

HOUSEHOLD SURVEY									
Interview Record									
I N T E R V I E W R E C O R D									
	Enumerator								
	Name								
	Signature								
	Date accomplished								
	Team Supervisor								
	Name								
	Signature								
	Date reviewed								
	Interview Record								
	Number of visits made								
	Result of final visit								
	Number of household members			Total	<input type="text"/> <input type="text"/>	Male	<input type="text"/> <input type="text"/>	Female	<input type="text"/> <input type="text"/>
	Language of Interview							<input type="text"/> <input type="text"/>	
				01 Filipino 02 Tausug 03 Bisaya 04 Yakan 05 Samal		06 Subanen 07 Chavacano 08 Molbog 09 Kolibugan 10 Sangil		11 Kalagan 12 Lambangian 13 Dulangan	
	Geographic Location								
	Province								
	Municipality/City								
	Barangay								
	Sitio/Purok								
	Coordinates			Degrees	Minutes	Seconds	Altitude		
	Longitude								
Latitude									
Notes:									

1. Household Roster (Make a list of all household members)

a. General Information

PAGE 1		<div>100</div> <div>Name</div>	<div>101</div> <div>Relationship to head</div>	<div>102</div> <div>Sex</div>	<div>103</div> <div>Age</div>	<div>104</div> <div>Marital Status</div>
		LIST THE PERSONS OR HOUSEHOLD MEMBERS IN THIS ORDER -Head -Spouse of the head -Never-married children of head/spouse from the oldest to the youngest -Ever-married children of head/spouse and their families from the oldest to youngest -Other relatives of head -Nonrelative of head	What is ____'s relationship to the head of this household?	Is ____ male or female?	What is ____'s age as of his/her last birthday?	Is ____ single, married, widowed, divorced/separated or in a common-living arrangement?
			WRITE THE CODE IN THE SPACE PROVIDED SEE CODES AT THE BOTTOM	WRITE THE CODE IN THE SPACE PROVIDED 1 Male 2 Female	WRITE THE AGE IN YEARS If the age is equal or smaller than 9 cross the succeeding column and go to the next household member	WRITE THE CODE IN THE SPCE PROVIDED For persons 0 to 9 years old, write X in the box. 1.Single 2. Married 3. Widowed 4. Divorced/separated 5. Common-law/Live-in 6. Unknown
	1		<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>
	2		<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>
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	6		<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>
	7		<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>
	8		<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>
	9		<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>
	10		<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>
	11		<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>
	12		<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>
13		<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	
14		<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	
15		<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	
		<div>Codes for 101</div> <div>01 Head 02 Spouse 03 Son 04 Daughter 05 Grandson 06 Granddaughter</div>	<div>07 Father 08 Mother 09 Brother 10 Sister 11 Grandfather 12 Grandmother</div>	<div>13 Uncle 14 Aunt 15 Nephew 16 Niece 17 Cousin 18 Son-in-law</div>	<div>19 Daughter-in-law 20 Father-in-law 21 Mother-in-law 22 Brother-in-law 23 Sister-in-law 24 Other relative</div>	<div>25 Boarder 26 Domestic helper 27 Non relative</div>

b. Education									
		105	106	107	If age: 5 to 24 years old (Continue) Less than 5 or more than 24 (Go to next HH member)	108	109	110	
		Literacy	Education			School Attendance			
		Can _____ read and write in any language/dialect?	Has _____ ever attended school? For persons 0 to 5 years old, write X in the box.	What is the highest grade/year completed by _____? For persons above 5 years of age		Is _____ currently attending school?	In the PAST YEAR , did _____ miss more than one month of school or interrupted school attendance?	Why did _____ miss school or interrupted school attendance?	
			WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED		WRITE THE CODE IN THE SPACE PROVIDED		
			1 Yes 2 No	1 Yes (Continue) 2 No (Go to next HH member)	SEE CODES AT THE BOTTOM	1 Yes (Continue) 2 No (Go to next HH member)	1 Yes (Continue) 2 No (Go to next HH member)	1 No school was available 2 School was closed 3 It was too dangerous to go to school 4 Recruitment by insurgent groups 5 Others	
	1		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	2		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	3		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	4		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	5		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
7		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
8		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
9		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
10		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
11		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
12		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
13		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
14		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
15		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Codes for 107									
PAGE 2	00 No Grade Completed 01 Pre-School		Elementary 11 Grade 1 12 Grade 2 13 Grade 3 14 Grade 4 15 Grade 5 16 Grade 6 17 Elementary graduate	High School 21 First Year 22 Second Year 23 Third Year 24 Fourth Year	Post-Secondary 31 First Year 32 Second Year	College 41 First Year 42 Second Year 43 Third Year 44 Fourth Year 45 Fifth Year	Graduate level 51 Post baccalaureate		

c. Health

[illegible]

d. Labour markets						
For every person 15 years old and over						
	Employment				Hired fish workers	
	113	114	115	116	117	118
	Is ____ 15 years old or over?	Did ____ do any work for at least one hour during the PAST YEAR ?	What was the main reason why ____ did not work?	LAST WEEK , did ____ look for a job or try to establish a business?	During the PAST YEAR , was ____ hired by a commercial fishery or a processing/packing plant?	What was the main reason why did ____ not work for a commercial fishery or a processing/packing plant?
	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED
	1 Yes → 2 No (Go to next HH member)	1 Yes (Go to 117) 2 No →	READ ALL THE RESPONSE OPTIONS SEE CODES AT THE BOTTOM	1 Yes (Go to 155) 2 No (Go to 155)	1 Yes (Go to 119) 2 No →	1 Has never worked there 2 Could not get a job there 3 Precarious conditions 4 Not interested in a seasonal job 5 Bad pay 6 Other: _____ (All replies go to 132)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Response options and codes for 115 01 Could not get a job 02 Temporary illness/disability 03 Precarious conditions 04 Not interested in a job 05 Bad pay 06 Household or family duties 07 Violence 08 Order of MILF 09 Order of MNLF 10 Order of other insurgent group 11 Other: _____			

d. Labour markets															
For every person 15 years old and over															
	Hired fishworkers														
	119												120		
	In the past 12 months was _____ hired by a commercial fishery or a processing/packing plant ? Mark X														
	(Was _____ hired by a commercial fishery or a processing/packing plant on (month) ? Mark X)														
	MARK X THE MONTHS THE RESPONDENT WAS HIRED												WRITE THE NAME	WRITE THE NAME	WRITE THE NAME
	June 2018	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	Barangay	Municipality	Province
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PAGE 5															

d. Labour markets										
For every person 15 years old and over										
PAGE 6	Contract and payment									
	121	122	123	124 A	124 B	125 A	125 B	125 C	125 D	
	In a typical month working for a commercial fishery or a processing/packing plant, how many days a month did ____ work?	In a typical month working for a commercial fishery or a processing/packing plant, how many hours a month did ____ work?	Did ____ have a written contract with a commercial fishery or a processing/packing plant?	What was ____'s pay? What was the frequency of payment?		Was ____ paid with fish?	How much fish did ____ receive and how often did ____ receive it?			
	WRITE THE NUMBER OF DAYS IN THE SPACE PROVIDED	WRITE THE NUMBER OF HOURS IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE AMOUNT OF PESOS	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE UNIT, AMOUNT AND FREQUENCY IN THE LINES			
			1 Yes 2 No	Pesos: P ____	1 Day 2 Week 3 Month 4 Season 5 Other: ____	1 Yes → 2 No	AMOUNT	UNIT	1 Day 2 Week 3 Month 4 Season 5 Other: ____	
	1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : ____	<input type="text"/>	____	____	<input type="text"/> <input type="text"/> : ____
	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : ____	<input type="text"/>	____	____	<input type="text"/> <input type="text"/> : ____
	3	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : ____	<input type="text"/>	____	____	<input type="text"/> <input type="text"/> : ____
	4	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : ____	<input type="text"/>	____	____	<input type="text"/> <input type="text"/> : ____
	5	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : ____	<input type="text"/>	____	____	<input type="text"/> <input type="text"/> : ____
	6	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : ____	<input type="text"/>	____	____	<input type="text"/> <input type="text"/> : ____
	7	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : ____	<input type="text"/>	____	____	<input type="text"/> <input type="text"/> : ____
	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : ____	<input type="text"/>	____	____	<input type="text"/> <input type="text"/> : ____
	9	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : ____	<input type="text"/>	____	____	<input type="text"/> <input type="text"/> : ____
	10	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : ____	<input type="text"/>	____	____	<input type="text"/> <input type="text"/> : ____
11	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : ____	<input type="text"/>	____	____	<input type="text"/> <input type="text"/> : ____	
12	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : ____	<input type="text"/>	____	____	<input type="text"/> <input type="text"/> : ____	
13	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : ____	<input type="text"/>	____	____	<input type="text"/> <input type="text"/> : ____	
14	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : ____	<input type="text"/>	____	____	<input type="text"/> <input type="text"/> : ____	
15	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : ____	<input type="text"/>	____	____	<input type="text"/> <input type="text"/> : ____	

d. Labour markets							
For every person 15 years and over							
	Contract and payment		Occupation				
	126	127	128	129	130	131	
	Did _____ receive any other non-monetary payment? What kind of non-monetary payment did _____ receive?	Was _____ forced to do this work?	Where does _____ work most of the time?	Approximately how many people work in this boat?	What was _____ primary job in the fishing boat?	Approximately how many persons work in this landing center of processing/packing plant?	
	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE NUMBER OF PERSONS	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE NUMBER OF PERSONS	
	1 Yes ↓ 2 No →	1 Yes 2 No	1 Fishing boat / trawler → 2 Landing center. (Go to 131) 3 Fish processing/packing plants. (Go to 131) 4 Managerial occupations. (Go to 131)		1 Fisher (Go to 132) 2 Master/captain (Go to 132) 3 Defense unit (Go to 132) 4 Hauler/Repair (Go to 132) 5 Other: _____ (Go to 132)		
PAGE	1	<div><div></div><div></div></div> _____	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
	2	<div><div></div><div></div></div> _____	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
	3	<div><div></div><div></div></div> _____	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
	4	<div><div></div><div></div></div> _____	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
	5	<div><div></div><div></div></div> _____	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
	6	<div><div></div><div></div></div> _____	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
	7	<div><div></div><div></div></div> _____	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
	8	<div><div></div><div></div></div> _____	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
	9	<div><div></div><div></div></div> _____	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
	10	<div><div></div><div></div></div> _____	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
	11	<div><div></div><div></div></div> _____	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
	12	<div><div></div><div></div></div> _____	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
	13	<div><div></div><div></div></div> _____	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
	14	<div><div></div><div></div></div> _____	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
	15	<div><div></div><div></div></div> _____	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
Codes for 126							
7	1 Agricultural crops (rice, corn, and vegetables) 2 Livestock and poultry		3 Others: _____				

d. Labour markets																	
For every person 15 years old and over																	
PAGE 8		Fisherfolk															
		132	133												134		
		In the PAST YEAR, did ____ work as a municipal fisherfolk, went fishing in own/shared boat or went fishing on a boat owned by a family member?	In the PAST YEAR, what months did ____ work as a municipal fisherfolk / went fishing in own/shared boat? Mark X (Did ____ work as a municipal fisherfolk or went fishing in own/shared boat on (month)? Mark X)												Where does ____ fish in the months he/she works as a fisherfolk?		
		WRITE THE CODE IN THE SPACE PROVIDED	MARK X THE MONTHS THE RESPONDENT WAS HIRED												WRITE THE NAME	WRITE THE NAME	WRITE THE NAME
		1 Yes → 2 No (Go to 141)	June 2018	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	Barangay	Municipality	Province
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

d. Labour markets								
PAGE 9	For every person 15 years old and over							
	Fisherfolk						Non-fishing activities	
	135	136	137	138	139	140	141	
	Who owns the boat in which _____ went fishing most of the time in the PAST YEAR?	Does the person who owns/co-owns this boat speak the same language you speak at home?	How many people usually fish with _____ in this boat?	In a typical month working in a municipal fishery or as a fisherfolk, how many days a month did _____ go fishing?	In a typical month working in a municipal fishery or as a fisherfolk, how many hours a day did _____ go fishing?	Was _____ forced to do this work?	In the PAST YEAR, did _____ have a year-round or an off-season non-fishing related job?	
	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE NUMBER OF PERSONS	WRITE THE NUMBER OF DAYS IN THE SPACE PROVIDED	WRITE THE NUMBER OF HOURS IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	
	READ ALL THE RESPONSE OPTIONS SEE CODES AT THE BOTTOM	1 Yes 2 No				1 Yes 2 No	1 Yes → 2 No (Go to 155)	
	1	<input type="text"/> <input type="text"/> :_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
	2	<input type="text"/> <input type="text"/> :_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
	3	<input type="text"/> <input type="text"/> :_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
	4	<input type="text"/> <input type="text"/> :_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
	5	<input type="text"/> <input type="text"/> :_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
	6	<input type="text"/> <input type="text"/> :_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
	7	<input type="text"/> <input type="text"/> :_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
	8	<input type="text"/> <input type="text"/> :_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
	9	<input type="text"/> <input type="text"/> :_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/> <input type="text"/> :_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	
11	<input type="text"/> <input type="text"/> :_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	
12	<input type="text"/> <input type="text"/> :_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	
13	<input type="text"/> <input type="text"/> :_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	
14	<input type="text"/> <input type="text"/> :_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	
15	<input type="text"/> <input type="text"/> :_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	
	Response options and codes for 135 01 Him/herself (Go to 137) 02 Family member 03 Co-owned with other family members 04 Commercial fishery 05 Any other fisherfolk in this community 06 Co-owned with other community members			07 Co-owned with external investor 08 MNLF 09 MILF 10 Pirates 11 Other insurgent group 12 Other: _____				

d. Labour markets																
PAGE 10	For every person 15 years old and over															
		Non-fishing working calendar														
		142												143		
		In the past 12 months, what months did ____ work in a non-fishing related activity? Mark X (Did ____ have a non-fishing related job or activity on (month)? Mark X)												Where does ____ work in non-fishing activities		
		MARK X THE MONTHS THE RESPONDENT WAS HIRED												WRITE THE NAME	WRITE THE NAME	WRITE THE NAME
		June 2018	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	Barangay	Municipality	Province
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	

d. Labour markets					
PAGE 11	For every person 15 years old and over				
	Occupation		Nature of employment	Contract and payment	
	144	145	146	147	148
	What was _____'s year-round or off-season non-fishing PRIMARY occupation/activity?	What is _____'s occupation/role inside insurgent groups?	What is _____'s nature of employment for his/her PRIMARY occupation/activity?	In a typical month, how many days a month did _____ work in his/her PRIMARY occupation?	In a typical month, how many hours a day did _____ work in his/her PRIMARY occupation?
	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE NUMBER OF DAYS IN THE SPACE PROVIDED	WRITE THE NUMBER OF HOURS IN THE SPACE PROVIDED
	READ ALL THE RESPONSE OPTIONS SEE CODES AT THE BOTTOM	READ ALL THE RESPONSE OPTIONS SEE CODES AT THE BOTTOM	READ ALL THE RESPONSE OPTIONS SEE CODES AT THE BOTTOM		
	1	<input type="text"/> <input type="text"/> : _____	<input type="text"/> <input type="text"/> : _____	<input type="text"/> : _____	<input type="text"/> <input type="text"/>
	2	<input type="text"/> <input type="text"/> : _____	<input type="text"/> <input type="text"/> : _____	<input type="text"/> : _____	<input type="text"/> <input type="text"/>
	3	<input type="text"/> <input type="text"/> : _____	<input type="text"/> <input type="text"/> : _____	<input type="text"/> : _____	<input type="text"/> <input type="text"/>
	4	<input type="text"/> <input type="text"/> : _____	<input type="text"/> <input type="text"/> : _____	<input type="text"/> : _____	<input type="text"/> <input type="text"/>
	5	<input type="text"/> <input type="text"/> : _____	<input type="text"/> <input type="text"/> : _____	<input type="text"/> : _____	<input type="text"/> <input type="text"/>
	6	<input type="text"/> <input type="text"/> : _____	<input type="text"/> <input type="text"/> : _____	<input type="text"/> : _____	<input type="text"/> <input type="text"/>
	7	<input type="text"/> <input type="text"/> : _____	<input type="text"/> <input type="text"/> : _____	<input type="text"/> : _____	<input type="text"/> <input type="text"/>
	8	<input type="text"/> <input type="text"/> : _____	<input type="text"/> <input type="text"/> : _____	<input type="text"/> : _____	<input type="text"/> <input type="text"/>
	9	<input type="text"/> <input type="text"/> : _____	<input type="text"/> <input type="text"/> : _____	<input type="text"/> : _____	<input type="text"/> <input type="text"/>
	10	<input type="text"/> <input type="text"/> : _____	<input type="text"/> <input type="text"/> : _____	<input type="text"/> : _____	<input type="text"/> <input type="text"/>
	11	<input type="text"/> <input type="text"/> : _____	<input type="text"/> <input type="text"/> : _____	<input type="text"/> : _____	<input type="text"/> <input type="text"/>
	12	<input type="text"/> <input type="text"/> : _____	<input type="text"/> <input type="text"/> : _____	<input type="text"/> : _____	<input type="text"/> <input type="text"/>
	13	<input type="text"/> <input type="text"/> : _____	<input type="text"/> <input type="text"/> : _____	<input type="text"/> : _____	<input type="text"/> <input type="text"/>
	14	<input type="text"/> <input type="text"/> : _____	<input type="text"/> <input type="text"/> : _____	<input type="text"/> : _____	<input type="text"/> <input type="text"/>
15	<input type="text"/> <input type="text"/> : _____	<input type="text"/> <input type="text"/> : _____	<input type="text"/> : _____	<input type="text"/> <input type="text"/>	
	<u>Response options and codes for 144</u>		<u>Response options and codes for 145</u>		<u>Response options and codes for 146</u>
	01 Own business (Go to 146) 02 Elementary occupations (Go to 146) 03 Seaweed farming (Go to 146) 04 Livestock (Go to 146) 05 Agriculture (Go to 146) 06 Employment in private sector (Go to 146)	07 Employment in public sector (Go to 146) 08 Occasional wage labour (Go to 146) 09 Worked for MILF → 10 Worked for MNLF → 11 Worked for other insurgent group → 12 Other: _____ (Go to 146)	01 Porters 02 Soldiers 03 Support networks 04 Logistics / supply (driver) 05 Communications 06 Food / water collection or cook	07 Accompanying person / childcare 08 Medical assistant 09 Farming 10 Other: _____	1 Year-round job or business 2 Short term job or business 3 Off-season job or business 4 On-season job or business 5 Casual job / business 6 Hired on day to day or week to week basis 7 Unpaid family work (Go to 155) 8 Other: _____

d. Labour markets								
PAGE 12	For every person 15 years old and over							
	Contract and payment					Other income		
	149	150 A	150 B	151	152	153	154	
	Did ____ have written contract with his/her employer?	What was ____'s pay or earnings?	What was the frequency of payment or income?	Did ____ receive any non-monetary payment? What kind of non-monetary payment did ____ receive?	Was ____ forced to do work?	LAST WEEK, how many other jobs did ____ have?	LAST WEEK, what was ____'s daily pay/income for other jobs?	
	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE CODE IN THE SPACE PROVIDED	WRITE THE NUMBER OF JOBS IN THE SPACE PROVIDED	WRITE THE AMOUNT OF PESOS	
	1. Yes → 2. No → 3. Did not have an employer (Go to 153)		1 Day 2 Week 3 Month 4 Season 5 Other: _____	1 Fish 2 Agricultural crops (rice, corn, and vegetables) 3 Live stocks and poultry 4 Others: _____	1 Yes 2 No	(If answer is 0, go to 155)		
	1	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> :_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> :_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> :_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> :_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	5	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> :_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	6	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> :_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> :_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> :_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> :_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> :_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
11	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> :_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> :_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
13	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> :_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
14	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> :_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
15	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> :_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

For every person 15 years old and over

155

How many days of the week and how many hours of a typical day did _____ spend:

PAGE

d. Labour markets

For every person 15 years old and over

Time-use matrix

156 A

During normal conditions in an average week this time of the year **in 2010 before** the sardine fishing ban was first introduced, how many days of the week and how many hours of a typical day did ____ spend:

[illegible]

d. Labour markets

For every person 15 years old and over

Time-use matrix

156 B

During normal conditions in an average week this time of the year **in 2011 before** the sardine fishing ban was first introduced, how many days of the week and how many hours of a typical day did _____ spend:

		B	C	D	E	F	G	H	I	J
		Fishing by own means or in a shared boat	Hired fishing in a fishery's vessel	Processing Fish	Selling fresh or processed fish	Gleaning or collecting other resources	Agricultural activities in own landholding	Agricultural activities in someone else's landholding	Other non-agricultural and non-fishing activities	Working in insurgent groups
P A G E	1	Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Hours	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> (Next HH member)
	2	Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Hours	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> (Next HH member)
	3	Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Hours	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> (Next HH member)
	4	Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Hours	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> (Next HH member)
	5	Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Hours	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> (Next HH member)
	6	Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Hours	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> (Next HH member)
	7	Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Hours	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> (Next HH member)
	8	Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Hours	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> (Next HH member)
	9	Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Hours	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> (Next HH member)
	10	Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Hours	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> (Next HH member)
11	Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Hours	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> (Next HH member)	
12	Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Hours	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> (Next HH member)	
13	Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Hours	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> (Next HH member)	
14	Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Hours	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> (Next HH member)	
15	Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Hours	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> →	<input type="text"/> <input type="text"/> (Next HH member)	

e. Migration											
For every member of the household											
Migration											
	157		158			159		160		161	
	Was _____ born in this barangay		Where was _____ born?			Was _____ living in a different barangay FIVE YEARS AGO?		Where was _____ living FIVE YEARS AGO?		What was the main reason why _____ moved?	
	WRITE THE CODE IN THE SPACE PROVIDED		WRITE THE NAME	WRITE THE NAME	WRITE THE NAME			WRITE THE NAME	WRITE THE NAME	WRITE THE NAME	WRITE THE CODE ON THE SPACE PROVIDED
	1. Yes 2. No →		Barangay	Municipality	Province	1. Yes → 2. No (Go to next HH member)		Barangay	Municipality	Province	1. Typhoon 2. Other natural disaster/ calamity 3. Conflict or militarization problem 4. Work 5. Education 6. Divorce 7. Went back Home 8. Other: _____
1		<input type="checkbox"/>						<input type="checkbox"/>			<input type="checkbox"/> : _____
2		<input type="checkbox"/>						<input type="checkbox"/>			<input type="checkbox"/> : _____
3		<input type="checkbox"/>						<input type="checkbox"/>			<input type="checkbox"/> : _____
4		<input type="checkbox"/>						<input type="checkbox"/>			<input type="checkbox"/> : _____
5		<input type="checkbox"/>						<input type="checkbox"/>			<input type="checkbox"/> : _____
6		<input type="checkbox"/>						<input type="checkbox"/>			<input type="checkbox"/> : _____
7		<input type="checkbox"/>						<input type="checkbox"/>			<input type="checkbox"/> : _____
8		<input type="checkbox"/>						<input type="checkbox"/>			<input type="checkbox"/> : _____
9		<input type="checkbox"/>						<input type="checkbox"/>			<input type="checkbox"/> : _____
10		<input type="checkbox"/>						<input type="checkbox"/>			<input type="checkbox"/> : _____
11		<input type="checkbox"/>						<input type="checkbox"/>			<input type="checkbox"/> : _____
12		<input type="checkbox"/>						<input type="checkbox"/>			<input type="checkbox"/> : _____
13		<input type="checkbox"/>						<input type="checkbox"/>			<input type="checkbox"/> : _____
14		<input type="checkbox"/>						<input type="checkbox"/>			<input type="checkbox"/> : _____
15		<input type="checkbox"/>						<input type="checkbox"/>			<input type="checkbox"/> : _____
END OF HOUSEHOLD ROSTER											
GOT TO MODULE 2											

P A G E 17	2. Household module											
	a. General Information											
	Religious affiliation					Ethnicity						
	201	What is this household religious affiliation?				202	What is this household ethnicity by blood?				203	Are all members of the household of the same ethnicity?
	SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER				SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER					SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER		
	<input type="checkbox"/> 01 Aglipay		<input type="checkbox"/> 07 Roman Catholic		<input type="checkbox"/> 01 Bajao/Badjao/Sama Badjao		<input type="checkbox"/> 07 Ilocano		<input type="checkbox"/> 13 Molbog		<input type="checkbox"/> 19 Tausug	
	<input type="checkbox"/> 02 Baptist		<input type="checkbox"/> 08 Seventh Day Adventist		<input type="checkbox"/> 02 Bisaya/Binisaya		<input type="checkbox"/> 08 Iranen		<input type="checkbox"/> 14 Sama/Samal		<input type="checkbox"/> 20 Yakan	
	<input type="checkbox"/> 03 Evangelicals		<input type="checkbox"/> 09 Tribal religions		<input type="checkbox"/> 03 Boholano		<input type="checkbox"/> 09 Klagan		<input type="checkbox"/> 15 Sama Bangingi		<input type="checkbox"/> 21 Zamboangueño	
	<input type="checkbox"/> 04 Iglesia Ni Cristo		<input type="checkbox"/> 10 None		<input type="checkbox"/> 04 Cebuano		<input type="checkbox"/> 10 Kolibugan		<input type="checkbox"/> 16 Sangil		<input type="checkbox"/> 22 Other: _____	
	<input type="checkbox"/> 05 Islam		<input type="checkbox"/> 11 Other		<input type="checkbox"/> 05 Dulangan		<input type="checkbox"/> 11 Lambagian		<input type="checkbox"/> 17 Subanen/Subanon/Subanun			
<input type="checkbox"/> 06 Protestant				<input type="checkbox"/> 06 Hiligaynon/Ilonggo		<input type="checkbox"/> 12 Maguindanaon		<input type="checkbox"/> 18 Tagalog				
Construction materials										Water supply		
204	What is the main construction material of the roof of this house?			205	What is the main construction of the walls of this house?			206	What is your household's main source of water supply for drinking/cooking?			
SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER						
<input type="checkbox"/> 1 Galvanized iron/aluminum		<input type="checkbox"/> 5 Asbestos		<input type="checkbox"/> 01 Concrete/brick/stone		<input type="checkbox"/> 05 Bamboo/ sawali /cogon/ nipa		<input type="checkbox"/> 09 Trapal		<input type="checkbox"/> 01 Own use faucet, community water system		
<input type="checkbox"/> 2 Tile/concrete/clay tile		<input type="checkbox"/> 6 Improvised materials		<input type="checkbox"/> 02 Wood		<input type="checkbox"/> 06 Asbestos		<input type="checkbox"/> 10 No walls		<input type="checkbox"/> 05 Dug well		
<input type="checkbox"/> 3 Half galvanized iron and concrete		<input type="checkbox"/> 7 Trapal		<input type="checkbox"/> 03 Mix concrete, brick, stone, wood		<input type="checkbox"/> 07 Glass		<input type="checkbox"/> 11 Other: _____		<input type="checkbox"/> 02 Shared faucet, community water system		
<input type="checkbox"/> 4 Bamboo/Cogon/Anahaw		<input type="checkbox"/> 8 Other:_____		<input type="checkbox"/> 04 Galvanized iron/aluminium		<input type="checkbox"/> 08 Improvised materials				<input type="checkbox"/> 03 Own use, tubed/piped deep well		
										<input type="checkbox"/> 04 Shared tubed/piped deep well		
										<input type="checkbox"/> 06 Protected spring		
										<input type="checkbox"/> 07 Unprotected spring		
										<input type="checkbox"/> 09 Peddler		
										<input type="checkbox"/> 10 Bottled water		
										<input type="checkbox"/> 11 Other::_____		
Sanitation										Electricity		
207	What kind of toilet facility do/did members of your household usually use?					208	Does this household have electricity?		209	Did this house have electricity in 2010 before the sardine fishing ban was introduced?		
SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER					SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER		SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER					
<input type="checkbox"/> 01 Flush to piped sewer system		<input type="checkbox"/> 04 Flush to somewhere else		<input type="checkbox"/> 07 Open pit (pit latrine w/out slab)		<input type="checkbox"/> 10 Hanging toilet/hanging latrine		<input type="checkbox"/> 1 Yes		<input type="checkbox"/> 1 Yes		
<input type="checkbox"/> 02 Flush to septic tank		<input type="checkbox"/> 05 Ventilated improved pit latrine		<input type="checkbox"/> 08 Composting toilet		<input type="checkbox"/> 11 No facility		<input type="checkbox"/> 2 No		<input type="checkbox"/> 2 No		
<input type="checkbox"/> 03 Flush to pit latrine		<input type="checkbox"/> 06 Pit latrine with slab		<input type="checkbox"/> 09 Bucket toilet		<input type="checkbox"/> 12 Other:_____						

2. Household module														
a. General information														
210			210 A			210 B		210 C						
			Does this household own _____ ?			How many _____ do you own?		In 2010 before the sardine fishing ban was firsts introduced, did this household own?						
			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER											
a. House in which they live			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→			→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
b. Land plot in which this house is built			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→			→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
c. Bicycles (with or without sidecar)			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
d. Motorcycles/Motorbikes (with or without sidecar)			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
e. Cars			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→			→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
f. Jeepneys or multicabs			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→			→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
g. Trucks or buses			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→			→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
h. Motorized boats			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→			→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
i. Rafts or bancas			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→			→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
j. Minor appliances (electric fan, toaster, iron)			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
k. Weapons			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
l. Refrigerators			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→			→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
m. Stove or oven (Gas, LPG or electric)			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→			→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
n. Kerosene stove			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→			→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
o. Rice cookers			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→			→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
p. Microwaves			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→			→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
q. Televisions			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
r. DVD, CD player, karaoke, videoke, stereo, etc.			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→			→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
s. Computers			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
t. Washing machines			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→			→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
u. Cell phones			<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		→	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓			
PAGE 18	211	During the PAST YEAR, was this household beneficiary or received something from any of the following programs?		212	During the PAST YEAR, did this household receive domestic or overseas remittances?		213			213 A		213 B		
			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			Does any member of this household have loans or debts with_____?		In 2010 before the sardines ban was firsts introduced did any of this household have loans or debts with _____?			
									SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER					
	4Ps – Pantawid Pamilya Pilipino Program		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No				a. Banks or financial institutions		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓			
	Kalahi-CIDSS-Kapit-Bisig Laban sa Kahirapan		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No					b. Employee funds or cooperatives		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓			
	Sustainable Livelihood Program		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No					c. Family or friends		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓			
	Social Pension Program		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No					d. Lenders		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓			
	National Child Development Centers (NCDCs)		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No					e. Employers		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓			
PAMANA		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	f. Local politicians					<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓					
						g. MILF		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓					
						h. MNLF		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓					
						i. Other insurgent groups		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓					
						j. Other: _____		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓					

d. Household Income																									
Nob labour income					Labour income																				
214 A		214 B			215																				
In the PAST YEAR did any member of this household receive an income from _____?		What was its value?			How much of this household's usual monthly income comes from _____?																				
SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER					WRITE THE AMOUNT OF PESOS																				
a. Inheritance	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	<input type="text"/>		a. Non-agricultural job/own work	<input type="text"/>	g. MILF	<input type="text"/>																	
b. Occasional earning	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	<input type="text"/>		b. Agricultural jobs/own farming (non-fishing)	<input type="text"/>	h. MNLF	<input type="text"/>																	
c. Property sale	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	<input type="text"/>		c. Fishing jobs/own fishing	<input type="text"/>	i. Other insurgent groups	<input type="text"/>																	
d. Business sale	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	<input type="text"/>		d. Pensions	<input type="text"/>	j. Other	<input type="text"/>																	
e. Sale of other assets	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	<input type="text"/>		e. Renting land or housing	<input type="text"/>																			
f. Other	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	<input type="text"/>		f. Transfers	<input type="text"/>																			
e. Landholdings and use																									
Land tenure					Answer the next questions for the largest plot on your possession																				
216		Do you or your household own, rent, borrow or have use of any plot of land (including a garden, those rented or sharecropped out etc.) for agriculture, raising of livestock and poultry, aquaculture and in pursuit of other agricultural activities? (Exclude lands leased and rented out by operators).			217		How many plots does this household hold?		218		What is the area of your largest plot?		219		Where is the largest plot located?										
SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER					WRITE THE NUMBER OF PLOTS					WRITE THE SIZE		WRITE THE UNIT		BARANGAY		MUNICIPALITY		PROVINCE							
<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to 235)					<input type="text"/>					<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>							
220		What is the tenurial status of your largest plot?			221		What is the main use of your largest plot?			222		During the PAST YEAR , was your largest plot planted to crops?		223		What was the main purpose your largest plot was cultivated?									
SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER					SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER					SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER		SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER													
<input type="checkbox"/> 1 Fully owned		<input type="checkbox"/> 5 Held under CLT or CLOA			<input type="checkbox"/> 1 Home lot		<input type="checkbox"/> 6 Temporary fallow			<input type="checkbox"/> 1 Yes		<input type="checkbox"/> 2 No		<input type="checkbox"/> 1 Commercial		<input type="checkbox"/> 2 Subsistence/backyard									
<input type="checkbox"/> 2 Tenanted		<input type="checkbox"/> 6 Owner-like possession (not CLT/CLOA)			<input type="checkbox"/> 2 Temporary crops		<input type="checkbox"/> 7 Temporary meadow/pastures							<input type="checkbox"/> 3 Request/imposition of insurgent groups											
<input type="checkbox"/> 3 Leased/rented		<input type="checkbox"/> 7 Other: _____			<input type="checkbox"/> 3 Permanent crops		<input type="checkbox"/> 8 Permanent meadow/pastures																		
<input type="checkbox"/> 4 Rent free					<input type="checkbox"/> 4 Livestock/poultry		<input type="checkbox"/> 9 Covered with wood and forest																		
					<input type="checkbox"/> 5 Aquaculture		<input type="checkbox"/> 10 Other : _____																		
Land use					Livestock																				
224		How much of last harvest was sold?			225		During the last 12 months, did any member of the household own or raise any livestock?			226		What was the main purpose you raised livestock?		227		How many heads/birds do you currently own/raise?									
SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER					SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER					SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER		SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER													
<input type="checkbox"/> 1 Almost all		<input type="checkbox"/> 4 Some part			<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to 228)					<input type="checkbox"/> 1 Commercial				<input type="text"/>		<input type="text"/>									
<input type="checkbox"/> 2 A lot		<input type="checkbox"/> 5 Very little								<input type="checkbox"/> 2 Subsistence															
<input type="checkbox"/> 3 More or less half		<input type="checkbox"/> 6 None								<input type="checkbox"/> 3 Request/imposition of insurgent groups															
Irrigation					Land disputes																				
228		Was there any irrigation used in your largest plot?			229		What type of irrigation was used?			230		Has a member of this household lost any land during the last 20 years?			231		What area was lost?			232		What is the main reason why it was lost?			
SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER					SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER					SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER					WRITE THE SIZE		WRITE THE UNIT		SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER						
<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to 230)					<input type="checkbox"/> 1 National <input type="checkbox"/> 2 Communal <input type="checkbox"/> 3 Individual <input type="checkbox"/> 4 Other: _____					<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to 234)					<input type="text"/>		<input type="text"/>		<input type="checkbox"/> 1 Natural disaster <input type="checkbox"/> 2 Armed conflict <input type="checkbox"/> 3 Rido or clan violence <input type="checkbox"/> 4 Other: _____						
															233		Does he/she lay claim over this land?			234		Are you worried about losing your land?			
															SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER				SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER						
															<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No				<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No						

f. Migration									
235	Was any member of this household or a close relative displaced from this land between 1950 and 1980?	236	Where was the household member or relative displaced from?			237	Did the house member or relative lose land because of this displacement?	238	Does the household member or relative lay claim over the land they abandoned?
	SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER		BARANGAY	MUNICIPALITY	PROVINCE		SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER		SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER
	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to 239)						<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
g. Social Capital									
239	Do you or any member of this household participate in any of the following groups and organization?					240	Who do you feel better represents your interest?		
	MULTIPLE RESPONSE QUESTION: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWERS						SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER		
	<div><input type="checkbox"/> 1 Political party</div> <div><input type="checkbox"/> 2 Trade union</div> <div><input type="checkbox"/> 3 Church or religious organization</div> <div><input type="checkbox"/> 4 Ethnic organization</div> <div><input type="checkbox"/> 5 Sports leisure or cultural group</div> <div><input type="checkbox"/> 6 Community Development</div> <div><input type="checkbox"/> 7 Local boards</div> <div><input type="checkbox"/> 8 Cooperatives, business or professional association</div> <div><input type="checkbox"/> 9 Educational organization (ex: PTA Association)</div> <div><input type="checkbox"/> 10 Charity organization (not as a beneficiary)</div> <div><input type="checkbox"/> 11 Barangay councils</div> <div><input type="checkbox"/> 12 Local self-defence units</div> <div><input type="checkbox"/> 13 Maritime associations</div> <div><input type="checkbox"/> 14 Fisherfolk organizations/PAMALAKAYA</div>						<div><input type="checkbox"/> 1 Municipality major (alkalde)</div> <div><input type="checkbox"/> 2 Barangay chairperson (Punong barangay)</div> <div><input type="checkbox"/> 3 Barangay councillor (Kagawad)</div> <div><input type="checkbox"/> 4 Other community leaders</div> <div><input type="checkbox"/> 5 Clan leader</div> <div><input type="checkbox"/> 6 MILF commander</div> <div><input type="checkbox"/> 7 MNLF commander</div> <div><input type="checkbox"/> 8 Other insurgent group's commander</div> <div><input type="checkbox"/> 9 Other</div>		
241	If you or someone on your family faced a conflict, dispute or misunderstanding what would be the first mechanism they would appeal to?				242	How many neighbour's house or mobile phone do you have and could call in case of an emergency?		243	Suppose each of your neighbours in this community or Purok/ sitio had ₱1,000 in their pocket. How many of them would immediately lend you ₱1,000 to pay for the expenses of a medical emergency with the only guarantee that you will pay them back as soon as you could?
	SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER					SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER
	<div><input type="checkbox"/> 01 Brgy. Justice System (Katarungan pambarangay)</div> <div><input type="checkbox"/> 02 Shari'a Justice System</div> <div><input type="checkbox"/> 03 Civil Court System</div> <div><input type="checkbox"/> 04 Council of elders</div> <div><input type="checkbox"/> 05 Informal traditional justice system</div> <div><input type="checkbox"/> 06 Resolution by own means</div> <div><input type="checkbox"/> 07 MILF</div> <div><input type="checkbox"/> 08 MNLF</div> <div><input type="checkbox"/> 09 Other armed actor</div> <div><input type="checkbox"/> 10 Clan leader</div>					<div><input type="checkbox"/> 1 All</div> <div><input type="checkbox"/> 2 Most</div> <div><input type="checkbox"/> 3 Half</div> <div><input type="checkbox"/> 4 Less than half</div> <div><input type="checkbox"/> 5 Very few</div> <div><input type="checkbox"/> 6 None</div>			<div><input type="checkbox"/> 1 All</div> <div><input type="checkbox"/> 2 Most</div> <div><input type="checkbox"/> 3 Half</div> <div><input type="checkbox"/> 4 Less than half</div> <div><input type="checkbox"/> 5 Very few</div> <div><input type="checkbox"/> 6 None</div>
END OF HOUSEHOLD MODULE									
GO TO MODULE 3: FISHING									

3. Fishing module

a. Fishing activity

To be answered by the household head or the member most knowledgeable about fishing activity

P A G E 21	301	Enumerator: In your discussions with the household, has the respondent been identified as the household member most knowledgeable about fishing activities?		302	LAST WEEK did any member of this household go fishing?		303	Why didn't any member of this household go fishing LAST WEEK ?				
		SINGLE ANSWER: WRITE AN X IN THE BOX CORRESP. TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER				
		<div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 This household is not involved in fishing activities (Go to 401) </div>			<div> <input type="checkbox"/> 1 Yes (Go to 304) <input type="checkbox"/> 2 No </div>			<div> <div> <input type="checkbox"/> 01 Because weather <input type="checkbox"/> 06 Order of other insurgent group </div> <div> <input type="checkbox"/> 02 Because of unexpected event <input type="checkbox"/> 07 Presence of pirate groups </div> <div> <input type="checkbox"/> 03 Spent time on a different economic activity <input type="checkbox"/> 08 Security reasons </div> <div> <input type="checkbox"/> 04 Order of MILF <input type="checkbox"/> 09 Not a fishing household </div> <div> <input type="checkbox"/> 05 Order of MNLF <input type="checkbox"/> 10 Other: _____ </div> </div>				
	304	Is fishing the main source of income of this household?	305	What is the LENGTH of the fishing boat this household usually uses?		306	What is the WEIGHT of the fishing boat this household usually uses?		307	LAST WEEK , on average how many fisherfolk went fishing on this boat?		
		SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			WRITE THE LENGTH	WRITE THE UNIT		WRITE THE WEIGHT	WRITE THE NUMBER OF PERSONS		WRITE THE NUMBER OF PERSONS	
		<div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No </div>			<div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>		<div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>			<div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>		
	308	Usually, who goes fishing with you on this boat?	309	Do most of the people who go fishing with you speak the language you speak at home?		310	What kind of gear was used LAST WEEK ?					
		MULTIPLE RESPONSE QUESTION: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWERS			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			MULTIPLE RESPONSE QUESTION: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWERS				
		<div> <input type="checkbox"/> 1 Family members <input type="checkbox"/> 2 Neighbours <input type="checkbox"/> 3 People from your barangay <input type="checkbox"/> 4 Other </div>			<div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No </div>			<div> <div> <input type="checkbox"/> 1 Hook and line (hand line, long line, simple/multiple hook and line) <input type="checkbox"/> 5 Net type (gillnet, bottom-set gillnet, drift gillnet, fish net, etc.) </div> <div> <input type="checkbox"/> 2 Fish corral <input type="checkbox"/> 6 Spear and traps </div> <div> <input type="checkbox"/> 3 Fish pot <input type="checkbox"/> 7 Beach seine </div> <div> <input type="checkbox"/> 4 Bag net <input type="checkbox"/> 8 Other: _____ </div> </div>				
	311			331 A LAST WEEK , did this household spend money in _____?				311 B How much did you spend in _____?				
				SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER				WRITE THE AMOUNT OF PESOS ₱				
		a. Gasoline	<input type="checkbox"/> 2 No ↓ <input type="checkbox"/> 1 Yes →				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			↓		
		b. Replacement parts for the vessel	<input type="checkbox"/> 2 No ↓ <input type="checkbox"/> 1 Yes →				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			↓		
		c. Twine, nylon	<input type="checkbox"/> 2 No ↓ <input type="checkbox"/> 1 Yes →				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			↓		
		d. Hooks	<input type="checkbox"/> 2 No ↓ <input type="checkbox"/> 1 Yes →				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			↓		
	e. Vessel fixing-fees	<input type="checkbox"/> 2 No ↓ <input type="checkbox"/> 1 Yes →				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			↓			
	f. Engine fix	<input type="checkbox"/> 2 No ↓ <input type="checkbox"/> 1 Yes →				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			↓			
	g. Net	<input type="checkbox"/> 2 No ↓ <input type="checkbox"/> 1 Yes →				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			↓			
	h. Bait	<input type="checkbox"/> 2 No ↓ <input type="checkbox"/> 1 Yes →				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			↓			
	i. Ice	<input type="checkbox"/> 2 No ↓ <input type="checkbox"/> 1 Yes →				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			↓			
	j. Other: _____	<input type="checkbox"/> 2 No ↓ <input type="checkbox"/> 1 Yes →				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			↓			

312

312 A

Does this household own_____?

312 B

In 2010 BEFORE the sardine ban was first introduced, did this household own_____?

		WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER				WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			
a. Banca/Dugout boat		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	All →		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓	
b. Plank boat		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	All →		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓	
c. Outboard engine		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	All →		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓	
d. Mosquito net		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	All →		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓	
e. Beach seine		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	All →		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓	
f. Long hand line		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	All →		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓	
g. Gill net		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	All →		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓	
h. Fish traps		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	All →		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓	
i. Cast net		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	All →		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓	
j. Other:_____		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	All →		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	↓	

c. Output and distribution

f. Output matrix

Three fishing seasons were identified: open- peak season, open- lean season and closed season

The survey will be collected during the OPEN PEAK SEASON (last week will be in the OPS)

For each member of the household involved in the fishing

		A		B		C		D		E	
		Last week (2019)		Average week in CLOSED SEASON this year		Average week OPEN LEAN SEASON last year		Average week this time of the year in 2010 BEFORE the sardine fishing ban was first introduced		Average week this time of the year in 2011 AFTER the sardine fishing ban was first introduced	
313	Did the household fish?	<input type="checkbox"/> 1 Yes	↓ <input type="checkbox"/> 2 No → B	<input type="checkbox"/> 1 Yes	↓ <input type="checkbox"/> 2 No → C	<input type="checkbox"/> 1 Yes	↓ <input type="checkbox"/> 2 No → D	<input type="checkbox"/> 1 Yes	↓ <input type="checkbox"/> 2 No → E	<input type="checkbox"/> 1 Yes	↓ <input type="checkbox"/> 2 No → 318
314	What are the three main species of fish or shellfish caught by this household?	WRITE THE NAME		WRITE THE NAME		WRITE THE NAME		WRITE THE NAME		WRITE THE NAME	
		1		1		1		1		1	
		2		2		2		2		2	
		3		3		3		3		3	
315	How much fish did this household catch?	WRITE THE AMOUNT	WRITE THE UNIT	WRITE THE AMOUNT	WRITE THE UNIT	WRITE THE AMOUNT	WRITE THE UNIT	WRITE THE AMOUNT	WRITE THE UNIT	WRITE THE AMOUNT	WRITE THE UNIT
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
316	Did this household process any fraction of the catch?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
317	Compared with the current season were the input costs higher, lower, or equal?			MARK WITH AN X		MARK WITH AN X		MARK WITH AN X		MARK WITH AN X	
				<input type="checkbox"/> 1 Higher		<input type="checkbox"/> 1 Higher		<input type="checkbox"/> 1 Higher		<input type="checkbox"/> 1 Higher	
				<input type="checkbox"/> 2 Lower		<input type="checkbox"/> 2 Lower		<input type="checkbox"/> 2 Lower		<input type="checkbox"/> 2 Lower	
				<input type="checkbox"/> 3 Equal		<input type="checkbox"/> 3 Equal		<input type="checkbox"/> 3 Equal		<input type="checkbox"/> 3 Equal	
		→ B		→ C		→ D		→ E		→ 318	

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e. Output and distribution													
Distribution of catch													
318			318 A		318 B				318 A		318 B		
			How much of last week's catch did this household:		At what price per kilogram was it sold?				How much of last week's catch did this household:		At what price per kilogram was it sold?		
			WRITE AMOUNT	WRITE UNIT	WRITE THE AMOUNT OF PESOS PER KILOGRAM				WRITE AMOUNT	WRITE UNIT	WRITE THE AMOUNT OF PESOS PER KILOGRAM		
	a. Consume		<input type="text"/>	<input type="text"/>			g. Share with vessel/gear owner		<input type="text"/>	<input type="text"/>			
	b. Sell directly to other household		<input type="text"/>	<input type="text"/>	<input type="text"/>		h. Use to pay hired workers		<input type="text"/>	<input type="text"/>			
	c. Sell in markets		<input type="text"/>	<input type="text"/>	<input type="text"/>		i. Give to MNLF without payment		<input type="text"/>	<input type="text"/>			
	d. Sell to traders, intermediaries or middlemen		<input type="text"/>	<input type="text"/>	<input type="text"/>		j. Give to MILF without payment		<input type="text"/>	<input type="text"/>			
	e. Sell in processing plants		<input type="text"/>	<input type="text"/>	<input type="text"/>		k. Give to pirates without payment		<input type="text"/>	<input type="text"/>			
	f. Give as a present		<input type="text"/>	<input type="text"/>			l. Give to other insurgent groups without payment		<input type="text"/>	<input type="text"/>			
	319	How much fish did this household receive as a present last week?		320	In the PAST YEAR did you decide not to sell your production because prices were to low?		321	In the PAST YEAR did you sell your production at a loss even though you would have preferred not to sell because prices were to low?		322	In the PAST YEAR were your forced to sell at a loss?		
	WRITE AMOUNT		WRITE UNIT			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER	
	<input type="text"/>		<input type="text"/>			<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No			<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No			<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
323	Who decide the price of the fish?		324	How does this household mainly sell its production?		325	Who sells this household catch?		326	Who does this household mainly sell its production to?			
	WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			MULTIPLE RESPONSE QUESTION: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			
	<input type="checkbox"/> 1 Fisherfolk <input type="checkbox"/> 5 Insurgent groups			<input type="checkbox"/> 1 By banyeras			<input type="checkbox"/> 1 Household head			<input type="checkbox"/> 1 The same single trader everyday <input type="checkbox"/> 5 Directly to consumers in/out of the market (Go to 332)			
	<input type="checkbox"/> 2 Traders <input type="checkbox"/> 6 Other: _____			<input type="checkbox"/> 2 By weight			<input type="checkbox"/> 2 Household's spouse			<input type="checkbox"/> 2 The same traders everyday <input type="checkbox"/> 6 Sell to fisherfolk association			
	<input type="checkbox"/> 3 Fisherfolk and traders			<input type="checkbox"/> 3 By contract			<input type="checkbox"/> 3 Children			<input type="checkbox"/> 3 The trader who offers the highest price everyday <input type="checkbox"/> 7 Other: _____			
	<input type="checkbox"/> 4 Authorities			<input type="checkbox"/> 4 Other: _____			<input type="checkbox"/> 4 Other: _____			<input type="checkbox"/> 4 Does not sell fish to traders (Go to 332)			
327	Do you know the name of the trader who usually buys this household production?		328	Does this trader:		329	How is this trader related to you?		330	If you were to sell the fish to another trader, what would happen?			
	SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			MULTIPLE RESPONSE QUESTION: WRITE AN X IN ALL BOXES CORRESPONDING TO THE ANSWER			
	<input type="checkbox"/> 1 Yes			<input type="checkbox"/> 1 Live in your barangay			<input type="checkbox"/> 1 Family <input type="checkbox"/> 4 No social ties			<input type="checkbox"/> 1 Reduced access to the market			
	<input type="checkbox"/> 2 No			<input type="checkbox"/> 2 Speak your same language			<input type="checkbox"/> 2 Friend			<input type="checkbox"/> 2 Harassment while fishing or reduced access to the waters			
				<input type="checkbox"/> 3 Ever go fishing with you or someone you know			<input type="checkbox"/> 3 Community network			<input type="checkbox"/> 3 Taxing			
331	Is the trader who usually buys your products related in any way to insurgent groups?				<input type="checkbox"/> 1 Yes				<input type="checkbox"/> 4 Violent sanctions				
	SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER				<input type="checkbox"/> 2 No								
												<input type="checkbox"/> 5 Other forms of pressure	

d. Fishing governance and decision making												
PAGE 24	332	In this barangay, who decide who has the right to fish?				333	Have your rights over the waters been limited or harmed in the past?		334	How often are your right limited or harmed?		
		MULTIPLE RESPONSE QUESTION: WRITE AN X IN ALL BOXES CORRESPONDING TO THE ANSWER					SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER		
		<div> <input type="checkbox"/> 01 Individual/Fisherfolk tradition <input type="checkbox"/> 08 Environmental or fishing authorities </div>					<div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to 336) </div>			<div> <input type="checkbox"/> 1 Very Often <input type="checkbox"/> 2 Often <input type="checkbox"/> 3 Sporadically <input type="checkbox"/> 4 Rarely </div>		
		<div> <input type="checkbox"/> 02 Boat/vessel crew <input type="checkbox"/> 09 Army </div>										
		<div> <input type="checkbox"/> 03 Boat/vessel owner <input type="checkbox"/> 10 MILF </div>										
		<div> <input type="checkbox"/> 04 Local fisherfolk association <input type="checkbox"/> 11 MNLF </div>										
		<div> <input type="checkbox"/> 05 Municipal fisherfolk association <input type="checkbox"/> 12 Pirates </div>										
		<div> <input type="checkbox"/> 06 Regional fisherfolk association <input type="checkbox"/> 13 Other insurgent groups </div>										
		<div> <input type="checkbox"/> 07 Pamalakaya (National fisherfolk association) </div>										
		335	In the PAST FIVE YEARS , please tell us about the three times when your rights over the waters were most limited or harmed. Please tell us the actor who limited or harmed your rights over the waters.									
		335 A WRITE THE YEAR		335 B WRITE THE CODE IN THE SPACE PROVIDED		Codes for 335 B						
		EPISODE 1				<div> 01 Fisherfolk 02 Commercial Fisheries 03 MILF 04 MNLF 05 Pirates 06 Other insurgent groups 07 Local fisherfolk association 08 Pamalakaya 09 Environmental authorities 10 Fishing authorities 11 Army 12 Others </div>						
		EPISODE 2										
		EPISODE 3										
	336	In this barangay, does_____ have influence on when to fish?			337	In this barangay, does_____ have influence on how much fish fisherfolk can catch			338	When was this household been subject to seizures of catch or prohibitions from_____?		
		1 A lot of influence 2 Some influence 3 No influence				1 A lot of influence 2 Some influence 3 No influence				1 Last week 2 In the past month 3 In the past year 4 At some point a year ago 5 All of the above 6 Never		
		a. Individual/ Fisherfolk				a. Individual/ Fisherfolk				a. Individual/ Fisherfolk		
		b. Boat crew				b. Boat crew				b. Boat crew		
		c. Boat owner				c. Boat owner				c. Boat owner		
		d. Local fisherworker association				d. Local fisherworker association				d. Local fisherworker association		
		e. Municipal fisherfolk association				e. Municipal fisherfolk association				e. Municipal fisherfolk association		
		f. Regional fisherfolk association				f. Regional fisherfolk association				f. Regional fisherfolk association		
		g. Pamalakaya (National fisher folk association)				g. Pamalakaya (National fisher folk association)				g. Pamalakaya (National fisher folk association)		
		h. Army				h. Army				h. Army		
		i. Environmental or fishing authorities				i. Environmental or fishing authorities				i. Environmental or fishing authorities		
		j. MILF				j. MILF				j. MILF		
		k. MNLF				k. MNLF				k. MNLF		
		l. Pirates				l. Pirates				l. Pirates		
		m. Other insurgent groups				m. Other insurgent groups				m. Other insurgent groups		

d. Fishing governance and decision- making											
Insurgent groups											
339	339 A Do insurgent groups play an active role when it comes to ____?		338 B What group?	340	What kind of taxes did insurgent group collected?		341	Where were taxes collected?			
	SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER		WRITE THE CODE IN THE SPACE PROVIDED 1 MNLF 2 MILF 3 Other insurgent groups 4 pirates		MULTIPLE RESPONSE QUESTION: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWERS			MULTIPLE RESPONSE QUESTION: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWERS			
	a. Determine the type of boat and gear that can be used	<input type="checkbox"/> 2 No ↓ <input type="checkbox"/> 1 Yes →	<input type="checkbox"/>		<input type="checkbox"/> 1 Monetary, share of production			<input type="checkbox"/> 1 On board before going to landing center			
	b. Deciding the species that can be caught	<input type="checkbox"/> 2 No ↓ <input type="checkbox"/> 1 Yes →	<input type="checkbox"/>		<input type="checkbox"/> 2 Monetary, fixed amount			<input type="checkbox"/> 2 On board at the landing center			
	c. Defining specific norms, such as the size of fish that can be caught	<input type="checkbox"/> 2 No ↓ <input type="checkbox"/> 1 Yes →	<input type="checkbox"/>		<input type="checkbox"/> 3 In kind, share of production			<input type="checkbox"/> 3 Off board at the landing center			
	d. Giving fishing rights	<input type="checkbox"/> 2 No ↓ <input type="checkbox"/> 1 Yes →	<input type="checkbox"/>		<input type="checkbox"/> 4 In kind, fixed amount			<input type="checkbox"/> 4 At the market			
	e. Regulating fishing trade	<input type="checkbox"/> 2 No ↓ <input type="checkbox"/> 1 Yes →	<input type="checkbox"/>		<input type="checkbox"/> 5 Other: _____			<input type="checkbox"/> 5 Other: _____			
	f. Protecting fisher folk	<input type="checkbox"/> 2 No ↓ <input type="checkbox"/> 1 Yes →	<input type="checkbox"/>								
	g. Collecting taxes	<input type="checkbox"/> 2 No ↓ <input type="checkbox"/> 1 Yes →	<input type="checkbox"/>								
342	What happens if taxes are not paid?		343	Do you think it is justified that insurgent groups regulate fishing in municipal waters ?		344	Do you think it is justified that insurgent groups regulate fishing in commercial waters ?		345	Do you think it is justified that insurgent groups regulate fish trade ?	
	MULTIPLE RESPONSE QUESTION: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWERS			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER	
	<input type="checkbox"/> 1 Physical sanctions			<input type="checkbox"/> 1 Yes			<input type="checkbox"/> 1 Yes			<input type="checkbox"/> 1 Yes	
	<input type="checkbox"/> 2 Execution			<input type="checkbox"/> 2 No			<input type="checkbox"/> 2 No			<input type="checkbox"/> 2 No	
	<input type="checkbox"/> 3 Financial sanctions										
	<input type="checkbox"/> 4 Harassment										
	<input type="checkbox"/> 5 No sanctions										
	<input type="checkbox"/> 6 Other: _____										
Commercial fisheries											
346	In the coast where this household usually fishes do commercial vessels fish in municipal waters?		347	Has the presence of commercial vessels in municipal waters affected the household's catch?		348	Based on your perception, how present are commercial vessels/boats in municipal waters?		349	Who protects municipal waters?	
	SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER	
	<input type="checkbox"/> 1 Yes			<input type="checkbox"/> 1 Yes			<input type="checkbox"/> 1 Very present			<input type="checkbox"/> 1 Official authorities	
	<input type="checkbox"/> 2 No			<input type="checkbox"/> 2 No			<input type="checkbox"/> 2 Present			<input type="checkbox"/> 2 Insurgent groups	
							<input type="checkbox"/> 3 Barely present			<input type="checkbox"/> 3 Local government	
							<input type="checkbox"/> 4 Absent			<input type="checkbox"/> 4 Other: _____	
350	What is the mechanism to solve disputes between artisanal and commercial fishers?		351	In the coast where this household usually fishes, is closed season enforced?		352	Who enforces the ban?				
	MULTIPLE RESPONSE QUESTION: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWERS			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			MULTIPLE RESPONSE QUESTION: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWERS				
	<input type="checkbox"/> 1. Amicable settlement between two parties through sharing of catch.			<input type="checkbox"/> 1 Yes			<input type="checkbox"/> 1 Official authorities		<input type="checkbox"/> 3 MNLF	<input type="checkbox"/> 5 Local governments	
	<input type="checkbox"/> 2. Cash payment of damages or loss of lives			<input type="checkbox"/> 2 No (Go to 353)			<input type="checkbox"/> 2 MILF		<input type="checkbox"/> 4 Other insurgent groups	<input type="checkbox"/> 6 Other: _____	
	<input type="checkbox"/> 3. Filing of charges										
	<input type="checkbox"/> 4. Others: _____										

d. Sustainability										
353	Have sea fish stocks increased, decreased, or stabilized in the last 10 years?									
	WRITE AN X ON THE BOX CORRESPONDING TO THE ANSWER									
	<input type="checkbox"/> 1 Increased (Go to 401)			<input type="checkbox"/> 2 Decreased			<input type="checkbox"/> 3 Stabilized (Go to 401)			
354	What is the main cause of sea stock reduction?			355	Who is responsible for this reduction?			356	What action can be taken to increase sea fish stock?	
	SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER				SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER				MULTIPLE RESPONSE QUESTION: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWERS	
	<input type="checkbox"/>	1 Over fishing/ Increase in number of fishing boats			<input type="checkbox"/>	1 Commercial fisher folks			<input type="checkbox"/>	1 Strict implementation of the fishing ban
	<input type="checkbox"/>	2 Illegal fishing/ dynamite fishing			<input type="checkbox"/>	2 Municipal fisher folks			<input type="checkbox"/>	2 Strict law enforcement
	<input type="checkbox"/>	3 Fishing in restricted areas/commercial boat fishing within municipal waters			<input type="checkbox"/>	3 Community leaders			<input type="checkbox"/>	3 Create Marine Protected Area/Fish sanctuary
	<input type="checkbox"/>	4 Lack of monitoring			<input type="checkbox"/>	4 Illegal fishers			<input type="checkbox"/>	4 Regulate fishing
	<input type="checkbox"/>	5 Lack of awareness			<input type="checkbox"/>	5 Armed groups			<input type="checkbox"/>	5 Others:_____
	<input type="checkbox"/>	6 Lack of Regulation			<input type="checkbox"/>	6 Others:_____				
	<input type="checkbox"/>	7 Climate change								
	<input type="checkbox"/>	8 Others:_____								
END OF FISHING MODULE										
GO TO MODULE 4:CONFLICT AND SECURITY										

4. Conflict and Security											
Individual and household level violence											
401	Has any of this household changed economic activity as a result of violence?		402	Has this change bee permanent, temporary or seasonal		During the PAST YEAR , have you or any member of this household experience any of the following events:			403	How many members of this household have died because of the armed conflict?	
	SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER		MULTIPLE RESPONSE QUESTION: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWERS				WRITE THE NUMBER	
	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to 403)			<input type="checkbox"/> 1 Permanent <input type="checkbox"/> 2 Temporary <input type="checkbox"/> 3 Seasonal		<input type="checkbox"/> 1 Verbal abuse <input type="checkbox"/> 2 Temporary <input type="checkbox"/> 3 Physical attacks	<input type="checkbox"/> 4 Extortion <input type="checkbox"/> 5 Kidnapping <input type="checkbox"/> 6 Homicide	<input type="checkbox"/> 7 Robbery <input type="checkbox"/> 8 Land disposession <input type="checkbox"/> 9 Other: _____		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
405			405 A Have you or any member of this household taken any of the following steps because of armed conflict?			405 B When was the measure introduced?		405 C Is this measure still in place?			
			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			WRITE THE YEAR		SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			
	a. Join the AFP or Police		<input type="checkbox"/> 2 No	↓	<input type="checkbox"/> 1 Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	↓	
	b. Join an insurgent group		<input type="checkbox"/> 2 No	↓	<input type="checkbox"/> 1 Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	↓	
	c. Join or established community policing/neighbourhood watch		<input type="checkbox"/> 2 No	↓	<input type="checkbox"/> 1 Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	↓	
	d. Join paramilitary or pirate group		<input type="checkbox"/> 2 No	↓	<input type="checkbox"/> 1 Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	↓	
	e. Got weapon (handgun, shotgun, rifle, machete, etc.)		<input type="checkbox"/> 2 No	↓	<input type="checkbox"/> 1 Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	↓	
	f. Reduce market visit time		<input type="checkbox"/> 2 No	↓	<input type="checkbox"/> 1 Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	↓	
	g. Reduce fishing time		<input type="checkbox"/> 2 No	↓	<input type="checkbox"/> 1 Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	↓	
	h. Use connection with influential people		<input type="checkbox"/> 2 No	↓	<input type="checkbox"/> 1 Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	↓	
	i. Become more active member of the community		<input type="checkbox"/> 2 No	↓	<input type="checkbox"/> 1 Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	↓	
	j. Become less active member of the community		<input type="checkbox"/> 2 No	↓	<input type="checkbox"/> 1 Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	↓	
Insurgent groups											
406	Does anyone in this barangay belong to an insurgent group?		407	Do any of your friend's belong to an insurgent group?		408	Does any of your relative belong to an insurgent group?		409	Does any of one you work with belong to an insurgent group?	
	SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER			SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER	
	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No			<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No			<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No			<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
END OF CONFLICT AND SECURITY MODULE GO TO 5: EXPENDITURE AND CONSUMPTION											

5. Expenditure and consumption module												
a. Economic Shocks												
Shocks												
501	During the PAST FIVE YEARS has this household faced any of the following events?											
	SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER											
	a. Injury or sickness of a household member	<input type="checkbox"/>	1 Yes	<input type="checkbox"/>	2 No	↓	g. Loss of remittance	<input type="checkbox"/>	1 Yes	<input type="checkbox"/>	2 No	↓
	b. Death of household head or spouse	<input type="checkbox"/>	1 Yes	<input type="checkbox"/>	2 No	↓	h. Loss of land, plots, farms, etc.	<input type="checkbox"/>	1 Yes	<input type="checkbox"/>	2 No	↓
	c. Death of any other household member	<input type="checkbox"/>	1 Yes	<input type="checkbox"/>	2 No	↓	i. Plague or loss of harvest	<input type="checkbox"/>	1 Yes	<input type="checkbox"/>	2 No	↓
	d. Loss of employment of household head	<input type="checkbox"/>	1 Yes	<input type="checkbox"/>	2 No	↓	j. Loss or death of livestock/animals	<input type="checkbox"/>	1 Yes	<input type="checkbox"/>	2 No	↓
	e. Loss of employment of other member	<input type="checkbox"/>	1 Yes	<input type="checkbox"/>	2 No	↓	k. Theft, burning or destruction of goods	<input type="checkbox"/>	1 Yes	<input type="checkbox"/>	2 No	↓
	f. Bankruptcy	<input type="checkbox"/>	1 Yes	<input type="checkbox"/>	2 No	↓	l. Loss of the harvest/property due to harassment/terrorism/extortion	<input type="checkbox"/>	1 Yes	<input type="checkbox"/>	2 No	↓
Food												
502		502 A		502 B		502 C		502 D		502 E		
		How often do you buy ____?		How much did you pay when you bought ____?		During the PAST TWO WEEKS, did any member of this household get ____ without having to pay it?		Where did you get it?		What do you estimate is the value (₪) of the ____ you got the past two weeks?		
		1 Daily 2 Weekly 3 Monthly 4 Quarterly	5 Biannually 6 Annually 7 We do not buy (Go to 502 C)	WRITE THE TOTAL AMOUNT OF PESOS YOU SPENT		1 Yes → 2 No (Go to next item)		1 Farm, orchard, sea, river 2 In kind payment 3 Presents or donation		WRITE THE TOTAL AMOUNT OF PESOS		
	a. Cereals and cereal preparations (rice, noodles, corn, flour, bread, cakes, biscuits)	<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	b. Roots and tubers (potato, cassava, camote, gabi, others)	<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	c. Fruits and vegetables (fresh or processed)	<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	d. Meat and meat preparation	<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	e. Dairy and eggs	<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	f. Fresh fish, shells and others	<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	g. Processed fish and marine products (canned, bottled, dried, smoked, salted)	<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	h. Coffee, cocoa and tea	<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
i. Soft drinks, fruit juices, bottled water	<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
j. Food not elsewhere classified	<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>		₪	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

PAGE	a. Household expenditures						
	503	Personal expenses	503 A		503 B		
	How often do you buy ____?		How much did you spend on ____?				
	1 Daily		4 Quarterly	7 We do not buy	WRITE THE TOTAL AMMOUNT OF PESOS YOU SPENT		
	2 Weekly		5 Biannually	(Go to next item)			
	3 Monthly		6 Annually				
	a. Tobacco			₱			
	b. Land, water or air transport fares			₱			
	c. Fuel for vehicle		₱				
	d. Alcoholic beverage (beer, wine, liquor)		₱				
	e. Public services (electricity, water supply, sewage and sanitation, telephone, gas, etc.		₱				
	504	Monthly expenses	504 A		504 B		
	During the PAST MONTH did anyone in this household buy ____?		How much did you spend on ____?				
	1 Yes		2 No (Go to next item)	WRITE THE TOTAL AMOUNT OF PESOS YOU SPENT			
	a. Toiletries and housekeeping products (sap, detergent, starch, etc.)			₱			
	b. Basic medical goods and supplies (cotton, gauze, alcohol, over-the-counter medicine, condoms, contraceptives, etc.)			₱			
	c. Charcoal, fuel wood, LPG, petroleum products (kerosene, gas), light bulbs, batteries, candies, oil, etc.			₱			
	d. Insect spray, mosquito and rat killer/ coil			₱			
	e. Beauty parlour services, laundry services, housekeeping service, baby care or adult care			₱			
	f. Entertainment		₱				
	g. Cell phone and connection/ access to the internet		₱				
	505	Quarterly expenses	505 A		505 B		
	During the PAST QUARTER did anyone in this household buy ____?		How much did you spend on ____?				
	1 Yes		2 No (Go to next item)	WRITE THE TOTAL AMOUNT OF PESOS YOU SPENT			
a. clothes, footwear, dressmaking/ tailoring, sewing materials and accessories			₱				
	b. Vehicle repair, replacement parts and maintenance		₱				
506	Yearly expenses	506 A		506 B			
During the PAST QUARTER did anyone in this household buy ____?		How much did you spend on ____?					
1 Yes		2 No (Go to next item)	WRITE THE TOTAL AMOUNT OF PESOS YOU SPENT				
a. Household linen, towels, mattress, utensils and accessories (dinnerware, silverware, kitchen utensils, etc.)			₱				
b. Audio-visual equipment (TV, DVD, VCD, radio, etc.)			₱				
c. Furniture			₱				
d. Major appliances (computer, cell-phone, vacuum cleaner, floor polisher, guns, etc.)			₱				
e. Kitchen, laundry and other minor appliances (electric fan, rice cooker, toaster, sewing machine, iron, blender...)			₱				
f. Transport equipment (car, jeep, jeepney, motorcycle, bicycle, tricycle, boat, horse, etc.)			₱				
g. Household tools (hammer, saw, chisel, etc.) and house improvements/repairs			₱				
h. Education (tuition, books, school supplies)			₱				
i. Health (consult, medicine, exams, Hospitalization, Treatment/Therapy, Medical laboratory)			₱				
J. Celebration/festivities/ burial		₱					
29	507	What are the total monthly expenses of this household (including food)?	WRITE THE TOTAL AMOUNT OF PESOS	508	What are the total monthly expenses of the household in food?	WRITE THE TOTAL AMOUNT OF PESOS	
		₱				₱	

