND/OR G12 D-FISH CAPTURE AND/OR G12 E-GLEANING IS YES

Which production activity/ies in does (NAME) engage in aquaculture and/or fish capture and/or gleaning?

For each HH MEMBER (1 YES ; 2 NO):
- Manage day-to-day aquaculture/fish capture — A
- Pond preparation/pen or cage construction — B
- Stocking — C
- Feeding — D
- Water management — E
- Pond maintenance — F
- Harvesting — G
- Municipal fishing — H
- Gleaning/Gathering of shells — I
- Commercial fishing — J
- Others, Specify _____ — Z

(17) Is (NAME) a member of any agricultural organization as of July 01, 2022?

IF ANSWER IS NO, GO TO G19

For each HH MEMBER:
YES 1
NO 2

(18) What is/are the name/s of the organization/s that (NAME) is a member of?

USE CODE "9999" IF OTHERS, SPECIFY

For each HH MEMBER:
- ORG 1 _____
- ORG 2 _____
- ORG 3 _____
- OTHERS, SPECIFY _____

(19) IF ANSWER IN G01 IS 2

What type of hydroponics system did you or your household member use?

- Wick System …………………………………………….……… A
- Deep Water Culture (DWC) .... B
- Nutrient Film Technique (NFT) C
- Ebb and Flow (Flood and Drain) .... D
- Aeroponics ……………………………………………………… E
- Drip System ………………………………………………… F
- Others, specify ………………………………………………… Z

(HH MEMBER 3 column shows 1 YES ; 2 NO with boxes A, B, C, D, E, F, Z and SPECIFY _____)

G. AGRICULTURAL AND FISHERY ACTIVITIES

FOR GROWING OF CROPS OPERATOR

PROCEED TO ANSWER G20 - G26 IF G12 IS 1 IN A-GROWING OF CROPS AND G13 IS 1 OPERATOR IN OWN HOUSEHOLD FARM

		HH MEMBER 1	HH MEMBER 2	HH MEMBER 3
	ENTER LINE NUMBER OF HOUSEHOLD MEMBER/S WHO IS/ARE GROWING OF CROPS OPERATOR	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐

		CROP / CODE	CROP / CODE	CROP / CODE
(20)	In the past 12 months (July 01, 2021- June 30, 2022), what were the permanent and temporary crops cultivated by (NAME)? **USE FLASHCARDS AND ENTER THE NAME AND CODE OF PERMANENT AND TEMPORARY CROPS CULTIVATED**	1 ____ ☐☐☐☐ 2 ____ ☐☐☐☐ 3 ____ ☐☐☐☐ 4 ____ ☐☐☐☐ 5 ____ ☐☐☐☐ 6 ____ ☐☐☐☐ 7 ____ ☐☐☐☐ 8 ____ ☐☐☐☐ 9 ____ ☐☐☐☐ 10 ____ ☐☐☐☐	____ ☐☐☐☐ ____ ☐☐☐☐ ____ ☐☐☐☐ ____ ☐☐☐☐ ____ ☐☐☐☐ ____ ☐☐☐☐ ____ ☐☐☐☐ ____ ☐☐☐☐ ____ ☐☐☐☐ ____ ☐☐☐☐	____ ☐☐☐☐ ____ ☐☐☐☐ ____ ☐☐☐☐ ____ ☐☐☐☐ ____ ☐☐☐☐ ____ ☐☐☐☐ ____ ☐☐☐☐ ____ ☐☐☐☐ ____ ☐☐☐☐ ____ ☐☐☐☐

CHECK FOR OTHER HOUSEHOLD MEMBERS NOT YET LISTED

ARE THERE OTHER HOUSEHOLD MEMBERS WHO ARE GROWING OF CROPS OPERATOR?	YES, USE ANOTHER BOOKLET .... 1 NONE.. 2	☐

(21)	What were the draft animals, agricultural equipment, facilities, and other tools used by the household in crop farming? **USE FLASHCARDS AND ENTER THE NAME AND CODE OF DRAFT ANIMALS, AGRICULTURAL EQUIPMENT/FACILITIES, AND OTHER TOOLS USED** **CODE 9999 FOR OTHER DRAFT ANIMALS/MACHINERIES/EQUIPMENT/FACILITIES**	**(22)** How many of these draft animals, agricultural equipment, facilities, and other tools were owned, rented, and used rent-free by the household for crop farming?

DRAFT ANIMAL/AGRICULTURAL EQUIPMENT/FACILITY/TOOL	CODE	OWNED	RENTED	RENT-FREE	TOTAL
1 ____	☐☐☐☐				
2 ____	☐☐☐☐				
3 ____	☐☐☐☐				
4 ____	☐☐☐☐				
5 ____	☐☐☐☐				
6 ____	☐☐☐☐				
7 ____	☐☐☐☐				
8 ____	☐☐☐☐				
9 ____	☐☐☐☐				
10 ____	☐☐☐☐				

(23)	In the past three (3) years (July 2019 - June 2022), has your household continuously been operating a crop farm in your current city/ municipality of residence?	YES .... 1 NO .... 2 **GO TO G27**	☐
(24)	Compared with three (3) years ago (2019), did the household's latest harvest decrease, increase, or remain the same?	DECREASE .... 1 INCREASE .... 2 }**GO TO G27** REMAIN THE SAME 3	☐
(25)	What is the primary reason for the decrease in total harvest?	AFFECTED BY DROUGHT .... 01 AFFECTED BY TYPHOON .... 02 AFFECTED BY FLOOD .... 03 AFFECTED BY PESTS .... 04 DECREASE IN THE SUPPLY OF WATER FROM IRRIGATION SYSTEM .... 05 PLANT/CROP DISEASES .... 06 INCREASE IN THE COST OF FARM INPUTS SUCH AS SEEDS, FERTILIZER, PESTICIDES, ETC. …………………….……… 07 DECREASE IN LAND AREA .... 08 CHANGED IN THE PRIMARY OCCUPATION OF MEMBER .... 09 OTHERS, SPECIFY …………………............... 99 }**GO TO G27**	☐☐ ____ SPECIFY
(26)	What is the percentage decrease in the latest harvest due to (reason for decrease in harvest) compared to your household's harvest three (3) years ago?	PERCENT	☐☐☐

G. AGRICULTURAL AND FISHERY ACTIVITIES

FOR LIVESTOCK AND/OR POULTRY OPERATOR

PROCEED TO ANSWER G27- G33 IF G12 IS 1 IN B-LIVESTOCK AND/OR POULTRY AND G13 IS 1 OPERATOR IN OWN HOUSEHOLD FARM

		HH MEMBER 1	HH MEMBER 2	HH MEMBER 3
	ENTER LINE NUMBER OF HOUSEHOLD MEMBER/S WHO IS/ARE LIVESTOCK AND/OR POULTRY OPERATOR/S	LINE NUMBER	LINE NUMBER	LINE NUMBER
(27)	In the past 12 months (July 01, 2021 - June 30, 2022), what were the kinds of livestock and/or poultry raised and tended by (NAME)?	**1 YES ; 2 NO** A CARABAO A B CATTLE B C GOAT C D SWINE D E CHICKEN E F DUCK F G HORSES G H SHEEP H I RABBIT I J DOG FOR SALE J Z OTHERS, SPECIFY Z _____	**1 YES ; 2 NO** A CARABAO A B CATTLE B C GOAT C D SWINE D E CHICKEN E F DUCK F G HORSES G H SHEEP H I RABBIT I J DOG FOR SALE J Z OTHERS, SPECIFY Z _____	**1 YES ; 2 NO** A CARABAO A B CATTLE B C GOAT C D SWINE D E CHICKEN E F DUCK F G HORSES G H SHEEP H I RABBIT I J DOG FOR SALE J Z OTHERS, SPECIFY Z _____

CHECK FOR OTHER HOUSEHOLD MEMBERS NOT YET LISTED

ARE THERE OTHER HOUSEHOLD MEMBERS WHO ARE LIVESTOCK AND POULTRY OPERATORS?	YES, USE ANOTHER BOOKLET .... NO..	1 2

(28) What were the machineries, equipment, facilities, and other tools used by the household in raising/tending livestock and/or poultry?

USE FLASHCARDS AND ENTER THE NAME AND CODE OF MACHINERIES, EQUIPMENT/FACILITIES USED

USE CODE 9999 FOR OTHER LIVESTOCK AND/OR POULTRY MACHINERIES/ EQUIPMENT/FACILITIES

(29) How many of the following machineries, equipment, facilities, and other tools were owned, rented, and used rent-free by the household for livestock and/or poultry raising?

LIVESTOCK AND POULTRY MACHINERY/ EQUIPMENT/FACILITY	CODE	OWNED	RENTED	RENT-FREE	TOTAL
1 _____					
2 _____					
3 _____					
4 _____					
5 _____					
6 _____					
7 _____					
8 _____					
9 _____					
10					

(30)	In the past three (3) years (July 2019 - June 2022), has your household continuously been operating in livestock and/or poultry raising activity in your current city/municipality of residence?	YES .... NO	1 2 **GO TO G34**
(31)	Compared with three (3) years ago (2019), did the volume of household's livestock and/or poultry raised/produced decrease, increase, or remain the same?	DECREASE .... INCREASE .... REMAIN THE SAME	1 2 } 3 } **GO TO G34**
(32)	What was the primary reason for the decrease in volume of livestock and/or poultry raised/produced?	STRICKEN WITH DISEASE (SWINE FLU, BIRD FLU, FOOT AND MOUTH DISEASE) .... AFFECTED BY TYPHOON .... AFFECTED BY FLOOD .... AFFECTED BY EXTREME HOT WEATHER CONDITION .... INCREASE IN COST OF INPUTS (FEEDS, CHICKS, ETC.) .... DECREASE IN LAND HOLDING .... OTHERS, SPECIFY	1 2 3 4 5 6 } **GO TO G34** 9 } _____ SPECIFY
(33)	What was the percentage decrease in the latest livestock and/or poultry produced due to (reason for decrease in volume) compared to your household's volume of production three (3) years ago?	PERCENT	

FOR AQUACULTURE OPERATOR

PROCEED TO ANSWER G34 - G46 IF G12 IS 1 IN C-AQUACULTURE AND G15 IS 1 OPERATOR IN OWN FISHERY ACTIVITY

(34)	How many aquafarms are being operated by the household in the past 12 months (July 01, 2021 - June 30, 2022)?	

	AQUAFARM 1	AQUAFARM 2	AQUAFARM 3	AQUAFARM 4	AQUAFARM 5	AQUAFARM 6
(35) Who among the household members are operator/s of the aquafarm? **ENTER LINE NUMBER**						

G. AGRICULTURAL AND FISHERY ACTIVITIES

FOR AQUACULTURE OPERATOR

		AQUAFARM 1	AQUAFARM 2	AQUAFARM 3	AQUAFARM 4	AQUAFARM 5	AQUAFARM 6
(36)	Where is the aquafarm located? WITHIN THE BARANGAY …….............................. 1 OUTSIDE THE BARANGAY BUT WITHIN THE CITY/MUNICIPALITY .... 2 OUTSIDE THE BARANGAY AND CITYMUNICIPALITY 3	☐	☐	☐	☐	☐	☐
(37)	What is the type of the aquafarm being operated by the household? FISHPOND .... 1 FISH TANK .... 2 FISH PEN .... 3 FISH CAGE .... 4 SEAWEED FARM .... 5 MUSSEL FARM .... 6 OYSTER (TALABA) FARM .... 7 OTHERS, SPECIFY ……………………….............. 9	☐ SPECIFY	☐ SPECIFY	☐ SPECIFY	☐ SPECIFY	☐ SPECIFY	☐ SPECIFY
(38)	What is the measurement of the aquafarm? **IF ANSWER IN G37 IS 1, 5, 6, 7, ASK AREA** **IF ANSWER IN G37 IS 2, 3, 4, 9, ASK AREA, DEPTH, VOLUME**	AREA (IN SQ. M.) DEPTH (IN M) VOLUME (IN CU. M.)	AREA (IN SQ. M.) DEPTH (IN M) VOLUME (IN CU. M.)	AREA (IN SQ. M.) DEPTH (IN M) VOLUME (IN CU. M.)	AREA (IN SQ. M.) DEPTH (IN M) VOLUME (IN CU. M.)	AREA (IN SQ. M.) DEPTH (IN M) VOLUME (IN CU. M.)	AREA (IN SQ. M.) DEPTH (IN M) VOLUME (IN CU. M.)
(39)	What is the type of water environment used in the aquafarm? Freshwater .... 1 Brackish water .... 2 Marine water 3	☐	☐	☐	☐	☐	☐
(40)	What is the tenurial status of the aquafarm? OWNED ..………………………………......………………… 01 OWNER-LIKE ………………………….......................... 02 GOVERNMENT-OWNED WITH FISHPOND LEASE AGREEMENT (FLA) 03 GOVERNMENT-OWNED WITHOUT FLA ……………………… 04 GOVERNMENT-OWNED WITH GRATUITOUS PERMIT .... 05 GOVERNMENT-OWNED WITH CITY/MUNICIPAL LICENSE ……………. 06 LESSEE/RENTED .... 07 SUB-LESSEE .... 08 SUB-SUB LESSEE .... 09 RENT-FREE .... 10 OTHERS, SPECIFY ……………………………………………… 99	☐☐ SPECIFY	☐☐ SPECIFY	☐☐ SPECIFY	☐☐ SPECIFY	☐☐ SPECIFY	☐☐ SPECIFY

CHECK FOR OTHER HOUSEHOLD MEMBER NOT YET LISTED

ARE THERE OTHER HOUSEHOLD MEMBERS WHO ARE AQUACULTURE OPERATORS?	YES, USE ANOTHER BOOKLET ...……………………………..... NO ...………………………………………….....…......…	1 2	☐

(41)	What are the machineries, equipment, facilities, and other tools used by the household in the aquafarm operation? **USE FLASHCARDS AND ENTER THE NAME AND CODE OF AQUAFARM MACHINERIES, EQUIPMENT/FACILITIES USED** **USE CODE 9999 FOR OTHER AQUAFARM MACHINERIES/EQUIPMENT/ FACILITIES** AQUAFARM MACHINERY/ EQUIPMENT/ FACILITY / CODE 1 2 3 4 5 6 7 8 9 10	**(42)** How many of the following machineries, equipment, facilities, and other tools are used by the household in the aquafarm operation? OWNED / RENTED / RENT-FREE / TOTAL

(43)	In the past three (3) years (July 2019 - June 2022), has your household continuously been operating an aquafarm in your current city/municipality of residence?	YES .... NO	1 2 **GO TO G47**	☐
(44)	Compared with three (3) years ago (2019), did your household's harvest decrease, increase, or remain the same?	DECREASE .... INCREASE .... REMAIN THE SAME..	1 2 }**GO TO G47** 3	☐
(45)	What was the primary reason for the decrease in harvest from the aquafarm/s?	AFFECTED BY NATURAL CALAMITIES (TYPHOONS, FLOODS, SOIL EROSIONS, EXCESSIVE HEAT,ETC.) ……………… SUDDEN CHANGE OF WEATHER CONDITIONS POLLUTION/CONTAMINATION .... PESTS AND DISEASES .... HIGH COST OF MATERIAL INPUTS .... COMPETITION WITH IMPORTED SPECIES .. OTHERS, SPECIFY	1 2 3 4 5 }**GO TO G47** 6 9	_____ Specify

CBMS Form 2 HPQ

G. AGRICULTURAL AND FISHERY ACTIVITIES

FOR AQUACULTURE OPERATOR

(46)	What is the percentage decrease in the latest harvest due to (reason for decrease in production) compared to your household's harvest three (3) years ago?	PERCENT	☐☐☐

FOR FISH CAPTURE OPERATOR

PROCEED TO ANSWER G47 - G57 IF G12 IS 1 IN D-FISH CAPTURE AND G15 IS 1 OPERATOR IN OWN FISHERY ACTIVITY

		HH MEMBER 1	HH MEMBER 2	HH MEMBER 3	HH MEMBER 4	HH MEMBER 5	HH MEMBER 6
	ENTER LINE NUMBER OF HOUSEHOLD MEMBER/S WHO IS/ARE FISH CAPTURE OPERATOR	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

(47)	Did any member of the household use boat/vessel for fish capture in the past 12 months (July 01, 2021 - June 30, 2022)?	YES .... NO	1 2 **GO TO G51**	☐
(48)	In the past 12 months (July 01, 2021 - June 30, 2022), how many boats/vessels does the household use for fish capture?	NO. OF UNITS ....….…..		☐☐

BOATS/VESSEL USED BY THE HOUSEHOLD

		BOAT/VESSEL 1	BOAT/VESSEL 2	BOAT/VESSEL 3	BOAT/VESSEL 4	BOAT/VESSEL 5	BOAT/VESSEL 6
(49)	Is the boat/vessel used in fish capture owned, or not owned/rented? OWNED .... 1 NOT OWNED/RENTED 2	☐	☐	☐	☐	☐	☐
(50)	What is the type of boat/vessel used for fish capture? Boat with engine and outrigger .... 1 Boat with engine but without outrigger .... 2 Boat without engine but with outrigger .... 3 Boat without engine and outrigger 4	☐	☐	☐	☐	☐	☐

CHECK FOR OTHER BOATS/VESSELS NOT YET LISTED

	ARE THERE OTHER BOATS/VESSELS USED BY THE HOUSEHOLD FOR FISHING ACTIVITY?	YES, USE ANOTHER BOOKLET .... NO ....…..........	1 2	☐
(51)	Where is the fish capture operation most often performed?	In inland waters only…..……….. In marine waters only .... In inland and marine waters ....…........	1 2 3	☐

(52) What were the types of fishing gears/accessories used by the household in the fish capture operation?

USE FLASHCARDS AND ENTER THE NAME AND CODE OF FISHING GEARS/ACCESSORIES USED

USE CODE 9999 FOR OTHER FISHING GEARS/ACCESSORIES

(53) How many of these fishing gears/accessories were owned, rented, and used rent-free by the household for fish capture operation?

FISHING GEARS/ACCESSORIES	CODE	OWNED	RENTED	RENT-FREE	TOTAL
1 _____					
2 _____					
3 _____					
4 _____					
5 _____					
6 _____					
7 _____					
8 _____					
9 _____					
10 _____					

(54)	In the past three (3) years (July 2019 - June 2022), has your household continuously been operating fish capture in the municipal and/or commercial/marine waters while staying/living continuously in the city/municipality of residence?	YES .... NO	1 2 **GO TO SECTION H**	☐
(55)	Compared with three (3) years ago (2019), did your household's fish catch decrease, increase, or remain the same?	DECREASE .... INCREASE .... REMAIN THE SAME	1 2 ⎫ **GO TO SECTION H** 3 ⎭	☐
(56)	What is the primary reason for the decrease in fish catch?	OCCURRENCE OF CORAL BLEACHING ...... OCCURRENCE OF FISH KILL .... OCCURRENCE OF OIL SPILL AND OTHER KINDS OF POLLUTION .... FREQUENT OCCURRENCE OF TYPHOONS DECREASE IN FISHING AREA DUE TO GOVERNMENT RESTRICTIONS .... DECREASE IN FISHING AREA DUE TO COMPETITION .... DECREASE IN FISHES/FISH STOCK .... LESS FREQUENT FISHING BECAUSE OF THE INCREASE IN FUEL PRICES AND OTHER EXPENSES .... SHIFT TO OTHER FORMS OF LIVELIHOOD/ EMPLOYMENT/BUSINESS .... MAJOR DAMAGE TO BANCA/VESSEL .... OTHERS, SPECIFY	01 02 03 04 05 06 07 08 ⎫ 09 ⎬ **GO TO SECTION H** 10 ⎪ 99 ⎭	☐☐ _____ SPECIFY
(57)	What is the percentage decrease in the latest fish catch due to (reason for decrease in fish catch) compared to your volume of fish caught three (3) years ago?	PERCENT		☐☐☐

H. FAMILY INCOME

The next questions will ask about the sources of income of you and your family members. Please provide answers in Philippine Peso.

(01)	Who among the family members are/were regularly and seasonally employed in the past 12 months (July 01, 2021 - June 30, 2022)? **EXCLUDE FORMER FAMILY MEMBERS**			LINE NUMBER OF FAMILY MEMBER □□□□□□□□□□	TOTAL	DID THE RESPONDENT AGREE TO ANSWER? (07)
			FROM REGULAR AND SEASONAL EMPLOYMENT			
(02)	How much was received by (NAME) as (A-C SOURCE OF INCOME) in the past 12 months (July 01, 2021 - June 30, 2022)? **(ENTER TOTAL AMOUNT IN PHILIPPINE PESOS)**	A	Salaries and wages from regular and seasonal employment		_____	1 YES 2 NO □
		B	Commissions, tips, bonuses, family and clothing allowance, transportation and representation allowance and honoraria		_____	1 YES 2 NO □
		C	Other forms of compensation		_____	1 YES 2 NO □
			FROM ENTREPRENEURIAL ACTIVITIES			
(03)	How much was received by the family as (D-P SOURCE OF INCOME, Z) in the past 12 months (July 01, 2021 - June 30, 2022)? **(ENTER TOTAL AMOUNT IN PHILIPPINE PESOS)**	D	Net receipts derived from the operation of family operated enterprises/activities		_____	1 YES 2 NO □
		E	Net receipts derived from the operation of practice of a profession or trade		_____	1 YES 2 NO □
			FROM OTHER SOURCES OF FAMILY'S INCOME			
		F	Net share of crops, fruits, and vegetables produced, aquaculture products harvested or livestock and poultry raised by other households		_____	1 YES 2 NO □
		G	Cash receipts, gifts, support, relief, and other forms of assistance from abroad		_____	1 YES 2 NO □
		H	Pantawid Pamilyang Pilipino Program (4Ps)		_____	1 YES 2 NO □
		I	Social Pension for Indigent Senior Citizen		_____	1 YES 2 NO □
		J	Social Amelioration Program (SAP) to Individuals in Crisis Situation		_____	1 YES 2 NO □
		K	Other cash receipts, support, assistance, and relief from domestic sources		_____	1 YES 2 NO □
		L	Dividend from investments		_____	1 YES 2 NO □
		M	Rentals received from non-agricultural lands, buildings, spaces, and other properties		_____	1 YES 2 NO □
		N	Interests (interest from bank deposits, interest from loans extended to other families)		_____	1 YES 2 NO □
		O	Gifts received by the family (in kind)		_____	1 YES 2 NO □
		P	Family sustenance activities		_____	1 YES 2 NO □
		Z	Other sources of income, specify _____ SPECIFY _____ SPECIFY _____ SPECIFY		_____	1 YES 2 NO □

CHECK FOR FAMILY MEMBERS NOT YET LISTED		
ARE THERE ANY OTHER FAMILY MEMBERS NOT YET LISTED HERE?	1 YES, USE A SEPARATE BOOKLET 2 NO	□
(04)	**TOTAL ANNUAL INCOME (CURRENT FAMILY MEMBERS)**	_____	
(05)	How much was received by former family member/s as (A-Z SOURCE OF INCOME) in the past 12 months (July 01, 2021 - June 30, 2022)? **IF THE RESPONDENT IS HAVING A HARD TIME ANSWERING, REQUEST FOR THE BEST ESTIMATE. IF THE RESPONDENT REFUSES TO GIVE AN ESTIMATE, MARK THE BOX "2-NO" ON H07.**	_____	1 YES 2 NO □
(06)	**TOTAL ANNUAL INCOME (CURRENT FAMILY AND FORMER FAMILY MEMBERS)**	_____	

I. FOOD CONSUMPTION EXPENDITURE

In this section, we would like to ask about your family's food consumption expenditure.

Now, please think about the last 12 months ....

(01)	How much was the family's usual or average expenditure on food consumed? **(ENTER AMOUNT IN PHILIPPINE PESO)**	_____ USUAL OR AVERAGE EXPENDITURE (IN PHP)	**FREQUENCY (02)** ☐
(03)	How much was your family's expenditure for food items that were consumed occasionally (every 2 months/three (3) months/semestral/once a year)?	_____ EXPENDITURE ON FOOD CONSUMED OCCASIONALLY (IN PHP)	**CODES FOR (02) FREQUENCY**
(04)	**HOW MUCH WAS YOUR FAMILY'S TOTAL FOOD CONSUMPTION IN THE PAST 12 MONTHS (JULY 01, 2021 - JUNE 30, 2022)?**	_____ TOTAL ANNUAL FOOD CONSUMPTION (IN PHP)	1 PER DAY 2 PER WEEK 3 EVERY 15 DAYS 4 PER MONTH 5 ENTIRE YEAR

Probe: How much of the total family income was allocated for food consumption in the past 12 months? **VERIFY WITH RESPONDENT AND EDIT AS NECESSARY**

J. FOOD SECURITY

Now we would like to ask about your household's experience in food security in the past 12 months. We will give several statements and you are requested to answer whether you or any other adult in the household experienced this or not by saying "Yes" or "No".

(01)	During the past 12 months (July 01, 2021 - June 30, 2022), was there a time when you (or any other adult in the household) <u>were worried about not having enough food to eat</u> because of a lack of money or other resources?	YES ...... 1 DON'T KNOW ...... 8 NO ...... 2 PREFER NOT TO ANSWER 9	☐
(02)	During the past 12 months (July 01, 2021 - June 30, 2022), was there a time when you (or any other adult in the household) <u>were unable to eat healthy and nutritious food</u> because of a lack of money or other resources?	YES ...... 1 DON'T KNOW ...... 8 NO ...... 2 PREFER NOT TO ANSWER 9	☐
(03)	During the past 12 months (July 01, 2021 - June 30, 2022), was there a time when you (or any other adult in the household) <u>ate only a few kinds of food</u> because of a lack of money or other resources?	YES ...... 1 DON'T KNOW ...... 8 NO ...... 2 PREFER NOT TO ANSWER 9	☐
(04)	During the past 12 months (July 01, 2021 - June 30, 2022), was there a time when you (or any other adult in the household) <u>had to skip a meal</u> because there was not enough money or other resources to get food?	YES ...... 1 DON'T KNOW ...... 8 NO ...... 2 PREFER NOT TO ANSWER 9	☐
(05)	During the past 12 months (July 01, 2021 - June 30, 2022), was there a time when you (or any other adult in the household) <u>ate less than you thought you should</u> because of a lack of money or other resources?	YES ...... 1 DON'T KNOW ...... 8 NO ...... 2 PREFER NOT TO ANSWER 9	☐
(06)	During the past 12 months (July 01, 2021 - June 30, 2022), was there a time when you or your household <u>ran out of food</u> because of a lack of money or other resources?	YES ...... 1 DON'T KNOW ...... 8 NO ...... 2 PREFER NOT TO ANSWER 9	☐
(07)	During the past 12 months (July 01, 2021 - June 30, 2022), was there a time when you (or any other adult in the household) <u>were hungry but did not eat</u> because there was not enough money or other resources to get food?	YES ...... 1 DON'T KNOW ...... 8 NO ...... 2 PREFER NOT TO ANSWER 9	☐
(08)	During the past 12 months (July 01, 2021 - June 30, 2022), was there a time when you (or any other adult in the household) <u>went without eating for a whole day</u> because of a lack of money or other resources? **(IF NO, DON'T KNOW, OR PREFER NOT TO ANSWER, GO TO K01)**	YES ...... 1 DON'T KNOW ...... 8 NO ...... 2 PREFER NOT TO ANSWER 9	☐
(09)	<u>From April - June 2022</u>, was there a time when you (or any other adult in the household) <u>went without eating for a whole day</u> because of a lack of money or other resources?	YES ...... 1 DON'T KNOW ...... 8 NO ...... 2 PREFER NOT TO ANSWER 9	☐

K. FINANCIAL INCLUSION

Now we will ask about the household's financial activities such as opening/maintaining of bank accounts, savings and loans, among others.

(01)	Which of the following formal financial accounts (which is/are active, whether personal or joint accounts) do you or any of your household members have? **ANY YES, GO TO K03** **IF ALL PREFER NOT TO ANSWER OR COMBINATION OF PREFER NOT TO ANSWER AND NO, GO TO K04**	Bank account (ATM, Online/Electronic banking, Passbook) ...... A Digital bank account (UNObank, Union Digital Bank, GoTyme, Overseas Filipino Bank, Tonik, and Maya Bank) ...... B E-money account (e.g., G-Cash, PayMaya) or cash card ...... C Account with Non-Stock Savings and Loan Association or NSSLA (e.g., AFPSLAI, Manila Teachers SLA) ...... D Account with cooperative ...... E Account with microfinance NGO (e.g., CARD, ASA) ...... F Others, specify (e.g., CIMB, ING, Paypal) ...... Z	**1 YES ; 2 NO ; 9 PREFER NOT TO ANSWER** A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ Z ☐ ____ SPECIFY
(02)	**ANSWER THIS IF ANSWER IN 01 (A-F, Z) IS NO** What is/are the reason/s for not having any of the financial accounts mentioned in K01? **ANY ANSWER, GO TO K04**	DO NOT KNOW THE DETAILS OR HOW IT WORKS ...... A DO NOT HAVE THE DOCUMENTARY REQUIREMENTS (e.g., ID) TO OPEN AN ACCOUNT ...... B DO NOT TRUST FINANCIAL INSTITUTIONS ...... C RELIGIOUS BELIEFS ...... D FIND THE MINIMUM DEPOSIT, MAINTAINING BALANCE, AND OTHER TRANSACTION FEES TOO EXPENSIVE ...... E DO NOT NEED IT/NOT INTERESTED/PREFER CASH/CHOOSE NOT TO OPEN ...... F DO NOT HAVE ENOUGH/EXTRA MONEY TO OPEN AN ACCOUNT ...... G THE BANK/FINANCIAL INSTITUTION IS TOO FAR ...... H PERSONAL REASONS/CONFIDENTIAL ...... I TOO OLD/YOUNG ...... J OTHERS, SPECIFY ...... Z	**1 YES ; 2 NO** A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ Z ☐ ____ SPECIFY
(03)	In the <u>past 12 months</u>, how did you or any member of your household use the financial account/s?	SAVING - FOR EDUCATION ...... A SAVING - FOR LEISURE/TRAVEL ...... B SAVING - FOR EMERGENCIES ...... C SAVING - FOR OPENING BUSINESS/ BUSINESS EXPANSION ...... D SAVING - FOR FUTURE EVENTS (e.g., BIRTHDAY, WEDDINGS, ANNIVERSARIES) ...... E SAVING - FOR INVESTMENTS ...... F SAVING - FOR OTHER PURPOSES NOT CITED ABOVE ...... G PAYMENT - FOR ELECTRONIC BANKING (i.e., FUND TRANSFER VIA ONLINE BANKING, ATM, MOBILE APP) ...... H PAYMENT - FOR AUTOMATIC DEBIT ARRANGEMENTS ...... I PAYMENT - FOR CHECK PAYMENT ...... J PAYMENT - FOR POINT-OF-SALE (POS) USING DEBIT CARDS/CASH CARDS ...... K PAYMENT - FOR BILLS (e.g., INSURANCE, UTILITIES LIKE MERALCO, MANILA WATER) ...... L PAYMENT - FOR ONLINE SHOPPING ...... M PAYMENT - FOR LOANS ...... N FOR RECEIVING BENEFITS FROM A GOVERNMENT PROGRAM (e.g., 4PS, SAP, SOCIAL PENSION) ...... O FOR RECEIVING SALARY ...... P FOR RECEIVING PENSION ...... Q FOR RECEIVING LOANS ...... R FOR RECEIVING ALLOWANCE (FAMILY, STUDENT, KIDS) ...... S FOR BUSINESS OPERATIONS ...... T FOR REMITTANCES ...... U OTHERS, SPECIFY ...... Z	**1 YES ; 2 NO** A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ U ☐ Z ☐ ____ SPECIFY

K. FINANCIAL INCLUSION

(04)	Do you or any of your household members have savings?	YES .... NO	1 2 **GO TO K06**	☐

(05)	Where do you or any of your household members put/keep your savings? **ANY ANSWER, GO TO K07**	FORMAL FINANCIAL ACCOUNT .... AT HOME .... ASK OTHER PEOPLE TO KEEP MONEY FOR ME .... GROUP SAVINGS .... GOVERNMENT INSTITUTIONS (GSIS, SSS, PAG-IBIG) .... OTHERS, SPECIFY	A B C D E Z	**1 YES; 2 NO; 9 PREFER NOT TO ANSWER** A ☐ B ☐ C ☐ D ☐ _____ E ☐ SPECIFY Z ☐

(06)	**IF ANSWER IN K04 IS NO** What is/are the reason/s why you or any of your household members do not have savings?	EARN JUST ENOUGH/ NO EXTRA MONEY .... UNEMPLOYMENT/NO STABLE SOURCE OF INCOME .... USED FOR EMERGENCY, HOUSE REPAIR, EVENTS, PURCHASES AND BUSINESS/ENTREPRENEURIAL ACTIVITIES .... FELT NO NEED TO SAVE .... OTHERS, SPECIFY	A B C D Z	**1 YES ; 2 NO** A ☐ B ☐ C ☐ D ☐ _____ Z ☐ SPECIFY

(07)	Do you or any of your household members have any loan/s? **OUTSTANDING LOANS AS OF DATE OF VISIT**	YES .... NO .... DON'T KNOW .... PREFER NOT TO ANSWER	1 2 8 } **GO TO K10** 9	☐

(08)	Where did you or any of your household members acquire this/these loan/s?	BANK .... NSSLA .... COOPERATIVE .... MICROFINANCE INSTITUTION .... FINANCING/LENDING COMPANY .... ONLINE LENDING PLATFORM .... PAWNSHOP .... GOVERNMENT INSTITUTION (e.g., GSIS, SSS, PAG-IBIG) .... FAMILY, RELATIVE, AND FRIEND .... INFORMAL LENDER .... SALARY ADVANCE FROM EMPLOYER .... IN-HOUSE FINANCING .... OTHERS, SPECIFY	A B C D E F G H I J K L Z	**1 YES; 2 NO; 9 PREFER NOT TO ANSWER** A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ _____ Z ☐ SPECIFY

(09)	What is/are the purpose/s of this/these loan/s?	BUSINESS/ENTREPRENEURIAL ACTIVITIES .... EDUCATION .... TRAVEL/LEISURE .... MEDICAL NEEDS .... DAILY NEEDS (e.g., FOOD, RENT, ELECTRICITY, WATER) .... VEHICLE .... REAL ESTATE (e.g., HOUSE, LOT, CONDO) .... PAYMENT FOR ANOTHER LOAN .... APPLIANCE/FURNITURE, AND GADGETS .... INSURANCE .... EVENTS (e.g., WEDDINGS, BIRTHDAYS) .... OTHERS, SPECIFY	A B C D E F G H I J K Z	**1 YES; 2 NO; 9 PREFER NOT TO ANSWER** A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ _____ K ☐ SPECIFY Z ☐

(10)	Which of the following insurance products do you or any of your household members have?	Life insurance .... Accident insurance .... Health insurance .... Combination of non life and life insurance .... Fire insurance .... Vehicle insurance .... Microinsurance .... Crop insurance .... Livestock and Poultry insurance .... Fisheries insurance .... Others, specify (e.g., house, appliances)	A B C D E F G H I J Z	**1 YES; 2 NO; 9 PREFER NOT TO ANSWER** A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ _____ J ☐ SPECIFY Z ☐

L. HEALTH

In the next questions, we will ask about the health status of the household members. There will be questions about pregnant and lactating women, infant/s and child/ren, persons with disability, and other sickness experienced by the members of your household. Some of the questions might be sensitive or difficult to answer, but we encourage you to answer as this might help the government craft programs that might benefit your household and your community.

PREGNANT AND LACTATING MOTHERS

FOR ALL FEMALE HOUSEHOLD MEMBERS 10 YEARS OLD AND OVER

(01)	Is/are there any female household member/s who are pregnant or who had been pregnant in the past three (3) years?	YES .... 1 NO .... 2 **GO TO L08**	☐

		HH MEMBER 1	HH MEMBER 2	HH MEMBER 3
(02)	Who is/are the female household member/s who are pregnant or who had been pregnant in the last three (3) years?	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐
(03)	How many pregnancies did she had/have in the past three (3) years?	☐	☐	☐
(04)	How many of these pregnancies resulted in a live birth?	☐	☐	☐
(05)	In what month and year did (NAME) have her first ever pregnancy? 98 DON'T KNOW (MONTH)	MONTH .... ☐☐ YEAR .. ☐☐☐☐	MONTH .... ☐☐ YEAR .. ☐☐☐☐	MONTH .... ☐☐ YEAR... ☐☐☐☐

L. HEALTH

PREGNANT AND LACTATING MOTHERS

FOR ALL FEMALE HOUSEHOLD MEMBERS 10 YEARS OLD AND OVER

CHECK FOR OTHER FEMALE HOUSEHOLD MEMBERS NOT YET LISTED

Are there other female household members who had been pregnant in the last three (3) years?	YES, USE ANOTHER BOOKLET ……………..…………….. 1 NO 2	☐
(06) As of <u>July 01, 2022,</u> is/are there any female household member/s who is/are currently pregnant?	YES .... 1 NO .... 2 **GO TO L08**	☐

	HH MEMBER 1	HH MEMBER 2	HH MEMBER 3
(07) As of <u>July 01, 2022,</u> who is/are the female household member/s who is/are currently pregnant?	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐

CHECK FOR OTHER FEMALE HOUSEHOLD MEMBERS NOT YET LISTED

Are there other female household members who is/are currently pregnant?	YES, USE ANOTHER BOOKLET ……………..…………….. 1 NO 2	☐
(08) Is/are there any female household member/s who is/are currently lactating/ breastfeeding mother?	YES .... …….......... 1 NO .... 2 **GO TO L10**	☐

	HH MEMBER 1	HH MEMBER 2	HH MEMBER 3
(09) Who is/are currently lactating/breastfeeding mother/s in this household?	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐

CHECK FOR OTHER FEMALE HOUSEHOLD MEMBERS NOT YET LISTED

ARE THERE OTHER FEMALE HOUSEHOLD MEMBERS WHO ARE CURRENTLY LACTATING/BREASTFEEDING MOTHER/S?	YES, USE ANOTHER BOOKLET ……………..…………….. 1 NO 2	☐

CHILD MORTALITY

FOR FORMER HOUSEHOLD MEMBERS IF 0 TO 5 YEARS OLD

(10) In the past three (3) years was/were there former household member/s zero (0) to five (5) years old who died? (Includes born alive births but later died)	YES .... 1 NO .... 2 **GO TO L15**	☐

	CHILD/BABY 1	CHILD/BABY 2	CHILD/BABY 3
(11) What was the name of child or baby?	 _(Name)_	 _(Name)_	 _(Name)_
(12) What was the sex of the child or baby?	MALE .... 1 ☐ FEMALE 2	MALE .... 1 ☐ FEMALE 2	MALE .... 1 ☐ FEMALE 2
(13) What was the age (in month/s) of the child or baby when he/she died?	AGE (IN MONTHS) …. ☐☐	AGE (IN MONTHS) …. ☐☐	AGE (IN MONTHS) … ☐☐
(14) What was the main cause of death of the child or baby?	CAUSE OF DEATH .... ☐☐ _____ SPECIFY	CAUSE OF DEATH .... ☐☐ _____ SPECIFY	CAUSE OF DEATH .... ☐☐ _____ SPECIFY

CODES FOR (14) CAUSE OF DEATH

01 BACTERIAL SEPSIS OF NEWBORN
02 PNEUMONIA
03 RESPIRATORY DISTRESS OF NEWBORN
04 CONGENITAL MALFORMATION OF THE HEART
05 DISORDERS RELATED TO SHORT GESTATION AND LOW BIRTH WEIGHT NOT ELSEWHERE CLASSIFIED

06 CONGENITAL PNEUMONIA
07 NEONATAL ASPIRATION SYNDROME
08 INTRAUTERINE HYPOXIA AND BIRTH ASPHYXIA
09 OTHER CONGENITAL MALFORMATIONS
10 DIARRHEA AND GASTROENTERITIS OF PRESUMED INFECTIOUS ORIGIN
99 OTHERS, SPECIFY

PERSONS WITH DISABILITY

FOR ALL HOUSEHOLD MEMBERS

(15) Does any member of this household have a disability?	YES .... 1 NO .... 2 **GO TO L19**	☐

	HH MEMBER 1	HH MEMBER 2	HH MEMBER 3
(16) Who among the household members have disability?	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐

	DISABILITY 1	DISABILITY 2	DISABILITY 3	DISABILITY 1	DISABILITY 2	DISABILITY 3	DISABILITY 1	DISABILITY 2	DISABILITY 3
(17) Which among the following type of disability/ies does (NAME) have? **SEE CODES BELOW**	☐ SPECIFY	☐ SPECIFY	☐ SPECIFY	☐ SPECIFY	☐ SPECIFY	☐ SPECIFY	☐ SPECIFY	☐ SPECIFY	☐ SPECIFY
(18) Has (NAME)'s disability/ies been diagnosed by a doctor? YES .... 1 NO 2	☐	☐	☐	☐	☐	☐	☐	☐	☐

CODES FOR (17) TYPE OF DISABILITIES

A VISUAL DISABILITY
B DEAF OR HEARING DISABILITY
C INTELLECTUAL DISABILITY

D LEARNING DISABILITY
E MENTAL DISABILITY
F PHYSICAL DISABILITY (ORTHOPEDIC)

G PSYCHOSOCIAL DISABILITY
H SPEECH AND LANGUAGE IMPAIRMENT
Z OTHERS, SPECIFY _____

CHECK FOR OTHER HOUSEHOLD MEMBERS NOT YET LISTED

ARE THERE OTHER HOUSEHOLD MEMBERS WHO HAVE DISABILITY? **ARE THERE MEMBERS WHO HAVE MORE THAN THREE (3) DISABILITIES?**	YES, USE ANOTHER BOOKLET ……………..…………….. 1 NO 2	☐
(19) Are there any member of this household who were diagnosed as cancer patients or persons living with cancer?	YES .... 1 NO .... 2 **GO TO L21**	☐

	HH MEMBER 1	HH MEMBER 2	HH MEMBER 3
(20) Who among the household members are cancer patients or persons living with cancer?	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐

CHECK FOR OTHER HOUSEHOLD MEMBERS NOT YET LISTED

ARE THERE OTHER HOUSEHOLD MEMBERS WHO ARE CANCER PATIENTS OR PERSONS LIVING WITH CANCER?	YES, USE ANOTHER BOOKLET ...... 1 NONE 2	☐
(21) Are there any member of this household who are cancer survivors?	YES .... 1 NO .... 2 **GO TO L23**	☐

L. HEALTH

FOR ALL HOUSEHOLD MEMBERS

		HH MEMBER 1	HH MEMBER 2	HH MEMBER 3
(22)	Who among the household members are cancer survivors?	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐

CHECK FOR OTHER HOUSEHOLD MEMBERS NOT YET LISTED

ARE THERE OTHER HOUSEHOLD MEMBERS WHO ARE CANCER SURVIVORS?	YES, USE ANOTHER BOOKLET ...... 1 NO .... 2 ☐

		HH MEMBER 1	HH MEMBER 2	HH MEMBER 3
(23)	Does any member of this household have rare disease? *(Does any member of this household have a seemingly rare disease?)*	YES .... 1 NO .... 2 **GO TO L29** ☐		
(24)	Who among the household members have rare disease? *(Who among the household members has a seemingly rare disease?)*	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐
(25)	Has (NAME)'s rare disease been diagnosed by a doctor? **IF ANSWER IS NO, GO TO L27**	YES .... 1 ☐ NO 2	YES .... 1 ☐ NO 2	YES .... 1 ☐ NO 2
(26)	What is (NAME)'s rare disease? **ANY ANSWER, GO TO L29**	_____ ☐☐ SPECIFY	_____ ☐☐ SPECIFY	_____ ☐☐ SPECIFY
(27)	Please describe the condition of (NAME)?	_____ SPECIFY	_____ SPECIFY	_____ SPECIFY
(28)	**IF ANSWER IN L25 IS NO** What is the main reason why (NAME)'s seemingly rare disease was not diagnosed by a doctor? **ANY ANSWER, GO TO L29 OR NEXT HH MEMBER**	☐ _____ SPECIFY	☐ _____ SPECIFY	☐ _____ SPECIFY

CODES FOR (28) REASON FOR NON DIAGNOSIS OF RARE DISEASE

1 FACILITY / DOCTOR IS FAR 2 NO MONEY FOR CONSULTATION 3 WORRIED ABOUT TREATMENT COST	4 HOME REMEDY IS AVAILABLE 5 EXPECT THAT THE DISEASE WILL BE CURED EVENTUALLY 9 OTHERS, SPECIFY _____

CHECK FOR OTHER HOUSEHOLD MEMBERS NOT YET LISTED

ARE THERE OTHER HOUSEHOLD MEMBERS WHO HAVE (SEEMINGLY) RARE DISEASE?	YES, USE ANOTHER BOOKLET ...... 1 NO .... 2 ☐

		HH MEMBER 1	HH MEMBER 2	HH MEMBER 3
(29)	Does any member of this household have Persons With Disability (PWD) ID?	YES .... 1 NO .... 2 **GO TO L33** ☐		
(30)	Who among the members of this household has a PWD ID?	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐
(31)	Can you please show me your/their PWD ID? **IF PWD ID IS NOT SHOWN, GO TO L33**	YES .... 1 ☐ NO .... 2 **IF NOT SHOWN, GO TO L33**	YES .... 1 ☐ NO .... 2 **IF NOT SHOWN, GO TO L33**	YES .... 1 ☐ NO .... 2 **IF NOT SHOWN, GO TO L33**
(32)	**RECORD THE TYPE OF DISABILITY SHOWN IN THE PWD ID**	☐☐	☐☐	☐☐

CODES FOR (32) TYPES OF DISABILITY SHOWN ON PWD ID

01 VISUAL DISABILITY 02 DEAF OR HEARING DISABILITY 03 INTELLECTUAL DISABILITY 04 LEARNING DISABILITY 05 MENTAL DISABILITY	06 PHYSICAL DISABILITY (ORTHOPEDIC) 07 PSYCHOSOCIAL DISABILITY 08 SPEECH AND LANGUAGE IMPAIRMENT 09 CANCER (RA 11215) 10 RARE DISEASE (RA 10747)

CHECK FOR OTHER HOUSEHOLD MEMBERS NOT YET LISTED

ARE THERE OTHER HOUSEHOLD MEMBERS WHO HAVE PWD IDS?	YES, USE ANOTHER BOOKLET ...... 1 NO .... 2 ☐

ILLNESS/SICKNESS/INJURY

		HH MEMBER 1	HH MEMBER 2	HH MEMBER 3
(33)	In the past month, did you or any of your household members get ill/sick/injured?	Yes .... 1 No .... 2 **GO TO SECTION M** ☐		
(34)	In the past month, who among the members of the household got ill/sick/injured?	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐
(35)	**IF AGE IS 0-4 YEARS OLD, SKIP THIS QUESTION** In the past month, did any of the illness/sickness/injury become a reason for not going to work or school, or not performing daily activities?	YES .... 1 ☐ NO .... 2 **IF ANSWER IS NO, GO TO L37**	YES .... 1 ☐ NO .... 2 **IF ANSWER IS NO, GO TO L37**	YES .... 1 ☐ NO .... 2 **IF ANSWER IS NO, GO TO L37**
(36)	**IF AGE IS 0-4 YEARS OLD, SKIP THIS QUESTION** In the past month, how many days was (NAME) not able to go to work or school, or perform daily activities because of the illness/sickness/injury?	NUMBER OF DAYS ☐☐	NUMBER OF DAYS ☐☐	NUMBER OF DAYS ☐☐
(37)	What is/was (NAME)'s current or most recent illness/sickness/injury?	_____ ☐☐	_____ ☐☐	_____ ☐☐

CODES FOR (37) ILLNESS/SICKNESS/INJURY

01 DIABETES 02 CANCER 03 HYPERTENSION	04 TUBERCULOSIS (TB) 05 ACUTE RESPIRATORY INFECTION 06 ACUTE GASTROENTERITIS 07 COMMON COLDS, COUGH/FLU FEVER	08 CUT/WOUND 09 BURN 10 FRACTURE/BROKEN BONE 11 DISLOCATION/SLIPPED DISK	12 SURGICAL ILLNESS 13 COVID-19 99 OTHERS, SPECIFY

L. HEALTH

FOR ALL HOUSEHOLD MEMBERS

		HH MEMBER 1	HH MEMBER 2	HH MEMBER 3
(38)	Did (NAME) avail medical treatment for his/her current or most recent illness/sickness/injury?	YES .... 1 [ ] NO .... 2 **IF ANSWER IS NO, GO TO L41**	YES .... 1 [ ] NO .... 2 **IF ANSWER IS NO, GO TO L41**	YES .... 1 [ ] NO .... 2 **IF ANSWER IS NO, GO TO L41**
(39)	Where did (NAME) avail medical treatment for his/her current or most recent illness/sickness/injury?	[ ][ ]	[ ][ ]	[ ][ ]
(40)	What were the sources of payment for the medical treatment of (NAME) in his/her current or most recent illness/sickness/injury? **ANY ANSWER, GO TO SECTION M**	[ ][ ] _____ SPECIFY	[ ][ ] _____ SPECIFY	[ ][ ] _____ SPECIFY
(41)	What was the main reason why (NAME) did not avail any medical treatment in the past month?	_____ SPECIFY [ ]	_____ SPECIFY [ ]	_____ SPECIFY [ ]

CHECK FOR OTHER HOUSEHOLD MEMBERS NOT YET LISTED

ARE THERE OTHER HOUSEHOLD MEMBERS WHO GOT ILL/SICK/INJURED IN THE PAST 12 MONTHS?	YES, USE ANOTHER BOOKLET .... 1 NO 2	[ ]

CODES FOR (39) MEDICAL TREATMENT FACILITY		CODES FOR (40) SOURCE/S OF PAYMENT	CODES FOR (41) REASON OF NOT AVAILING MEDICAL TREATMENT
PUBLIC SECTOR A REGIONAL HOSPITAL/PUBLIC MEDICAL CENTER B PROVINCIAL HOSPITAL C DISTRICT HOSPITAL D MUNICIPAL HOSPITAL E RURAL HEALTH UNIT (RHU) / URBAN HEALTH CENTER (UHC)/ LYING-IN CLINIC F BARANGAY HEALTH STATION G MOBILE CLINIC H ISOLATION FACILITY I OTHER PUBLIC HEALTH FACILITY	**PRIVATE MEDICAL SECTOR** J PRIVATE HOSPITAL K LYING-IN CLINIC/BIRTHING HOME L PRIVATE CLINIC M PRIVATE PHARMACY N MOBILE CLINIC O OTHER PRIVATE HEALTH FACILITY **ALTERNATIVE MEDICAL SECTOR** P HILOT/HERBALISTS Q THERAPEUTIC MASSAGE CENTER R OTHER ALTERNATIVE HEALING **NOT MEDICAL SECTOR** S SHOP SELLING DRUGS/MARKET T FAITH HEALER Z OTHER LOCATION	A SALARY OR INCOME B LOAN FROM BANKS AND CREDIT INSTITUTIONS, OR MORTGAGE C SAVINGS D DONATIONS, CHARITY ASSISTANCE E PHILHEALTH F SSS/GSIS/ECC G HMO/PRIVATE/PRE-NEED INSURANCES H FAMILY, FRIENDS, RELATIVES Z OTHERS, SPECIFY _____	1 FACILITY IS FAR 2 NO MONEY 3 WORRIED ABOUT TREATMENT COST 4 HOME REMEDY IS AVAILABLE 5 HEALTH FACILITY IS NOT PHILHEALTH ACCREDITED 6 EXPECT THAT THE SICKNESS/INJURY WILL HEAL EVENTUALLY 9 OTHERS, SPECIFY _____

M. CLIMATE CHANGE AND DISASTER RISK MANAGEMENT

Now, we would like to ask whether your household experienced disasters in the past three (3) years as well as ask about your household's preparedness should an unfortunate event arises.

(01)	Has your household continuously been residing in this barangay since three (3) years ago (July 01, 2019)?	YES .... 1 NO .... 2 **GO TO M07**	[ ]	
(02)	Compared with three (3) years ago (2019), did your household experience the following in this barangay? **ANY ANSWER IN M02, ANSWER ALSO M07**	Decrease in water supply .... A **IF YES, ASK ALSO M03** More frequent flooding .... B **IF YES, ASK ALSO M04 AND M05** More frequent drought .... C **IF YES, ASK ALSO M06** Hotter temperature .... D More frequent brownouts .... E	**1 YES; 2 NO** A [ ] B [ ] C [ ] D [ ] E [ ]	

ASK QUESTION 03, IF YES IN QUESTION M02 - A DECREASE IN WATER SUPPLY

(03)	What is the primary reason for the decrease in water supply?	DROUGHT/SUMMER SEASON .... 1 BROKEN FAUCET/PUMP .... 2 LOWER WATER LEVEL IN THE DAM .... 3 LESS FREQUENT DELIVERY OF TANKER TRUCK/PEDDLER .... 4 INCREASE IN NUMBER OF CONSUMERS ...... 5 RAIN/STORM/BAD WEATHER/FLOODING ...... 6 OTHERS,SPECIFY…………….……................. 9	[ ] _____ SPECIFY

ASK QUESTIONS M04 AND M05, IF YES IN QUESTION M02 - B MORE FREQUENT FLOODING

(04)	Three (3) years ago (2019), how long did it usually take for the flood to subside?	NUMBER OF HOURS	[ ][ ][ ] . [ ]
(05)	In the past 12 months (July 01, 2021 - June 30, 2022), how long did it usually take for the flood to subside?	NUMBER OF HOURS	[ ][ ][ ] . [ ]

ASK QUESTION M06, IF YES IN QUESTION M02 - C MORE FREQUENT DROUGHT

(06)	In the past three (3) years (July 2019 - June 2022), how long did the last drought occur?	NUMBER OF MONTHS	[ ][ ]
(07)	Do you know the location of your evacuation area?	YES .... 1 NO 2	[ ]
(08)	In the past three (3) years (July 2019 - June 2022), did the household temporarily evacuate from this house/place of residence at least once due to natural calamities, man-made disaster/event, peace and order problem or relocation?	YES .... 1 NO .... 2 } **GO TO M13** DON'T KNOW 8	[ ]
(09)	In the past three (3) years (July 2019 - June 2022), what was the household's main reason for moving out/evacuating temporarily from its house/place of residence?	TYPHOON .... 01 FLOOD .... 02 DROUGHT .... 03 EARTHQUAKE .... 04 VOLCANIC ERUPTION .... 05 LANDSLIDE/MUDSLIDE .... 06 FIRE .... 07 EPIDEMIC/PANDEMIC .... 08 ARMED CONFLICT .... 09 OTHERS, SPECIFY 99	[ ][ ] _____ SPECIFY
(10)	Did your household's last temporary evacuation occur in the past 12 months (July 01, 2021- June 30, 2022)?	YES .... 1 NO .... 2 **GO TO M13**	[ ]
(11)	Where did you stay during your household's last temporary evacuation?	SCHOOL .... 1 CHURCH .... 2 COVERED COURT/GYM .... 3 RELATIVE'S HOUSE .... 4 NEIGHBOR'S OR FRIEND'S HOUSE .... 5 BARANGAY HALL .... 6 DEDICATED EVACUATION CENTER ..... 7 OTHERS, SPECIFY 9	[ ] _____ SPECIFY
(12)	How long did your household stay in the evacuation area? (in days)	NUMBER OF DAYS	[ ][ ]

M. CLIMATE CHANGE AND DISASTER RISK MANAGEMENT

IF ANSWER IN ANY OF THE CALAMITIES LISTED IN M13 is YES

In the past 12 months (July 01, 2021 - June 30, 2022), which of the following calamities negatively affected your household?

1 YES
2 NO

IF NO IN ALL CALAMITIES, GO TO M19

(13)

ANSWER THIS ONLY IF ANSWER IN M14 DAMAGE TO PROPERTY AND/OR DAMAGE TO CROPS AND/OR LIVESTOCK/POULTRY IS YES

What are the impacts of (CALAMITY) to you/your household member/s?

1 YES
2 NO

IF NO IN ALL CALAMITIES, GO TO M19

(14)

What is the estimated total cost of (A) damages to your property, and/or (B) damages to crops and/or livestock/poultry because of these calamities?

(IN PHILIPPINE PESO)

ENTER AMOUNT IN PHILIPPINE PESO

(15)

A. DAMAGE TO PROPERTY

B. DAMAGE TO CROPS AND/OR LIVESTOCK/POULTRY

IF ANSWER IN M14 DAMAGE TO PROPERTY IS YES

What is the total amount of expenditures on construction and repair of damages to property?

(IN PHILIPPINE PESO)

ENTER "0" IF NO RECONSTRUCTION OR REPAIR WAS MADE

(16)

IF ANSWER IN ANY OF THE CALAMITIES LISTED IN M13 is YES

Did you or any of your household members receive any of the following assistance?

1 YES
2 NO

IF NO IN ALL ASSISTANCE, GO TO M19

(17)

IF ANSWER IN ANY TYPE OF ASSISTANCE LISTED IN M17 IS YES

Which entity/ies provided the assistance when your household experienced disasters in the past 12 months (July 01, 2021 - June 30, 2022)?

1 YES
2 NO

(18)

Column (13) / (14) list of calamities:

	Calamity
A	Typhoon
B	Flood
C	Drought
D	Earthquake
E	Volcanic Eruption
F	Landslide/mudslide
G	Fire
H	Pandemic/epidemic
I	Armed conflict
Z	Others, specify

Column (14) impact categories:
Death; Injuries and illnesses; Damage to property; Damage to crops and/or livestock/poultry; Decrease in water supply; Suspension of classes; Disruption in daily economic activity/work-related problems (e.g., Fish capture activity); Lack/inadequate access to basic services; Emotional/psychological; Others, specify

Column (17) assistance types:
A	Relief goods
B	Financial aid
C	Livelihood
D	Trainings
E–Z	Others, specify (SPECIFY)

Column (18) entities:
A	NGA (including RLA), GOCC
B	Local Government Unit
C	Religious group
D	Business SECTOR
E	Civil Society Organization
F	International organization
G	Relative
H	Private individual (non-relative)
I / Z	Others, specify (SPECIFY)

M. CLIMATE CHANGE AND DISASTER RISK MANAGEMENT				

(19)	Do you have a disaster preparedness kit?	YES .... 1 NO .... 2 **GO TO M23**		
(20)	Can you please show your disaster preparedness kit to me?	YES .... 1 NO .... 2 **GO TO M23**		

(21)	Does your disaster preparedness kit contain the following?	1- YES 2 - NO, **GO TO NEXT ITEM**	
	A Food	A Food .... A	
	B Maintenance medicine	B Maintenance medicine .... B	
	C Clothes	C Clothes C	
	D Infant needs	D Infant needs .... D	
	E Medical kit	E Medical kit .... E	
	F Money (cash)	F Money (cash) .... F	
	G Important documents	G Important documents .... G	
	H Water	H Water .... H	
	I Matches/lighter	I Matches/lighter I	
	J Candle	J Candle .... J	
	K Battery	K Battery .... K	
	L Face masks	L Face masks L	
	M Flashlight	M Flashlight .... M	
	N Radio	N Radio .... N	
	O Whistle	O Whistle .... O	
	P Blanket	P Blanket .... P	
	Q Cellphone	Q Cellphone .... Q	
	Z Others, specify: _____	Z Others, specify: .... _____ Z SPECIFY	

(22)	How much is the actual value of the contents of the disaster preparedness kit?	.... PhP	

(23)	In the <u>past 12 months</u>, did you or any of your household members participate in crafting plan or provided suggestion to officials/ authority on Disaster Risk Reduction Management (DRRM) concerns in the Barangay?	YES .... 1 NO .... 2 **GO TO M25**		

(24)	In what ways did you or any of your household members participate in crafting the Disaster Risk Reduction Management (DRRM) plan in the barangay?	Member of the Barangay Disaster Management Committee or Barangay Council/Kagawad/ Chairperson .... A Member of the Barangay Emergency Response Team or Barangay volunteer/worker/employee .... B Participated in barangay assembly where the Barangay DRRM plan was discussed .... C Provided written comments to the Barangay DRRM plan .... D Others, specify .... Z	**1 YES ; 2 NO** A B C D Z SPECIFY

(25)	In the <u>past 12 months</u>, did you or any member of your household receive information from the barangay about natural disasters preparedness either through meetings or written notice/ information?	YES .... 1 NO 2	
(26)	In the <u>past 12 months</u>, did you discuss with your household how to prepare for disasters?	YES .... 1 NO 2	
(27)	Do you know any contact number or hotlines which you can contact in case of emergency?	YES .... 1 NO 2	
(28)	Does your household have a written or printed evacuation plan in case of earthquake, flood, landslide, tsunami, storm surge, or fire?	YES .... 1 NO 2	

N. E-COMMERCE AND DIGITAL ECONOMY

In the next questions, we will ask about your household's online and e-commerce activities.

| (01) | In the <u>past 12 months</u>, do you or any member of your household have access to internet? | YES .... | 1 | |
| | | NO .... | 2 **GO TO SECTION O** | |

(02)	Where do you or any member of your household access the internet?			**1 YES ; 2 NO**
		Home	A	A
		While commuting, in transport, or walking	B	B
		School/workplace ………………………………	C	C
		Relatives/friends/neighbors' home ……………...	D	D
		Barangay/community facility ………………........	E	E
		Computer shop	F	F
		Business establishment (store, town center mall, café) …………..	G	G
		Others, specify ……...……...........................	Z	Z
				SPECIFY

| (03) | Does this household have its own internet at home which can be used by any household member when needed? | YES .... | 1 | |
| | | NO .... | 2 **GO TO N05** | |

(04)	What types of internet connection are available at home?			**1 YES ; 2 NO**
		FIXED (WIRED) NARROWBAND/BROADBAND NETWORK [e.g., via Digital Subscriber Line (DSL), cable modem, high speed leased line, fiber-to-the-home/building, powerline, and other fixed (wired) broadband]	A	A
		FIXED (WIRELESS) BROADBAND NETWORK [e.g., via WiMAX and fixed Code Division Multiple Access (CDMA)] ……………………...	B	B
		SATELLITE BROADBAND NETWORK …………...	C	C
		MOBILE BROADBAND NETWORK [e.g., via handset, card (e.g., integrated Subscriber Identity Module or SIM card) or USB modem]	D	D

| (05) | Do you or any member of your household member pay (whether prepaid or postpaid) when accessing the internet? | YES .... | 1 | |
| | | NO .... | 2 | |

(06)	In the <u>past 12 months</u>, for which of the following activities did you or any of your household member use the Internet?			**1 YES ; 2 NO**
		Electronic commerce, trade, and transactions	A	A
		Access to Information	B	B
		Communication, civic participation and collaboration ………………………………	C	C
		Learning	D	D
		Professional life	E	E
		Entertainment, digital content consumption	F	F
		Digital content creation	G	G

| (07) | In the <u>past 12 months</u>, did you or any of your household members engage in purchasing goods and/or services online? | YES .... | 1 | |
| | | NO .... | 2 **GO TO N09** | |

(08)	**IF ANSWER IN N06.A IS YES** What were the e-commerce platforms/applications/websites that the household member/s have used in the <u>past 12 months</u>?			**1 YES ; 2 NO**
		E-commerce platforms (Lazada, Shopee, Amazon, e-Bay, Grab, Metromart, Angkas, Booking.com, Klook, etc.) …………………….	A	A
		Official store / service provider website ………….	B	B
		Social media site / marketplace (Facebook Marketplace, Instagram, TikTok shop, etc.)…	C	C
		Others, specify …………………………..............	Z	Z
				SPECIFY

| (09) | In the <u>past 12 months</u>, did you or any of your household members engage in online work (e.g., online seller, tutor, freelance writer, transcriptionist, Grab, Angkas) through an online platform such as Upwork, OnlineJobs.ph, Transport Network Vehicle Service (TNVS), etc.? | YES .... | 1 | |
| | | NO .... | 2 **GO TO SECTION O** | |

(10)	In the <u>past 12 months,</u> how much was the income received from online work through an online platform?		
	A. Desk Job (Upwork, OnlineJobs.ph)	PhP
	B. Transport Network Vehicle Service (TNVS) like Grab, Angkas	PhP
	C. Online selling/Entrepreneurial activities done in E-commerce platform/applications/websites and social media	PhP
	Z. Others, specify _____	PhP

O. CRIME VICTIMIZATION

The next set of questions will ask about how you or your household members feel about your neighborhood and possible experiences as victims of crime in the past 12 months. This might be a sensitive topic but we encourage you to answer the questions as it might help achieve peace and order in your community or Barangay.

FOR ALL HOUSEHOLD MEMBERS

(01)	How safe do you feel walking alone in your area (i.e., neighborhood or village) at night?	Safe .... 1 Somewhat Safe .... 2 Somewhat Unsafe .... 3 Unsafe .... 4 I'm afraid to be alone .... 5 Don't Know 8	☐
(02)	In the past 12 months (July 01, 2021 - June 30, 2022), were you or any of your household members victim/s of crime/s? (e.g., theft, assault, stalking, rape, fraud, burglary, and/or vandalism)	Yes .... 1 No .... 2 **GO TO SECTION P**	☐

What crime/s was/were (NAME) a victim of? *Was the household member a victim of ____?* **(03)**			Who among your household members were victimized by any crime? **IF ANSWER IN O03, A-G AND Z IS 1, ENTER THE LINE NUMBER OF HOUSEHOLD MEMBER VICTIMIZED BY CRIME** **(04)**	In the past 12 months (July 01, 2021 - June 30, 2022), how many times did (NAME) become a victim/ experience crime? **(05)**	Where did the most recent crime/s happen? SEE CODES BELOW **(06)**	Was the crime reported to the police/barangay? 1 YES, **GO TO NEXT TYPE OF CRIME** 2 NO **(07)**	What was the main reason why crime was not reported to authorities? **IF ANSWER IN O07 IS NO, ENTER CODE THEN GO TO NEXT TYPE OF CRIME** SEE CODES BELOW **(08)**
A. Theft of personal property (pickpocketing, other thefts)	1 YES 2 NO, **GO TO B** 9 PREFER NOT TO ANSWER, **GO TO B**	☐	☐☐☐☐	☐☐☐	☐☐☐	☐☐	☐☐ _____ SPECIFY
B. Robbery (theft by using violence)	1 YES 2 NO, **GO TO C** 9 PREFER NOT TO ANSWER, **GO TO C**	☐	☐☐☐☐	☐☐☐	☐☐☐	☐☐	☐☐ _____ SPECIFY
C. Assault and threat	1 YES 2 NO, **GO TO D** 9 PREFER NOT TO ANSWER, **GO TO D**	☐	☐☐☐☐	☐☐☐	☐☐☐	☐☐	☐☐ _____ SPECIFY
D. Psychological violence (mobbing, stalking)	1 YES 2 NO, **GO TO E** 9 PREFER NOT TO ANSWER, **GO TO E**	☐	☐☐☐☐	☐☐☐	☐☐☐	☐☐	☐☐ _____ SPECIFY
E. Sexual offenses (sexual assault, rape)	1 YES 2 NO, **GO TO F** 9 PREFER NOT TO ANSWER, **GO TO F**	☐	☐☐☐☐	☐☐☐	☐☐☐	☐☐	☐☐ _____ SPECIFY
F. Fraud (cheating, credit card fraud, internet fraud)	1 YES 2 NO, **GO TO G** 9 PREFER NOT TO ANSWER, **GO TO G**	☐	☐☐☐☐	☐☐☐	☐☐☐	☐☐	☐☐ _____ SPECIFY
G. Corruption/bribery/ extortion In particular, did anybody working in that government-run facility or institution ask or oblige you or any member of your family to give money, gift, donation, favor or anything of value for any reasons or purposes?	1 YES 2 NO, **GO TO I** 9 PREFER NOT TO ANSWER, **GO TO I**	☐	☐☐☐☐	☐☐☐	☐☐☐	☐☐	☐☐ _____ SPECIFY
I. Vehicle theft (motor vehicle, car, motorcycle, bicycle, theft from vehicles)	1 YES 2 NO, **GO TO J** 9 PREFER NOT TO ANSWER, **GO TO J**	☐	**ALL HOUSEHOLD MEMBERS**	☐	☐	☐	☐ _____ SPECIFY
J. Housebreaking (domestic burglary, attempted burglary)	1 YES 2 NO, **GO TO K** 9 PREFER NOT TO ANSWER, **GO TO K**	☐		☐	1	☐	☐ _____ SPECIFY
K. Vandalism (damage to cars, graffiti)	1 YES 2 NO, **GO TO Z** 9 PREFER NOT TO ANSWER, **GO TO Z**	☐		☐	☐	☐	☐ _____ SPECIFY
Z. Others _____ SPECIFY	1 YES 2 NO, **GO TO SECTION P** 9 PREFER NOT TO ANSWER, **GO TO SECTION P**	☐	☐☐☐☐	☐☐☐	☐☐☐	☐☐	☐☐ _____ SPECIFY

CODES FOR (06) LOCATION OF THE CRIME	CODES FOR (08) REASON FOR NOT REPORTING
1 WITHIN THE BARANGAY 2 OUTSIDE THE BARANGAY BUT WITHIN MUNICIPALITY/CITY 3 OUTSIDE THE MUNICIPALITY/CITY BUT WITHIN PROVINCE 4 OUTSIDE THE PROVINCE	1 THREATENED 2 AFRAID 3 NO FINANCIAL SUPPORT 4 THINKS NO ONE WOULD LISTEN/BELIEVE 5 EMBARASSED/ASHAMED 9 OTHERS, SPECIFY _____

P. SOCIAL PROTECTION PROGRAMS

Now, we would like to ask if any of the household members received assistance/benefits from or is a member of any social protection programs.

SOCIAL INSURANCE PROGRAMS

	(01) Is any member of your household (including OFW) a dependent/beneficiary/member of any of the following social/ health insurance programs?	**(02.1)** Who among the household members are members of the (NAME OF SOCIAL/ HEALTH INSURANCE PROGRAM)? USE 99 FOR NON-MEMBER/S OR FORMER MEMBER/S OF THE HOUSEHOLD WHOSE MEMBERSHIP TO THE SOCIAL/HEALTH INSURANCE PROGRAM RESULTED IN THE BENEFITS RECEIVED BY THE HOUSEHOLD ENTER LINE NUMBER	**(03)** In the past 12 months (July 01, 2021- June 30, 2022), did any member of your household avail/receive benefits/grants/assistance/payment from (NAME OF SOCIAL/HEALTH INSURANCE PROGRAM)?	**(04)** In the past 12 months (July 01, 2021- June 30, 2022), who among the household members have availed/received assistance/benefits/ payments from the (NAME OF SOCIAL/ HEALTH INSURANCE PROGRAM)? ENTER LINE NUMBER
A. Social Security System	YES ...1 **GO TO P02.1** NO ...2 **GO TO B**		YES...1 **GO TO P04** NO ...2 **GO TO B**	
B. Government Service Insurance System	YES...1 **GO TO P02.1** NO.... 2 **GO TO C**		YES...1 **GO TO P04** NO ...2 **GO TO C**	
C. Overseas Workers Welfare Administration (OWWA)	YES...1 **GO TO P02.1** NO.... 2 **GO TO D**		YES...1 **GO TO P04** NO ...2 **GO TO D**	
D. Health/Medical Insurance other than PhilHealth (e.g., MediCard, Maxicare)	YES...1 **GO TO P02.1** NO.... 2 **GO TO E**		YES...1 **GO TO P04** NO ...2 **GO TO E**	
E. Life Insurance/ Pre-need Insurance (e.g., Sun Life, Pru Life, St. Peter Life Plan)	YES...1 **GO TO P02.1** NO ... 2 **GO TO F**		YES...1 **GO TO P04** NO ...2 **GO TO F**	
F. Pag-IBIG	YES...1 **GO TO P02.1** NO ....2 **GO TO G**		YES...1 **GO TO P04** NO ...2 **GO TO G**	
G. PhilHealth	YES...1 **GO TO P02.1** NO ....2 **GO TO P05**		YES...1 **GO TO P04** NO ...2 **GO TO P05**	
(02.2) What is (NAME)'s type of PhilHealth membership?	PAYING .... 1 NON-PAYING 2		ASK (02.2) FOR HOUSEHOLD MEMBERS WHO ARE PHILHEALTH MEMBERS BASED ON (02.1). ALIGN THE ANSWER IN (02.2) WITH THE CORRESPONDING LINE NUMBER IN (02.1.G)	

CHECK FOR OTHER HOUSEHOLD MEMBERS NOT YET LISTED

Are there other household members who are members of social/health insurance programs?	YES, USE ANOTHER BOOKLET .... 1 NO 2	

SOCIAL ASSISTANCE PROGRAMS

	(05) In the past 12 months (July 01, 2021- June 30, 2022), did any member of your household receive benefits/grants/assistance/payment from any of the following social assistance programs?	**(06)** Who among the household members received the benefits/grants/ assistance/payment from the (NAME OF SOCIAL ASSISTANCE PROGRAM)? ENTER LINE NUMBER	**(07)** In the past 12 months (July 01, 2021 - June 30, 2022), how many times did your household receive benefits/ grants/assistance/payment from the (NAME OF SOCIAL ASSISTANCE PROGRAM)?
A. Regular Conditional Cash Transfer - Pantawid Pamilyang Pilipino Programs (4Ps)	YES ....1 **GO TO P06** NO ....2 **GO TO B**		
B. Modified Conditional Cash Transfer - Pantawid Pamilyang Pilipino Programs (4Ps)	YES ...1 **GO TO P06** NO ...2 **GO TO C**		
C. Unconditional Cash Transfer (UCT) under Tax Reform Program	YES ...1 **GO TO P06** NO ...2 **GO TO D**		
D. Indigent Senior Citizen's Social Pension (SPISC or SOCPEN)	YES ...1 **GO TO P06** NO ...2 **GO TO E**		
E. Individual Medical Assistance Program (IMAP) under Philippine Charity Sweepstakes Office (PCSO)	YES ...1 **GO TO P06** NO ...2 **GO TO F**		
F. Student Financial Assistance Programs (StuFAP) other than Universal Access to Quality Tertiary Education (UAQTE)	YES ...1 **GO TO P06** NO ...2 **GO TO G**		
G. Senior High School Voucher Program	YES ...1 **GO TO P06** NO ...2 **GO TO H**		
H. Emergency Shelter Assistance (ESA)	YES ...1 **GO TO P06** NO ...2 **GO TO I**		
I. Housing program	YES ...1 **GO TO P06** NO ...2 **GO TO J**		
J. Health assistance	YES ...1 **GO TO P06** NO ...2 **GO TO Z**		
Z. Others, specify _____	YES ...1 **GO TO P06** NO ...2 **GO TO P08**		

CHECK FOR OTHER HOUSEHOLD MEMBERS NOT YET LISTED

ARE THERE OTHER HOUSEHOLD MEMBERS WHO RECEIVED THE BENEFITS/ GRANTS/ASSISTANCE/PAYMENT FROM THE SOCIAL ASSISTANCE PROGRAMS?	YES, USE ANOTHER BOOKLET .... NO	1 2	

GOVERNMENT FEEDING PROGRAMS

(08) In the past 12 months (July 01, 2021- June 30, 2022), did any member of your household benefit from any feeding program by the government?	YES ...1 NO .... 2, **GO TO P11**	**(09)** Who among the household members benefitted from/ availed the feeding program? ENTER LINE NUMBER	**(10)** In the past 12 months (July 01, 2021- June 30, 2022), how many times did your household benefit from the feeding program?

P. SOCIAL PROTECTION PROGRAMS

CHECK FOR OTHER HOUSEHOLD MEMBERS NOT YET LISTED

ARE THERE OTHER MEMBERS OF YOUR HOUSEHOLD WHO BENEFITTED FROM/ AVAILED THE FEEDING PROGRAM?	YES, USE ANOTHER BOOKLET .... NO	1 2	☐

LABOR MARKET INTERVENTION PROGRAMS

(11) In the past 12 months (July 01, 2021- June 30, 2022), did any member of your household benefit from/avail any of the following labor market intervention programs?			**(12)** Who among the household members benefitted from/ availed the (NAME OF LABOR MARKET INTERVENTION PROGRAM)? **ENTER LINE NUMBER**					**(13)** In the past 12 months (July 01, 2021- June 30, 2022), how many times did your household receive benefits/grants/ assistance/ payment from the (NAME OF LABOR MARKET INTERVENTION PROGRAM)?
A. Micro Enterprise Development Track/ Sustainable Livelihood Program (SLP)	YES ...1, **GO TO P12** NO ...2, **GO TO B**	☐	☐☐	☐☐	☐☐	☐☐		☐☐☐
B. Employment Facilitation Track / Sustainable Livelihood Program (SLP)	YES ...1, **GO TO P12** NO ...2, **GO TO C**	☐	☐☐	☐☐	☐☐	☐☐		☐☐☐
C. Integrated Livelihood/Kabuhayan Program under Department of Labor and Employment (DOLE)	YES ...1, **GO TO P12** NO ...2, **GO TO D**	☐	☐☐	☐☐	☐☐	☐☐		☐☐☐
D. Cash for Work	YES ...1, **GO TO P12** NO ...2, **GO TO E**	☐	☐☐	☐☐	☐☐	☐☐		☐☐☐
E. Food for Work	YES ...1, **GO TO P12** NO ...2, **GO TO F**	☐	☐☐	☐☐	☐☐	☐☐		☐☐☐
F. Community-Based Employment Program	YES ...1, **GO TO P12** NO ...2, **GO TO G**	☐	☐☐	☐☐	☐☐	☐☐		☐☐☐
G. DOLE TUPAD "Barangay Ko, Buhay Ko" (Tulong Panghanapbuhay sa Ating Disadvantaged/Displaced Workers)	YES ...1, **GO TO P12** NO ...2, **GO TO P14**	☐	☐☐	☐☐	☐☐	☐☐		☐☐☐

CHECK FOR OTHER HOUSEHOLD MEMBERS NOT YET LISTED

ARE THERE OTHER HOUSEHOLD MEMBERS OF YOUR HOUSEHOLD WHO RECEIVED BENEFITS/GRANTS/ASSISTANCE FROM LABOR MARKET INTERVENTION PROGRAMS?	YES, USE ANOTHER BOOKLET .... NO	1 2	☐

AGRICULTURE AND FISHERIES PROGRAMS

(14) In the past 12 months (July 01, 2021- June 30, 2022), what kind of benefits/grants/assistance/payment did any member of your household receive?

A. Production support services (e.g. seeds, fertilizer, pesticides)	YES .... NO	1 2		☐
B. Production, post-production, postharvest and irrigation equipment/facilities	YES .... NO	1 2		☐
C. Capacity development/training/technology transfer programs on agriculture and fisheries	YES .... NO	1 2		☐
D. Cash (e.g., Rice Competitiveness Enhancement Fund (RCEF), Rice Farmer Financial Assistance (RFFA), etc.)	YES .... NO	1 2		☐
Z. Others, specify	YES .... NO	1 2	_____ SPECIFY	☐

SOCIAL ASSISTANCE PROGRAM UNDER BAYANIHAN ACT

(15) In the past 12 months (July 01, 2021- June 30, 2022), did any member of your household receive benefits/grants/assistance/payment from any of the following social assistance program under Bayanihan Act?

A. SOCIAL AMELIORATION PROGRAM (SAP) UNDER DSWD	YES .... NO	1 2		☐
B. DOLE COVID-19 ADJUSTMENT MEASURES PROGRAM OR CAMP (ONE-TIME FINANCIAL SUPPORT TO EMPLOYED WORKERS)	YES .... NO	1 2		☐
C. DOLE AKAP (FINANCIAL ASSISTANCE PROVIDED TO DISPLACED LAND-BASED AND SEA-BASED FILIPINO WORKERS)	YES .... NO	1 2		☐
D. DTI LIVELIHOOD SEEDING PROGRAM AND NEGOSYO SERBISYO SA BARANGAY	YES .... NO	1 2		☐
E. DA RICE FARMERS FINANCIAL ASSISTANCE PROGRAM (RFFA) AND FINANCIAL SUBSIDY TO RICE FARMERS (FSRF) PROGRAM	YES .... NO	1 2		☐
F. DSWD AND GOVERNMENT RELIEF ASSISTANCE FOR COVID-19 AFFECTED HOUSEHOLDS	YES .... NO	1 2		☐
G. RELIEF ASSISTANCE OTHER THAN FROM GOVERNMENT	YES .... NO	1 2		☐
H. BAYANIHAN 2 ASSISTANCE TO HEALTH WORKERS	YES .... NO	1 2		☐
I. BAYANIHAN 2 FINANCIAL RELIEF TO AGRARIAN REFORM BENEFICIARIES	YES .... NO	1 2		☐
J. BAYANIHAN 2 FINANCIAL ASSISTANCE TO STUDENTS	YES .... NO	1 2		☐
K. BAYANIHAN 2 FINANCIAL ASSISTANCE TO TEACHING AND NON-TEACHING PERSONNEL	YES .... NO	1 2		☐

Q. WATER, SANITATION, AND HYGIENE

In this section, we would like to know about the sources of water (for drinking and non-drinking uses), as well as to the sanitation facility being used by your household.

(01)	What is your household's main source of water supply?	**COMMUNITY WATER SYSTEM PIPED INTO:**
		  DWELLING ....
		  YARD/PLOT ....
		  PUBLIC TAP ....
		POINT SOURCE:
		  PROTECTED WELL/TUBE WELL/BOREHOLE
		  UNPROTECTED (OPEN DUG WELL) ....
		  DEVELOPED SPRING ....
		  UNDEVELOPED SPRING ....
		  RIVER/STREAM/POND/LAKE/DAM ....
		  RAINWATER ....
		  TANKER TRUCK/PEDDLER/NEIGHBOR ....
		  OTHERS, SPECIFY...........................
			01 **GO TO Q03**
			02
			03
			
			04
			05
			06
			07
			08
			09 }**GO TO Q03**
			10
			99
				☐☐
				
				_____
				SPECIFY

(02)	**IF ANSWER TO Q01 IS ANY OF THE CODES 02 TO 08 AND 99** How far is this water source from your house?	METER		☐☐☐☐

(03)	What is the <u>main source</u> of <u>drinking water</u> used by members of your household?
	
	IF UNCLEAR, PROBE TO IDENTIFY THE PLACE FROM WHICH MEMBERS OF THIS HOUSEHOLD MOST OFTEN COLLECT DRINKING WATER (COLLECTION POINT)
		PIPED WATER
		  PIPED INTO DWELLING ....
		  PIPED TO YARD/PLOT ....
		  PIPED TO NEIGHBOR ....
		  PUBLIC TAP/STAND PIPE ....
		TUBED WELL/BOREHOLE ....
		DUG WELL
		  PROTECTED WELL ....
		  UNPROTECTED WELL ....
		SPRING
		  PROTECTED SPRING ....
		  UNPROTECTED SPRING ....
		RAINWATER ....
		TANKER-TRUCK ....
		CART WITH SMALL TANK ....
		WATER REFILLING STATION ....
		SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) ......
		PACKAGED WATER
		  BOTTLED WATER ....
		  SACHET WATER ....
		OTHERS, SPECIFY ....
			11 }**GO TO Q10**
			12
			13
			14
			21
			
			31
			32
			
			41
			42 }**GO TO Q05**
			51
			61
			71
			72
			
			81 **GO TO Q05**
			
			91
			92
			99 **GO TO Q05**
				☐☐
				
				_____
				
				SPECIFY

(04)	What is the <u>main source</u> of water used by members of your household for other purposes such as <u>cooking and handwashing</u>?
	
	IF UNCLEAR, PROBE TO IDENTIFY THE PLACE FROM WHICH THE MEMBERS OF THIS HOUSEHOLD MOST OFTEN COLLECT WATER FOR OTHER PURPOSES (COOKING AND HANDWASHING)
		PIPED WATER
		  PIPED INTO DWELLING ....
		  PIPED TO YARD/PLOT ....
		  PIPED TO NEIGHBOR ....
		  PUBLIC TAP/STAND PIPE ....
		TUBED WELL/BOREHOLE ....
		DUG WELL
		  PROTECTED WELL ....
		  UNPROTECTED WELL ....
		SPRING
		  PROTECTED SPRING ....
		  UNPROTECTED SPRING ....
		RAINWATER ....
		TANKER-TRUCK ....
		CART WITH SMALL TANK ....
		WATER REFILLING STATION ....
		SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL ......
		PACKAGED WATER
		  BOTTLED WATER ....
		  SACHET WATER ....
		OTHERS, SPECIFY ....
			11
			12
			13
			14
			21
			
			31
			32
			
			41
			42
			51
			61
			71
			72
			
			81
			
			91
			92
			99
				☐☐
				
				_____
				SPECIFY

(05)	Where is that water source located?	IN OWN DWELLING .... IN OWN YARD/PLOT .... ELSEWHERE	1 }**GO TO Q10** 2 3	☐
(06)	How long does it take for members of your household to go there, get water, and come back?	HOUSEHOLD DOES NOT COLLECT .... NUMBER OF MINUTES .... DON'T KNOW	000 **GO TO Q10** ___ 998	☐☐☐
(07)	How far is this water source from your house?	METER		☐☐☐☐
(08)	Who usually goes to this source to collect the water for your household? **WRITE CODE "96" IF THE ANSWER IS NOT A HOUSEHOLD MEMBER**	LINE NUMBER		☐☐
(09)	In the most recent water hauling of the household, how many times has the household member collected water?	NUMBER OF TIMES........................... DON'T KNOW	___ 98	☐☐
(10)	In the <u>last month</u>, has there been any time when your household did not have sufficient quantities of drinking water?	YES, AT LEAST ONCE .... NO, ALWAYS SUFFICIENT .... DON'T KNOW	1 2 }**GO TO Q12** 8	☐
(11)	What was the main reason that you were unable to access drinking water in sufficient quantities when needed?	WATER NOT AVAILABLE FROM SOURCE .... WATER TOO EXPENSIVE .... SOURCE NOT ACCESSIBLE .... DON'T KNOW .... OTHERS, SPECIFY	1 2 3 8 9	☐ _____ SPECIFY
(12)	Do you do anything to the water to make it safer to drink?	YES .... NO .... DON'T KNOW	1 2 }**GO TO Q14** 8	☐
(13)	What do you usually do to make the water safer to drink? **PROBE:** *Anything else?* **RECORD ALL METHODS MENTIONED**	BOILED IT .... ADD BLEACH/CHLORINE .... STRAIN IT THROUGH A CLOTH .... USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.) .... SOLAR DISINFECTION .... LET IT STAND AND SETTLE .... DON'T KNOW .... OTHERS, SPECIFY	A B C D E F X Z	**1 YES ; 2 NO** A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ X ☐ SPECIFY Z ☐

CBMS Form 2 HPQ

Q. WATER, SANITATION, AND HYGIENE

(14)	What kind of toilet facility do members of your household usually use? **IF 'FLUSH' OR 'POUR FLUSH', PROBE:** *Where does it flush to?* **IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE FACILITY.**	**FLUSH/POUR FLUSH** FLUSH TO PIPED SEWER SYSTEM .... FLUSH TO SEPTIC TANK .... FLUSH TO PIT LATRINE .... FLUSH TO OPEN DRAIN .... FLUSH TO DON'T KNOW WHERE .... **PIT LATRINE** VENTILATED IMPROVED LATRINE .... PIT LATRINE WITH SLAB .... PIT LATRINE WITHOUT SLAB/OPEN PIT .... COMPOSTING TOILET .... BUCKET .... HANGING TOILET/HANGING LATRINE .... PUBLIC TOILET .... NO FACILITY/BUSH/FIELD .... OTHERS, SPECIFY	11 **GO TO Q18** 12 13 **GO TO Q16** 14 15 }**GO TO Q18** 21 22 23 }**GO TO Q16** 31 41 }**GO TO Q18** 51 71 }**GO TO Q22** 95 99 **GO TO Q18**	☐☐ SPECIFY
(15)	Where does the outlet of the septic tank go?	SEWER LINES .... SOAKAGE PIT .... MUNICIPALITY/CITY DRAINAGE .... DIRECTLY TO BODY OF WATER-CREEK, RIVER, LAKE, COASTAL WATER .... NO OUTLET OR UNDERGROUND .... DON'T KNOW .... OTHERS, SPECIFY	1 2 3 4 5 8 9	☐ SPECIFY
(16)	Has your (ANSWER FROM Q14) ever been emptied?	YES, EMPTIED WITHIN THE LAST 5 YEARS .... MORE THAN 5 YEARS AGO .... DON'T KNOW WHEN .... NO, NEVER EMPTIED .... NO, NEW TOILET HAS BEEN CONSTRUCTED .... CLOSED/COVERED AND CONSTRUCTED A NEW LATRINE/SEPTIC TANK .... DON'T KNOW	1 2 3 4 5 6 }**GO TO Q18** 8	☐
(17)	The last time it was emptied, where were the contents emptied to? **PROBE:** *Was it removed by a service provider?*	**REMOVED BY SERVICE PROVIDER** TO A TREATMENT PLANT/REMOVED BY SERVICE PROVIDER .... BURIED IN A COVERED PIT .... TO DON'T KNOW WHERE .... **REMOVED BY HOUSEHOLD/NEIGHBOR** BURIED IN A COVERED PIT .... TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE .... DON'T KNOW .... OTHERS, SPECIFY	1 2 3 4 5 8 9	☐ _____ SPECIFY
(18)	Where is this toilet facility located?	IN OWN DWELLING .... IN OWN YARD/PLOT .... ELSEWHERE	1 2 3	☐
(19)	Do you share this facility with others who are not members of your household?	YES .... NO	1 2 **GO TO Q22**	☐
(20)	How many households in total use this toilet facility, including your own household?	NUMBER OF HOUSEHOLDS		☐☐
(21)	Do you share this facility only with members of other households that you know or is the facility open to the use of the general public?	SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC) .... SHARED WITH GENERAL PUBLIC	1 2	☐
(22)	In what ways does your household dispose its garbage/solid wastes?	SEGRAGATING WASTE .... LETTING GARBAGE TRUCK COLLECT WASTE ..... RECYCLING/REUSING AT HOME .... SELLING/GIVING AWAY RECYCLABLES .... COMPOSTING .... BURNING .... DUMPING IN PIT WITH COVER .... DUMPING IN PIT WITHOUT COVER .... THROWING IN UNHABITED LOCATIONS .... OTHERS, SPECIFY	A B C D E F G H I Z	**1 YES ; 2 NO** A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ SPECIFY I ☐ Z ☐
(23)	We would like to learn about where members of this household wash their hands. Can you please show me where members of your household <u>most often</u> wash their hands after using the toilet facility? **RECORD RESULT AND OBSERVATION**	**OBSERVED** FIXED FACILITY OBSERVED (SINK/TAP) IN DWELLING .... IN YARD/PLOT .... MOBILE OBJECT OBSERVED (BUCKET/JUG/KETTLE) .... **NOT OBSERVED** NO HANDWASHING PLACE IN DWELLING/YARD/PLOT .... NO PERMISSION TO SEE .... OTHER REASON, SPECIFY	1 2 3 4 **GO TO Q27** 5 **GO TO Q26** 9 **GO TO Q27**	☐ _____ SPECIFY
(24)	**OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.** **VERIFY BY CHECKING THE TAP/PUMP, OR BASIN, BUCKET, WATER CONTAINER OR SIMILAR OBJECTS FOR PRESENCE OF WATER**	WATER IS AVAILABLE .... WATER IS NOT AVAILABLE	1 2	☐
(25)	**IS SOAP OR DETERGENT PRESENT AT THE PLACE FOR HANDWASHING?**	YES, PRESENT .... NO, NOT PRESENT	1 **GO TO Q30** 2 **GO TO Q28**	☐
(26)	Where do you or other members of your household most often wash your hands after using the toilet facility? **RECORD RESULT**	FIXED FACILITY (SINK/TAP) IN DWELLING .... IN YARD/PLOT .... MOBILE OBJECT (BUCKET/JUG/KETTLE) .... NO HANDWASHING PLACE IN DWELLING/YARD/PLOT .... NOT OBSERVED - REASON, SPECIFY	1 2 3 4 9	☐ SPECIFY

Q. WATER, SANITATION, AND HYGIENE

(27)	Do you have available water in your house for washing hands?	YES .... NO	1 2	☐
(28)	Do you have any soap or detergent in your house for washing hands?	YES .... NO	1 2 **GO TO SECTION R**	☐
(29)	Can you please show it to me?	YES .... NO, NOT SHOWN	1 2 **GO TO SECTION R**	☐
(30)	**RECORD YOUR OBSERVATION**	BAR OR LIQUID SOAP .... DETERGENT (POWDER/LIQUID/PASTE) .... ASH/SOIL/SAND .... OTHERS, SPECIFY ……………………………….…	A B C Z	**1 YES ; 2 NO** A ☐ B ☐ C ☐ _____ Z ☐ SPECIFY

R. HOUSING CHARACTERISTICS

The last set of questions will ask about the characteristics and amenities of your housing unit and your household conveniences.

(01)	**ANSWER THROUGH OBSERVATION. IF DOUBTFUL, ASK THE RESPONDENT** What is the type of building occupied by your household?	SINGLE HOUSE .... DUPLEX .... APARTMENT/ACCESSORIA/ROWHOUSE .... CONDOMINIUM/CONDOTEL .... OTHER MULTI-UNIT RESIDENTIAL .... COMMERCIAL/INDUSTRIAL/AGRICULTURAL (e.g., OFFICE, FACTORY, BARN) .... INSTITUTIONAL LIVING QUARTER (e.g., HOTEL, HOSPITAL, CONVENT, JAIL) .... NONE (e.g., HOMELESS, CART) .... OTHER TYPES OF BUILDING (e.g., BUS/TRAILER, BOAT, TENT), SPECIFY .... TEMPORARY EVACUATION CENTER/RELOCATION AREA (SCHOOL/GYM/RELOCATION HOUSING)	01 02 03 04 05 06 07 08 **END INTERVIEW** 09 **GO TO R12** 10 **END INTERVIEW**	☐☐ _____ SPECIFY
(02)	How many floors are there in this building?	NUMBER OF FLOORS ………………………...............		☐☐
(03)	**ANSWER THROUGH OBSERVATION. IF DOUBTFUL, ASK THE RESPONDENT** What is the main construction material of the roof of this building/housing unit?	GALVANIZED IRON/ALUMINUM .... CONCRETE/CLAY TILE .... HALF GALVANIZED IRON AND HALF CONCRETE .... WOOD/BAMBOO .... COGON/NIPA/ANAHAW .... ASBESTOS .... MAKESHIFT/SALVAGED/IMPROVISED MATERIALS .... OTHERS, SPECIFY ……………………………...........	1 2 3 4 5 6 7 9	☐ _____ SPECIFY
(03.1)	What is the construction material for the roof framing of this housing unit?	CONCRETE .... STEEL .... WOOD .... BAMBOO .... NONE .... OTHERS, SPECIFY ……………………………...........	1 2 3 4 5 9	☐ _____ SPECIFY
(04)	**ANSWER THROUGH OBSERVATION. IF DOUBTFUL, ASK THE RESPONDENT** What is the construction material of the outer walls of this building/housing unit?	CONCRETE/BRICK/STONE .... WOOD .... HALF CONCRETE/BRICK/STONE AND HALF WOOD .... GALVANIZED IRON/ALUMINUM .... BAMBOO/SAWALI/COGON/NIPA .... ASBESTOS .... GLASS .... MAKESHIFT/SALVAGED/IMPROVISED MATERIALS .... NONE .... CONCRETE HOLLOW BLOCKS .... CONCRETE HOLLOW BLOCKS/WOOD .... SHEAR WALLS .... OTHERS, SPECIFY ……………………………...........	01 02 03 04 05 06 07 08 09 10 11 12 99	☐☐ _____ SPECIFY
(05)	**ANSWER THROUGH OBSERVATION. IF DOUBTFUL, ASK THE RESPONDENT** What is the finishing material of the floor of this housing unit?	CERAMIC TILE/MARBLE/GRANITE .... CEMENT/BRICK/STONE .... WOOD PLANK .... WOOD TILE/PARQUET .... VINYL/CARPET TILE .... LINOLEUM .... NONE .... OTHERS, SPECIFY ……………………………...........	1 2 3 4 5 6 7 9	☐ _____ SPECIFY
(06)	What is the main construction material of the floor of this housing unit?	CONCRETE .... WOOD .... COCONUT LUMBER .... BAMBOO .... EARTH/SAND/MUD .... MAKESHIFT/SALVAGED/IMPROVISED MATERIALS ...... OTHERS, SPECIFY ……………………………...........	1 2 3 4 5 6 9	☐ _____ SPECIFY
(07)	What is the estimated floor area of this housing unit?	IN SQUARE METERS ……………………..................		☐☐☐☐
(08)	**ANSWER THROUGH OBSERVATION. IF DOUBTFUL, ASK THE RESPONDENT** What is the frame material of this housing unit?	WOOD .... WOOD COLUMN ONLY .... CONCRETE .... STEEL .... BAMBOO .... LIGHT METAL .... CONCRETE GF + WOOD 2F .... CONCRETE COLUMN ONLY, NO BEAM .... CONCRETE COLUMN ONLY + WOOD 2F / NO CONCRETE COLUMN 1F + WOOD 2F .... CONCRETE COLUMN ONLY, WOODEN BEAM .... CONCRETE COLUMN ONLY, STEEL BEAM .... STEEL COLUMN, WOODEN BEAM .... NONE .... OTHERS, SPECIFY ……………………………...........	01 02 03 04 05 06 07 08 09 10 11 12 13 99	☐☐ _____ SPECIFY

R. HOUSING CHARACTERISTICS

(09)	How many bedrooms does this housing unit have?	NUMBER OF BEDROOMS ………………………………………		☐☐

| (10) | What is the tenure status of the housing unit and lot occupied by this household? | OWN OR OWNER-LIKE POSSESSION OF THE HOUSE AND LOT
OWN HOUSE, RENT LOT ……………………………………………
OWN HOUSE, RENT-FREE LOT WITH CONSENT OF OWNER …
OWN HOUSE, RENT-FREE LOT WITHOUT CONSENT
    OF OWNER ……………………………………………………..
RENT HOUSE/ROOM, INCLUDING LOT ....
RENT-FREE HOUSE AND LOT WITH CONSENT OF OWNER ....
RENT-FREE HOUSE AND LOT WITHOUT CONSENT
    OF OWNER ……………………………………………………. | 1
2
3

4
5
6

7 | ☐ |

(10.1)	When was the housing unit/building constructed?	Indicate year of construction …………………….………………		☐☐☐☐

(11)	By your own estimate, how much is the imputed rent per month for the house and/or lot?	IMPUTED RENT		☐☐☐☐☐ AMOUNT

(12)	Is there any electricity in the dwelling place?	Yes .... No	1 2 **GO TO R14**	☐

(13)	What is/are the source/s of electricity in the dwelling place?	ELECTRIC COMPANY ………………………………… GENERATOR …………………………………………... SOLAR ………………………………………………… BATTERY ……………………………………………... OTHERS, SPECIFY …………………………………...	A B C D Z	**1 YES ; 2 NO** A ☐ B ☐ C ☐ D ☐ ——— Z ☐ SPECIFY

(14)	What type of fuel does this household use for lighting?	ELECTRICITY ………………………………………… KEROSENE (GAAS) ………………………………….. LIQUIFIED PETROLEUM GAS (LPG) ………………….. OIL (VEGETABLE, ANIMAL, AND OTHERS) …………….. SOLAR PANEL/SOLAR LAMP ………………………. NONE ………………………………………………… OTHERS, SPECIFY …………………………………...	1 2 3 4 5 6 9	☐ ——— SPECIFY

(15)	What type of fuel does this household use most of the time for cooking?	ELECTRICITY ………………………………………… KEROSENE (GAAS) ………………………………….. LIQUIFIED PETROLEUM GAS (LPG) ………………….. CHARCOAL …………………………………………... WOOD ………………………………………………... NONE ………………………………………………… OTHERS, SPECIFY …………………………………...	1 2 3 4 5 6 9	☐ ——— SPECIFY

(16)	How many of each of the following items does the household own? **IF THE ANSWER IN "J. TELEVISION" IS 00, GO TO R18**	**HOUSEHOLD CONVENIENCES** Refrigerator/Freezer …………………………………... Stove with oven/Gas range ………..………………………… Induction cooker……………………………………… Air fryer …………………………………………… Microwave oven ……………………………………... Washing machine……………………………………... Air conditioner ……………………………………... Electric fan and other cooling equipment ………………….. **ICT DEVICES** Radio/Radio cassette (AM, FM, and transistor) …………… Television ... CD/DVD/VCD Player ………………………………… Audio component/Stereo set/Karaoke/Videoke ……………. Landline/Wireless telephone ……………………………… Cellular Phone ………………………………………. Tablet ………………………………………………... Personal computer (desktop, laptop, notebook, netbook, and others) ………………. **VEHICLES** Car …………………………………………………… Van …………………………………………………... Jeep …………………………………………………... Truck ………………………………………………… Motorcycle/Motor scooter ………………………………. Tricycle ……………………………………………… Bicycle ………………………………………………. Pedicab ……………………………………………… Motorized boat/Banca …………………………………... Non-motorized boat/Banca …………………………….	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z	A ☐☐ B ☐☐ C ☐☐ D ☐☐ E ☐☐ F ☐☐ G ☐☐ H ☐☐ I ☐☐ J ☐☐ K ☐☐ L ☐☐ M ☐☐ N ☐☐ O ☐☐ P ☐☐ Q ☐☐ R ☐☐ S ☐☐ T ☐☐ U ☐☐ V ☐☐ W ☐☐ X ☐☐ Y ☐☐ Z ☐☐

(17)	Does this household have any of the following television services?	**MULTI-CHANNEL TELEVISION SERVICES** Cable TV (CATV) ……………………………………... Direct-to-Home (DTH) Satellite Services ……………………… IPTV ………………………………………………….. Digital Terrestrial TV (DTT) …………………………………… Analog Television	A B C D E	**1 YES ; 2 NO** A ☐ B ☐ C ☐ D ☐ E

(18)	How many of the following animals does this household own?	Carabao ………………………………………………. Cattle ………………………………………………... Horses ……………………………………………….. Swine ………………………………………………... Goats ………………………………………………... Sheep ………………………………………………... Chickens/Duck/Poultry …………………………………... Others, specify …………..……………………………	A B C D E F G Z	A ☐☐ B ☐☐ C ☐☐ D ☐☐ E ☐☐ F ☐☐ G ☐☐ Z ☐☐ SPECIFY

S. REFUSAL AND SPECIAL CASES

ASK TO THOSE HOUSEHOLD WHO REFUSED TO BE INTERVIEWED

The last set of questions will ask about the characteristics and amenities of your housing unit and your household conveniences.

(01)	Name of Respondent (Last Name, First Name, Suffix, Middle Initial)	LAST NAME FIRST NAME SUFFIX MIDDLE INITIAL	
(02)	How are you related to the occupants of the housing unit/household? **IF SPECIAL CASES, ANY ANSWER, GO TO S05**	MEMBER OF THE FAMILY/OCCUPANT OF THE HOUSING UNIT .... 1 NONRELATIVE/HOUSEHOLD STAFF (e.g., HELPER KASAMBAHAY, SECURITY GUARD) .... 2 NEIGHBOR .... 3 OTHER, NOT ELSEWHERE CLASSIFIED 4	☐
(03)	**ASK ONLY IF REFUSAL** **RESPONDENT'S PERCEPTION** Imagine a ladder with ten steps. The first step represents the poorest in society and the tenth represents the richest. On what step of the ladder would the household be?	1 2 3 4 5 6 7 8 9 10 Poorest Richest	☐
(04)	**ASK ONLY IF REFUSAL** What is the reason for the refusal of the household?	NOT INTERESTED IN BEING COVERED IN GOVERNMENT PROGRAMS .... 1 CONCERN ON DATA PRIVACY AND SECURITY ..... 2 DO NOT UNDERSTAND THE PURPOSE OF CBMS .. 3 PREFER NOT TO ANSWER .... 4 OTHERS, SPECIFY 9	☐ _____ SPECIFY

TO BE OBSERVED BY ENUMERATORS

(05)	**ANSWER THROUGH OBSERVATION. IF DOUBTFUL, ASK THE RESPONDENT** What is the type of building occupied by your household?	SINGLE HOUSE .... 01 DUPLEX .... 02 APARTMENT/ACCESSORIA/ROWHOUSE .... 03 CONDOMINIUM/CONDOTEL .... 04 OTHER MULTI-UNIT RESIDENTIAL .... 05 COMMERCIAL/INDUSTRIAL/AGRICULTURAL (e.g., OFFICE, FACTORY, BARN) .... 06 INSTITUTIONAL LIVING QUARTER (e.g., HOTEL, HOSPITAL, CONVENT, JAIL) .... 07 NONE (e.g., HOMELESS, CART) .... 08 **END OF INTERVIEW** OTHER TYPES OF BUILDING (e.g., BUS/TRAILER, BOAT, TENT), SPECIFY .... 09 **END OF INTERVIEW** TEMPORARY EVACUATION CENTER/RELOCATION AREA (SCHOOL/GYM/RELOCATION HOUSING).. 10 **END OF INTERVIEW**	☐ _____ SPECIFY
(06)	How many floors are there in this building?	NUMBER OF FLOORS	☐☐
(07)	**ANSWER THROUGH OBSERVATION. IF DOUBTFUL, ASK THE RESPONDENT** What is the main construction material of the roof of this building/housing unit?	GALVANIZED IRON/ALUMINUM .... 1 CONCRETE/CLAY TILE .... 2 HALF GALVANIZED IRON AND HALF CONCRETE .. 3 WOOD/BAMBOO .... 4 COGON/NIPA/ANAHAW .... 5 ASBESTOS .... 6 MAKESHIFT/SALVAGED/IMPROVISED MATERIALS 7 OTHERS, SPECIFY 9	☐ _____ SPECIFY
(08)	**ANSWER THROUGH OBSERVATION. IF DOUBTFUL, ASK THE RESPONDENT** What is the construction material of the outer walls of this building/housing unit?	CONCRETE/BRICK/STONE .... 01 WOOD .... 02 HALF CONCRETE/BRICK/STONE AND HALF WOOD 03 GALVANIZED IRON/ALUMINUM .... 04 BAMBOO/SAWALI/COGON/NIPA .... 05 ASBESTOS .... 06 GLASS .... 07 MAKESHIFT/SALVAGED/IMPROVISED MATERIALS 08 NONE .... 09 CONCRETE HOLLOW BLOCKS .... 10 CONCRETE HOLLOW BLOCKS/WOOD .... 11 SHEAR WALLS .... 12 OTHERS, SPECIFY 99	☐☐ _____ SPECIFY
(09)	What is the finishing material of the floor of this housing unit?	CERAMIC TILE/MARBLE/GRANITE .... 1 CEMENT/BRICK/STONE .... 2 WOOD PLANK .... 3 WOOD TILE/PARQUET .... 4 VINYL/CARPET TILE .... 5 LINOLEUM .... 6 NONE .... 7 OTHERS, SPECIFY 9	☐ _____ SPECIFY
(10)	What is the main construction material of the floor of this housing unit?	CONCRETE .... 1 WOOD .... 2 COCONUT LUMBER .... 3 BAMBOO .... 4 EARTH/SAND/MUD .... 5 MAKESHIFT/SALVAGED/IMPROVISED MATERIALS 6 OTHERS, SPECIFY 9	☐ _____ SPECIFY
(11)	What is the estimated floor area of this housing unit?	IN SQUARE METERS	☐☐☐☐

REGION	BUILDING SERIAL NUMBER
PROVINCE	HOUSEHOLD UNIT SERIAL NUMBER
CITY/MUNICIPALITY	HOUSEHOLD SERIAL NUMBER
BARANGAY	NAME OF RESPONDENT
ENUMERATION AREA	

USE THIS SHEET FOR ALL THE COMPUTATIONS. THIS SHOULD BE ATTACHED TO ITS CORRESPONDING FORM 2

COMPUTATION SHEET

FOOD ITEMS

- Bread and cereals (e.g., rice, corn, flour, noodles, pasta, *kakanin*)
- Meat (e.g., fresh/chilled/frozen beef, pork, chicken, and other meat; edible offals; preserved and processed meat)
- Fish and seafood (e.g., fresh, chilled or frozen; dried, smoked or salted; canned or bottled)
- Milk, cheese, and eggs
- Oils and fats (e.g., butter, margarine, corn/coconut and other edible oils)
- Fruits (fresh, dried/preserved) and nuts
- Vegetables (refer to *Bahay Kubo*)
- Sugar, jam, honey, chocolate, and confectionery (e.g., ice cream/sorbet/edible ice, chewing gum, candies, pastilles, meringue, *bukayo*)
- Food products not elsewhere classified (e.g., salt, spices and culinary herbs, sauces, condiments and seasonings, vinegar, broth, soup stock, baby food, coffeemate
- Coffee, tea, and cocoa
- Mineral water, softdrinks, and fruit and vegetable juices
- Food regularly bought and eaten by the family members outside the home like snacks, lunch and others (e.g., food bought and eaten in carinderia/cafeteria during lunch/ snacks in the office; allowance for snacks and meals at school of members of the household who are attending school
- Cooked food bought outside the home but eaten at home (e.g., FoodPanda and Grab deliveries or fastfood delivery for usual merienda/snacks/breakfast/lunch/dinner at home)
- Cooked food regularly given for free by neighbors, relatives, and friends

REMARKS ABOUT INTERVIEW/HOUSEHOLD

EN CODE

ENUMERATOR
SIGNATURE OVER PRINTED NAME

DATE
(MM/DD/YYYY)