

| COMMUNITY QUESTIONNAIRE                                                                         |                                                   |                                                     |                                                          |                                                                                            |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Interview Record                                                                                |                                                   |                                                     |                                                          |                                                                                            |
| Enumerator                                                                                      |                                                   |                                                     |                                                          |                                                                                            |
| Name                                                                                            |                                                   |                                                     |                                                          |                                                                                            |
| Signature                                                                                       |                                                   |                                                     |                                                          |                                                                                            |
| Date accomplished                                                                               |                                                   |                                                     |                                                          |                                                                                            |
| Team supervisor                                                                                 |                                                   |                                                     |                                                          |                                                                                            |
| Name                                                                                            |                                                   |                                                     |                                                          |                                                                                            |
| Signature                                                                                       |                                                   |                                                     |                                                          |                                                                                            |
| Date reviewed                                                                                   |                                                   |                                                     |                                                          |                                                                                            |
| Interview record                                                                                |                                                   |                                                     |                                                          |                                                                                            |
| Number of visits made                                                                           |                                                   |                                                     |                                                          |                                                                                            |
| Result of final visit                                                                           |                                                   |                                                     |                                                          |                                                                                            |
| Number of community leaders                                                                     | 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<br>02 Tausog<br>03 Bisaya<br>04 Yakan | 05 Samal<br>06 Subanen<br>07 Chavacano<br>08 Molbog | 09 Kalibugan<br>10 Sangil<br>11 Kalagan<br>12 Lambangian | 13 Dulangan                                                                                |
| Geographic location                                                                             |                                                   |                                                     |                                                          |                                                                                            |
| Province                                                                                        |                                                   |                                                     |                                                          |                                                                                            |
| Municipality / City                                                                             |                                                   |                                                     |                                                          |                                                                                            |
| Barangay                                                                                        |                                                   |                                                     |                                                          |                                                                                            |
| Sitio / Purok                                                                                   |                                                   |                                                     |                                                          |                                                                                            |
| Surveyor: please go to the main square, avenue or building to record the following information. |                                                   |                                                     |                                                          |                                                                                            |
| Coordinates                                                                                     | Degrees                                           | Minutes                                             | Seconds                                                  | Altitude                                                                                   |
| Longitude                                                                                       |                                                   |                                                     |                                                          |                                                                                            |
| Latitude                                                                                        |                                                   |                                                     |                                                          |                                                                                            |
| Notes:                                                                                          |                                                   |                                                     |                                                          |                                                                                            |

| Leaders information     |                          |                                                   |                                                           |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                 |  |
|-------------------------|--------------------------|---------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| Name                    | Sex                      | Age                                               | Contact information                                       | Type of leader                                                                                                                                                                                                                                                                                         | Language                                                                                                                                                                            | Education                                                                                                       |  |
|                         | Are you male or female?  | What is your age as of your last birthday?        |                                                           |                                                                                                                                                                                                                                                                                                        | What language do you speak at home?                                                                                                                                                 | What is the highest education level you have completed?                                                         |  |
|                         | WRITE THE CODE           | WRITE THE AGE IN YEARS                            |                                                           | WRITE THE CODE IN THE SPACE PROVIDED                                                                                                                                                                                                                                                                   | WRITE THE CODE IN THE SPACE PROVIDED                                                                                                                                                | WRITE THE CODE IN THE SPACE PROVIDED                                                                            |  |
| FIRST NAME<br>LAST NAME | 1 Male<br>2 Female       |                                                   | Contact address<br>Contact telephone<br>Contact cellphone | 01 Tribal leaders/Council of Elders<br>02 Religious<br>03 Political<br>04 Official (authority)<br>05 Teacher<br>06 Community leader<br>07 Leader / specialist fishing association<br>08 Leader other productive organization<br>09 LGBTQA<br>10 Peoples' Organization<br>11 Fishing expert<br>12 Other | 01 Filipino<br>02 Tausog<br>03 Bisaya<br>04 Yakan<br>05 Samal<br>06 Subanen<br>07 Chavacano<br>08 Molbog<br>09 Kalibugan<br>10 Sangil<br>11 Kalagan<br>12 Lambangian<br>13 Dulangan | 1 None<br>2 Primary<br>3 Elementary<br>4 High School<br>5 Technical/Vocational<br>6 College<br>7 Graduate level |  |
| LEADER 1                |                          |                                                   |                                                           |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                 |  |
| FIRST NAME              | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Contact address                                           | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                      | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                   | <input type="checkbox"/>                                                                                        |  |
|                         |                          |                                                   |                                                           |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                 |  |
| LAST NAME               |                          |                                                   | Contact telephone                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                 |  |
|                         |                          |                                                   | Contact cellphone                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                 |  |
| LEADER 2                |                          |                                                   |                                                           |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                 |  |
| FIRST NAME              | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Contact address                                           | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                      | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                   | <input type="checkbox"/>                                                                                        |  |
|                         |                          |                                                   |                                                           |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                 |  |
| LAST NAME               |                          |                                                   | Contact telephone                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                 |  |
|                         |                          |                                                   | Contact cellphone                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                 |  |
| LEADER 3                |                          |                                                   |                                                           |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                 |  |
| FIRST NAME              | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Contact address                                           | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                      | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                   | <input type="checkbox"/>                                                                                        |  |
|                         |                          |                                                   |                                                           |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                 |  |
| LAST NAME               |                          |                                                   | Contact telephone                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                 |  |
|                         |                          |                                                   | Contact cellphone                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                 |  |
| LEADER 4                |                          |                                                   |                                                           |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                 |  |
| FIRST NAME              | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Contact address                                           | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                      | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                   | <input type="checkbox"/>                                                                                        |  |
|                         |                          |                                                   |                                                           |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                 |  |
| LAST NAME               |                          |                                                   | Contact telephone                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                 |  |
|                         |                          |                                                   | Contact cellphone                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                 |  |

# 1. Population and institutions

## Population and ethnicity

|     |                                                                                     |                                                                        |                                                                |
|-----|-------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------|
| 101 | How many households do you estimate live in this barangay?                          | 102                                                                    | How many languages are spoken in this barangay?                |
|     | WRITE THE NUMBER OF HOUSEHOLDS                                                      |                                                                        | WRITE THE NUMBER OF LANGUAGES                                  |
|     | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                        | <input type="text"/> <input type="text"/> <input type="text"/> |
| 103 | 103 A                                                                               |                                                                        | 103 B                                                          |
|     | Are the following ethnicities present in this barangay?                             |                                                                        | What is the share of this ethnicity in this barangay?          |
|     | WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER                                   |                                                                        | WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER              |
|     | a. Bajao / Badjao / Sama Badjao                                                     | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | b. Bisaya / Binisaya                                                                | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | c. Boholano                                                                         | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | d. Cebuano                                                                          | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | e. Dulangan                                                                         | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | f. Hiligaynon / Ilonggo                                                             | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | g. Ilocano                                                                          | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | h. Iranen                                                                           | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | i. Kalagan                                                                          | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | j. Kalibugan / Kolibugan                                                            | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | k. Lambagian                                                                        | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | l. Maguindanao                                                                      | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | m. Molbog                                                                           | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | n. Sama / Samal                                                                     | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | o.Sama Bangingi                                                                     | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | p. Sangil                                                                           | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | q. Subanen / Subanon / Subanun                                                      | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | r. Tagalog                                                                          | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | s. Tausug                                                                           | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | t. Yakan                                                                            | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | u. Zamboagueño                                                                      | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |
|     | v. Other:                                                                           | <input type="checkbox"/> 2 No    ↓ <input type="checkbox"/> 1 Yes    → | <input type="text"/> <input type="text"/> %                    |

## 1. Population and institutions

### Population and ethnicity

104

Does this barangay have \_\_\_?

WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER

|                                                 |                                |                               |   |                        |                                |                               |   |
|-------------------------------------------------|--------------------------------|-------------------------------|---|------------------------|--------------------------------|-------------------------------|---|
| a. Bulilit Center<br>(Child Development Center) | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ | i. Market              | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |
| b. Day-care center                              | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ | j. CSWDO Sub-station   | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |
| c. Pre-school or kindergarden                   | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ | k. Mosque/Church       | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |
| d. Public primary school                        | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ | l. Multipurpose Center | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |
| e. Public secondary school                      | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ | m. Playground          | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |
| f. Health center                                | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ | n. Good bridge         | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |
| g. Police station                               | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ | o. Makeshift bridge    | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |
| h. Barangay/Hall office                         | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ | p. Hanging bridge      | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |

105

In this barangay can you find \_\_\_?

WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER

|                                       |                                |                               |   |
|---------------------------------------|--------------------------------|-------------------------------|---|
| a. A doctor not in the health center  | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |
| b. A dentist not in the health center | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |
| c. A nurse not in the health center   | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |
| d. A health promoter                  | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |
| e. A <i>hilot</i> or midwife          | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |
| e. A <i>shaman</i> or <i>sham</i>     | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |
| f. A person who provides first aid    | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |

106

Does this barangay have access to any system of public transportation?

107

In what condition are most of the roads in this barangay are?

WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER

☐ 1 Yes

☐ 2 No

**SINGLE ANSWER:**

WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER

- |                                                      |                                             |
|------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> 1 Paved in good condition   | <input type="checkbox"/> 5 Pedestrian paths |
| <input type="checkbox"/> 2 Paved in bad condition    | <input type="checkbox"/> 6 Paths and trails |
| <input type="checkbox"/> 3 Unpaved in good condition | <input type="checkbox"/> 7 Other: _____     |
| <input type="checkbox"/> 4 Unpaved in bad condition  |                                             |

## 1. Population and institutions

### Population and ethnicity

108

In the following years, did this barangay have \_\_\_\_?

WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER

|                                                                      | 2005                                                           | 2010                                                           | 2015                                                           | 2019                                                           |
|----------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
| a. Access to the telephone network                                   | <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 ↓ |
| b. Connection to the electric network                                | <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 ↓ |
| c. Connection to drinking water and/or sewage system                 | <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 ↓ |
| d. A paved road connecting it to the closest big town                | <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 ↓ |
| e. A permanent market                                                | <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 ↓ |
| f. A public school                                                   | <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 ↓ |
| g. A health center                                                   | <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 ↓ |
| h. Police station                                                    | <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 ↓ |
| i. Barangay Tanods / CAGU<br>(Civilian Armed Forces Government Unit) | <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 ↓ |
| j. Army base/station                                                 | <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 ↓ |
| k. Landing center                                                    | <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 ↓ |
| l. Landing site                                                      | <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 ↓ |
| m. Fish refrigeration facility                                       | <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 ↓ |
| n. Fish processing facility                                          | <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 ↓ |
| o. Ice plant                                                         | <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 ↓ |
| p. Boat repair facility                                              | <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 ↓ |
| q. Motor repair facility                                             | <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 ↓ |
| r. Gear repair facility                                              | <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 ↓ |
| s. Local Trading Center                                              | <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 ↓ |
| t. Fishing authorities' office                                       | <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 ↓ |
| u. Peoples Organization                                              | <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 ↓ |

109

Are the following organizations involved in the decision-making process of this community?

WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER

|                                   |                                                                |                                                                              |                                                                |
|-----------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------|
| a. Council of elders              | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓ | e. Barangay Justice System                                                   | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓ |
| b. Barangay council               | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓ | f. Peoples' Organization                                                     | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓ |
| c. Religious centers              | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓ | g. Barangay Council for the Protection of Children & Violation Against Women | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓ |
| d. Barangay Peace & Order Council | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓ | h. Other                                                                     | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓ |

## 2. Fishing and fish markets

|     |                                                                                                                                                                                                                                                                                                                     |     |                                                                                   |     |                                                                                                                          |     |                                                                                                                                                                                      |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 110 | What share of this barangay's population works in ____?                                                                                                                                                                                                                                                             | 111 | Is there a permanent agricultural market in this barangay?                        | 112 | Is there a permanent fish market in this barangay?                                                                       | 113 | What is the location of the most frequently used fish market?                                                                                                                        |
|     | WRITE THE PERCENTAGE                                                                                                                                                                                                                                                                                                |     | WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER                                 |     | WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER                                                                        |     | WRITE AN X AND SPECIFY IF NEEDED                                                                                                                                                     |
|     | Fishing <input type="checkbox"/> <input type="checkbox"/> %                                                                                                                                                                                                                                                         |     | <input type="checkbox"/> 1 Yes                                                    |     | <input type="checkbox"/> 1 Yes                                                                                           |     | <input type="checkbox"/> 1 This barangay                                                                                                                                             |
|     | Agriculture and livestock <input type="checkbox"/> <input type="checkbox"/> %                                                                                                                                                                                                                                       |     | <input type="checkbox"/> 2 No                                                     |     | <input type="checkbox"/> 2 No                                                                                            |     | <input type="checkbox"/> 2 Other :<br>Barangay: _____<br>Municipality: _____                                                                                                         |
|     | Insurgent groups <input type="checkbox"/> <input type="checkbox"/> %                                                                                                                                                                                                                                                |     |                                                                                   |     |                                                                                                                          |     |                                                                                                                                                                                      |
|     | Other activities <input type="checkbox"/> <input type="checkbox"/> %                                                                                                                                                                                                                                                |     |                                                                                   |     |                                                                                                                          |     |                                                                                                                                                                                      |
| 114 | How do MOST people go to this fish market?                                                                                                                                                                                                                                                                          | 115 | How long does it take in this mean of transportation to get to the market?        | 116 | What is the location of the most frequently used landing center?                                                         | 117 | How far is the landing center used by this community's fisherfolk to the closest market?                                                                                             |
|     | SINGLE ANSWER:<br>WRITE X IN THE BOX CORRESP. TO THE ANSWER                                                                                                                                                                                                                                                         |     | WRITE THE TIME IN MINUTES                                                         |     | WRITE AN X AND SPECIFY IF NEEDED                                                                                         |     | WRITE THE DISTANCE                                                                                                                                                                   |
|     | <input type="checkbox"/> 1 Walking <input type="checkbox"/> 5 Boat<br><input type="checkbox"/> 2 Bicycle <input type="checkbox"/> 6 Tricycle<br><input type="checkbox"/> 3 Motorbike/Car <input type="checkbox"/> 7 Horse / Carabao<br><input type="checkbox"/> 4 Bus / PUJ <input type="checkbox"/> 8 Other: _____ |     | <input type="text"/> <input type="text"/> <input type="text"/>                    |     | <input type="checkbox"/> 1 This barangay<br><input type="checkbox"/> 2 Other :<br>Barangay: _____<br>Municipality: _____ |     | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                  |
| 118 | Who sells fish in the most frequently used fish market?                                                                                                                                                                                                                                                             | 119 | Are traders in this barangay of a specific ethnicity? What ethnicity/ethnicities? | 120 | Are there rules or sanctions that determine which ethnicities can be involved in fish trading?                           | 121 | How many persons are involved in the fish marketing chain?                                                                                                                           |
|     | MULTIPLE RESPONSE QUESTION:<br>WRITE X IN ALL BOXES CORRESP. TO AN ANSWERS                                                                                                                                                                                                                                          |     | WRITE AN X IN THE ANSWER                                                          |     | WRITE AN X AND SPECIFY IF NEEDED                                                                                         |     | SINGLE ANSWER:<br>WRITE X IN THE BOX CORRESP. TO THE ANSWER                                                                                                                          |
|     | <input type="checkbox"/> 1 Artisanal fisherfolk<br><input type="checkbox"/> 2 Fish traders / middlemen<br><input type="checkbox"/> 3 Commercial fisheries<br><input type="checkbox"/> 4 Other: _____                                                                                                                |     | <input type="checkbox"/> 1 Yes →<br><input type="checkbox"/> 2 No                 |     | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                          |     | <input type="checkbox"/> 1 One<br><input type="checkbox"/> 2 Two<br><input type="checkbox"/> 3 Three<br><input type="checkbox"/> 4 Four<br><input type="checkbox"/> 5 More than four |
| 122 | What species of fish is mostly CAUGHT in this barangay?                                                                                                                                                                                                                                                             | 123 | What species of fish is mostly TRADED in this barangay?                           | 124 | What species of fish is mostly CONSUMED in this barangay?                                                                | 125 | What was the price of this species of fish LAST WEEK?                                                                                                                                |
|     | WRITE THE FISH SPECIES' NAME                                                                                                                                                                                                                                                                                        |     | WRITE THE FISH SPECIES' NAME                                                      |     | WRITE THE FISH SPECIES' NAME                                                                                             |     | WRITE THE UNIT OF MEASURE                                                                                                                                                            |
|     | _____                                                                                                                                                                                                                                                                                                               |     | _____                                                                             |     | _____                                                                                                                    |     | WRITE THE PRICE IN PESOS<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                                                      |

## 2. Fishing and fish markets

|                         |                                                                                       |                          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|-------------------------|---------------------------------------------------------------------------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 126                     | What share of this barangay's population works in ____?                               |                          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|                         | WRITE THE UNIT OF MEASURE                                                             | WRITE THE PRICE IN PESOS |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|                         |                                                                                       | 2005                     | 2006                 | 2007                 | 2008                 | 2009                 | 2010                 | 2011                 | 2012                 | 2013                 | 2014                 | 2015                 | 2016                 | 2017                 | 2018                 |
|                         | _____                                                                                 | <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>Fishing calendar</b> |                                                                                       |                          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| 127                     | Which are the FISHING months of the specie most commonly caught in this barangay?     |                          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|                         | MARK WITH AN X THE FISHING MONTHS                                                     |                          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|                         | January                                                                               | February                 | March                | April                | May                  | June                 | July                 | August               | September            | October              | November             | December             |                      |                      |                      |
|                         |                                                                                       |                          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| 128                     | Which are the PEAK SEASON months of the specie most commonly caught in this barangay? |                          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|                         | MARK WITH AN X THE FISHING MONTHS                                                     |                          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|                         | January                                                                               | February                 | March                | April                | May                  | June                 | July                 | August               | September            | October              | November             | December             |                      |                      |                      |
|                         |                                                                                       |                          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| 129                     | Which are the LEAN SEASON months of the specie most commonly caught in this barangay? |                          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|                         | MARK WITH AN X THE FISHING MONTHS                                                     |                          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|                         | January                                                                               | February                 | March                | April                | May                  | June                 | July                 | August               | September            | October              | November             | December             |                      |                      |                      |
|                         |                                                                                       |                          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |

## 3. Conflict and security

|     |                                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                                                                                     |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                            |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 130 | In general, would you say this barangay is very safe, relatively safe, not safe, very unsafe?                                                                                            | 131                                                                                                                                                                      | What is the main reason why you think this barangay is not safe?                                                                                                                                                                    |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                            |
|     | 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 Very safe (Go to question 132)<br><input type="checkbox"/> 2 Relatively safe<br><input type="checkbox"/> 3 Not safe<br><input type="checkbox"/> 4 Very unsafe |                                                                                                                                                                          | <input type="checkbox"/> 01 Not enough presence of public force<br><input type="checkbox"/> 02 Presence of insurgent groups<br><input type="checkbox"/> 03 Presence of criminal groups<br><input type="checkbox"/> 04 Land disputes | <input type="checkbox"/> 05 Feuding/Rido<br><input type="checkbox"/> 06 Political reasons<br><input type="checkbox"/> 07 Governance Induce<br><input type="checkbox"/> 08 Illicit activities (Shaded Economy) | <input type="checkbox"/> 09 Inter-Intra gang rivalry<br><input type="checkbox"/> 10 Entry-Exit Barriers<br><input type="checkbox"/> 11 Identity-based conflict<br><input type="checkbox"/> 12 Illicit taxation<br><input type="checkbox"/> 13 Other: _____ |
| 132 | If someone in this barangay faced a conflict or dispute, what would be the first mechanism he/she would appeal to?                                                                       |                                                                                                                                                                          |                                                                                                                                                                                                                                     |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                            |
|     | SINGLE ANSWER: WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER                                                                                                                         |                                                                                                                                                                          |                                                                                                                                                                                                                                     |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                            |
|     | <input type="checkbox"/> 01 Barangay Justice System (Katarungang Pambarangay)<br><input type="checkbox"/> 02 Shari'a Justice System<br><input type="checkbox"/> 03 Civil Court System    | <input type="checkbox"/> 04 Council of elders<br><input type="checkbox"/> 05 Informal traditional justice systems<br><input type="checkbox"/> 06 Resolution by own means | <input type="checkbox"/> 07 MNLF<br><input type="checkbox"/> 08 MILF<br><input type="checkbox"/> 09 Communist terrorist groups                                                                                                      | <input type="checkbox"/> 10 Other insurgent groups<br><input type="checkbox"/> 11 Clan leader                                                                                                                 |                                                                                                                                                                                                                                                            |

| 3. Conflict and security                  |                                                                                                             |                                           |                                                                     |                                                                                                                         |                                |                                                                                     |                                                                                     |                                                                                                     |  |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| P<br>A<br>G<br>E<br><br>7                 | 133                                                                                                         |                                           |                                                                     | 133 A                                                                                                                   |                                |                                                                                     | 133 B                                                                               |                                                                                                     |  |
|                                           |                                                                                                             |                                           |                                                                     | In the PAST YEAR, has a <b>MISUNDERSTANDING (non-land related)</b> between _____ resulted in violence in this barangay? |                                |                                                                                     | How many deaths can you associate to this type of violence?                         |                                                                                                     |  |
|                                           |                                                                                                             |                                           | WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER                   |                                                                                                                         |                                | WRITE THE NUMBER OF DEATHS                                                          |                                                                                     |                                                                                                     |  |
|                                           | a. Families/clans                                                                                           |                                           | <input type="checkbox"/> 2 No                                       | ↓                                                                                                                       | <input type="checkbox"/> 1 Yes | →                                                                                   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                                     |  |
|                                           | b. Muslim rebels and Armed Forces of the Philippines                                                        |                                           | <input type="checkbox"/> 2 No                                       | ↓                                                                                                                       | <input type="checkbox"/> 1 Yes | →                                                                                   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                                     |  |
|                                           | c. Muslims and Christians                                                                                   |                                           | <input type="checkbox"/> 2 No                                       | ↓                                                                                                                       | <input type="checkbox"/> 1 Yes | →                                                                                   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                                     |  |
|                                           | d. Tribes                                                                                                   |                                           | <input type="checkbox"/> 2 No                                       | ↓                                                                                                                       | <input type="checkbox"/> 1 Yes | →                                                                                   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                                     |  |
|                                           | e. Farmers and landowners                                                                                   |                                           | <input type="checkbox"/> 2 No                                       | ↓                                                                                                                       | <input type="checkbox"/> 1 Yes | →                                                                                   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                                     |  |
|                                           | f. NPA and AFP                                                                                              |                                           | <input type="checkbox"/> 2 No                                       | ↓                                                                                                                       | <input type="checkbox"/> 1 Yes | →                                                                                   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                                     |  |
|                                           | g. Workers and employers                                                                                    |                                           | <input type="checkbox"/> 2 No                                       | ↓                                                                                                                       | <input type="checkbox"/> 1 Yes | →                                                                                   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                                     |  |
|                                           | h. Criminal groups                                                                                          |                                           | <input type="checkbox"/> 2 No                                       | ↓                                                                                                                       | <input type="checkbox"/> 1 Yes | →                                                                                   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                                     |  |
|                                           | i. Insurgent groups                                                                                         |                                           | <input type="checkbox"/> 2 No                                       | ↓                                                                                                                       | <input type="checkbox"/> 1 Yes | →                                                                                   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                                     |  |
|                                           | j. Pirates                                                                                                  |                                           | <input type="checkbox"/> 2 No                                       | ↓                                                                                                                       | <input type="checkbox"/> 1 Yes | →                                                                                   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                                     |  |
|                                           | k. Other groups                                                                                             |                                           | <input type="checkbox"/> 2 No                                       | ↓                                                                                                                       | <input type="checkbox"/> 1 Yes | →                                                                                   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                                     |  |
|                                           | 134                                                                                                         |                                           |                                                                     | 134 A                                                                                                                   |                                |                                                                                     | 134 B                                                                               |                                                                                                     |  |
|                                           |                                                                                                             |                                           |                                                                     | In the PAST YEAR, has a <b>LAND DISPUTE</b> between _____ resulted in violence in this barangay?                        |                                |                                                                                     | How many deaths can you associate to this type of violence?                         |                                                                                                     |  |
|                                           |                                                                                                             |                                           | WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER                   |                                                                                                                         |                                | WRITE THE NUMBER OF DEATHS                                                          |                                                                                     |                                                                                                     |  |
|                                           | a. Families/clans                                                                                           |                                           | <input type="checkbox"/> 2 No                                       | ↓                                                                                                                       | <input type="checkbox"/> 1 Yes | →                                                                                   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                                     |  |
|                                           | b. Muslim rebels and Armed Forces of the Philippines                                                        |                                           | <input type="checkbox"/> 2 No                                       | ↓                                                                                                                       | <input type="checkbox"/> 1 Yes | →                                                                                   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                                     |  |
|                                           | c. Muslims and Christians                                                                                   |                                           | <input type="checkbox"/> 2 No                                       | ↓                                                                                                                       | <input type="checkbox"/> 1 Yes | →                                                                                   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                                     |  |
| d. Tribes                                 |                                                                                                             | <input type="checkbox"/> 2 No             | ↓                                                                   | <input type="checkbox"/> 1 Yes                                                                                          | →                              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                     |                                                                                                     |  |
| e. Farmers and landowners                 |                                                                                                             | <input type="checkbox"/> 2 No             | ↓                                                                   | <input type="checkbox"/> 1 Yes                                                                                          | →                              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                     |                                                                                                     |  |
| f. NPA and AFP                            |                                                                                                             | <input type="checkbox"/> 2 No             | ↓                                                                   | <input type="checkbox"/> 1 Yes                                                                                          | →                              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                     |                                                                                                     |  |
| g. Workers and employers                  |                                                                                                             | <input type="checkbox"/> 2 No             | ↓                                                                   | <input type="checkbox"/> 1 Yes                                                                                          | →                              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                     |                                                                                                     |  |
| h. Criminal groups                        |                                                                                                             | <input type="checkbox"/> 2 No             | ↓                                                                   | <input type="checkbox"/> 1 Yes                                                                                          | →                              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                     |                                                                                                     |  |
| i. Insurgent groups                       |                                                                                                             | <input type="checkbox"/> 2 No             | ↓                                                                   | <input type="checkbox"/> 1 Yes                                                                                          | →                              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                     |                                                                                                     |  |
| j. Pirates                                |                                                                                                             | <input type="checkbox"/> 2 No             | ↓                                                                   | <input type="checkbox"/> 1 Yes                                                                                          | →                              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                     |                                                                                                     |  |
| k. Other groups                           |                                                                                                             | <input type="checkbox"/> 2 No             | ↓                                                                   | <input type="checkbox"/> 1 Yes                                                                                          | →                              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                     |                                                                                                     |  |
| 135                                       | In the PAST FIVE YEARS, has an insurgent group been involved in a dispute between members of this barangay? |                                           | 136                                                                 | How was the insurgent group involved?                                                                                   |                                |                                                                                     | 137                                                                                 | In the PAST FIVE YEARS, has there been violence associated with future or past political elections? |  |
|                                           | WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER                                                           |                                           |                                                                     | WRITE AN X IN ALL BOXES CORRESPONDING TO THE ANSWERS.                                                                   |                                |                                                                                     |                                                                                     | WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER                                                   |  |
| <input type="checkbox"/> 1 Yes            |                                                                                                             | <input type="checkbox"/> 2 No (Go to 137) | <input type="checkbox"/> 1 Supported one party <u>non violently</u> |                                                                                                                         |                                | <input type="checkbox"/> 4 Monitored and enforced the agreements                    | <input type="checkbox"/> 1 Yes                                                      |                                                                                                     |  |
| <input type="checkbox"/> 2 No (Go to 137) |                                                                                                             |                                           | <input type="checkbox"/> 2 Supported one party <u>violently</u>     |                                                                                                                         |                                | <input type="checkbox"/> 5 Mediated                                                 | <input type="checkbox"/> 2 No                                                       |                                                                                                     |  |
|                                           |                                                                                                             |                                           | <input type="checkbox"/> 3 Forced parties involved to take action   |                                                                                                                         |                                | <input type="checkbox"/> 6 Other: _____                                             |                                                                                     |                                                                                                     |  |

### 3. Conflict and security

P  
A  
G  
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8

### 3. Conflict and security

| 140                       |                                                                                                    | 2005                                                                                                                                              | 2006                                                                                                                                                                                                           | 2007                                                                                                                                                                                                           | 2008                                                                                                                                                                                                           | 2009                                                                                                                                                                                                           | 2010                                                                                                                                                                                                           | 2011                                                                                                                                                                                                           | 2012                                                                                                                                                                                                           | 2013                                                                                                                                                                                                           | 2014                                                                                                                                                                                                           | 2015                                                                                                                                                                                                           | 2016                                                                                                                                                                                                           | 2017                                                                                                                                                                                                           | 2018                                                            |                                                                 |
|---------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|
| P<br>A<br>G<br>E<br><br>9 | A                                                                                                  | For the following years, was there <b>FORCED DISPLACEMENT</b> in this barangay?<br>Yes → Continue to B<br>No → Go to next year                    | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No |                                                                 |
|                           | B                                                                                                  | WRITE THE NUMEBR OF DISPLACED PERSONS                                                                                                             | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>  |                                                                 |
|                           | 141                                                                                                |                                                                                                                                                   | 2005                                                                                                                                                                                                           | 2006                                                                                                                                                                                                           | 2007                                                                                                                                                                                                           | 2008                                                                                                                                                                                                           | 2009                                                                                                                                                                                                           | 2010                                                                                                                                                                                                           | 2011                                                                                                                                                                                                           | 2012                                                                                                                                                                                                           | 2013                                                                                                                                                                                                           | 2014                                                                                                                                                                                                           | 2015                                                                                                                                                                                                           | 2016                                                                                                                                                                                                           | 2017                                                            | 2018                                                            |
|                           | A                                                                                                  | For the following years, was there <b>FORCED RECRUITMENT BY INSURGENT GROUPS</b> in this barangay?<br>Yes → Continue to B<br>No → Go to next year | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No |
|                           | B                                                                                                  | What insurgent group?<br><br>1 MNLF<br>2 MILF<br>3 ASG<br>4 BIFF<br>5 Communist terrorist groups<br>6 Pirates<br>7 Organized syndicates           | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 |                                                                 |                                                                 |
|                           | 142                                                                                                |                                                                                                                                                   | 2005                                                                                                                                                                                                           | 2006                                                                                                                                                                                                           | 2007                                                                                                                                                                                                           | 2008                                                                                                                                                                                                           | 2009                                                                                                                                                                                                           | 2010                                                                                                                                                                                                           | 2011                                                                                                                                                                                                           | 2012                                                                                                                                                                                                           | 2013                                                                                                                                                                                                           | 2014                                                                                                                                                                                                           | 2015                                                                                                                                                                                                           | 2016                                                                                                                                                                                                           | 2017                                                            | 2018                                                            |
|                           | A                                                                                                  | For the following years, were there <b>THREATS TO THE POPULATION</b> in this barangay?                                                            | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No |
|                           | 143                                                                                                |                                                                                                                                                   | 2005                                                                                                                                                                                                           | 2006                                                                                                                                                                                                           | 2007                                                                                                                                                                                                           | 2008                                                                                                                                                                                                           | 2009                                                                                                                                                                                                           | 2010                                                                                                                                                                                                           | 2011                                                                                                                                                                                                           | 2012                                                                                                                                                                                                           | 2013                                                                                                                                                                                                           | 2014                                                                                                                                                                                                           | 2015                                                                                                                                                                                                           | 2016                                                                                                                                                                                                           | 2017                                                            | 2018                                                            |
|                           | A                                                                                                  | For the following years, were there <b>ATTACKS</b> in this barangay?<br>Yes → Continue to B<br>No → Go to next year                               | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No |
|                           | B                                                                                                  | Number of attacks ↓                                                                                                                               | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  |
| C                         | Total Casualties ↓                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                    | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                 | <input type="text"/> <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                         | Actor of attacks ↓<br><br>1 MNLF<br>2 MILF<br>3 ASG<br>4 BIFF<br>5 Communist terrorist groups<br>6 |                                                                                                                                                   |                                                                                                                                                                                                                |                                                                                                                                                                                                                |                                                                                                                                                                                                                |                                                                                                                                                                                                                |                                                                                                                                                                                                                |                                                                                                                                                                                                                |                                                                                                                                                                                                                |                                                                                                                                                                                                                |                                                                                                                                                                                                                |                                                                                                                                                                                                                |                                                                                                                                                                                                                |                                                                                                                                                                                                                |                                                                 |                                                                 |

### 3. Conflict and security

| 144 |                                                                                                                                      | 2005                                                            | 2006                                                            | 2007                                                            | 2008                                                            | 2009                                                            | 2010                                                            | 2011                                                            | 2012                                                            | 2013                                                            | 2014                                                            | 2015                                                            | 2016                                                            | 2017                                                            | 2018                                                            |
|-----|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|
| A   | For the following years, was there <b>LAND DISPOSSESSION</b> in this barangay?<br>Yes → Continue to B<br>No → Go to next year        | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No |
| B   | Number of events                                                                                                                     | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            |
| 145 |                                                                                                                                      | 2005                                                            | 2006                                                            | 2007                                                            | 2008                                                            | 2009                                                            | 2010                                                            | 2011                                                            | 2012                                                            | 2013                                                            | 2014                                                            | 2015                                                            | 2016                                                            | 2017                                                            | 2018                                                            |
| A   | For the following years, were there <b>CLASHES/ENCOUNTERS</b> in this barangay?<br>Yes → Continue to B<br>No → Go to next year       | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No |
| B   | Number of events                                                                                                                     | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            |
| 146 |                                                                                                                                      | 2005                                                            | 2006                                                            | 2007                                                            | 2008                                                            | 2009                                                            | 2010                                                            | 2011                                                            | 2012                                                            | 2013                                                            | 2014                                                            | 2015                                                            | 2016                                                            | 2017                                                            | 2018                                                            |
| A   | For the following years, were there <b>AMBUSHES</b> in this barangay?<br>Yes → Continue to B<br>No → Go to next year                 | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No |
| B   | Number of events                                                                                                                     | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            |
| 147 |                                                                                                                                      | 2005                                                            | 2006                                                            | 2007                                                            | 2008                                                            | 2009                                                            | 2010                                                            | 2011                                                            | 2012                                                            | 2013                                                            | 2014                                                            | 2015                                                            | 2016                                                            | 2017                                                            | 2018                                                            |
| A   | For the following years, was there <b>KIDNAPPING</b> in this barangay?<br>Yes → Continue to B<br>No → Go to next year                | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No |
| B   | Number of events                                                                                                                     | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            |
| 148 |                                                                                                                                      | 2005                                                            | 2006                                                            | 2007                                                            | 2008                                                            | 2009                                                            | 2010                                                            | 2011                                                            | 2012                                                            | 2013                                                            | 2014                                                            | 2015                                                            | 2016                                                            | 2017                                                            | 2018                                                            |
| A   | For the following years, was there <b>RIDO</b> in this barangay?<br>Yes → Continue to B<br>No → Go to next year                      | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No |
| B   | Number of events                                                                                                                     | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            |
| 149 |                                                                                                                                      | 2005                                                            | 2006                                                            | 2007                                                            | 2008                                                            | 2009                                                            | 2010                                                            | 2011                                                            | 2012                                                            | 2013                                                            | 2014                                                            | 2015                                                            | 2016                                                            | 2017                                                            | 2018                                                            |
| A   | For the following years, was there <b>TERRORISM (Bombing/Arson)</b> in this barangay?<br>Yes → Continue to B<br>No → Go to next year | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No |
| B   | Number of events                                                                                                                     | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <input type="text"/>                                            | <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. Conflict and security

| 150 |                                                                                                                                        | 2005                                                            | 2006                                                            | 2007                                                            | 2008                                                            | 2009                                                            | 2010                                                            | 2011                                                            | 2012                                                            | 2013                                                            | 2014                                                            | 2015                                                            | 2016                                                            | 2017                                                            | 2018                                                            |
|-----|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|
| A   | For the following years, were there <b>ATTACKS TO FISHING VESSELS</b> in this barangay?<br>Yes → Continue to B<br>No → Go to next year | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No |
| B   | Number of events                                                                                                                       | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  |
| 151 |                                                                                                                                        | 2005                                                            | 2006                                                            | 2007                                                            | 2008                                                            | 2009                                                            | 2010                                                            | 2011                                                            | 2012                                                            | 2013                                                            | 2014                                                            | 2015                                                            | 2016                                                            | 2017                                                            | 2018                                                            |
| A   | For the following years, was there <b>ROBBERY</b> in this barangay?<br>Yes → Continue to B<br>No → Go to next year                     | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No |
| B   | Number of events                                                                                                                       | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/>  |
| 152 |                                                                                                                                        | 2005                                                            | 2006                                                            | 2007                                                            | 2008                                                            | 2009                                                            | 2010                                                            | 2011                                                            | 2012                                                            | 2013                                                            | 2014                                                            | 2015                                                            | 2016                                                            | 2017                                                            | 2018                                                            |
| A   | For the following years, was there <b>ANY OTHER VIOLENT EVENT</b> in this barangay?                                                    | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No |

### 3. Conflict and security

|                                                   |                                                                                             |                                                                                   |                               |                                         |                                                                           |                                |                               |   |  |  |  |
|---------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------|-----------------------------------------|---------------------------------------------------------------------------|--------------------------------|-------------------------------|---|--|--|--|
| P<br>A<br>G<br>E<br><br>12                        | 153                                                                                         | In the PAST FIVE YEARS have insurgent groups ____ in this barangay?               |                               |                                         |                                                                           |                                |                               |   |  |  |  |
|                                                   | WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER                                           |                                                                                   |                               |                                         |                                                                           |                                |                               |   |  |  |  |
|                                                   | a. Imposed behaviour and interpersonal relations norms                                      | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | j. Provided arms to civilians so they could defend themselves             | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
|                                                   | b. Imposed dispute resolution and justice norms                                             | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | k. Protected civilians from other groups/units                            | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
|                                                   | c. Imposed theft and crime norms and sanctions                                              | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | l. Played games or sports with civilians                                  | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
|                                                   | d. Imposed domestic violence-related norms and sanctions                                    | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | m. Attended parties or social events with civilians                       | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
|                                                   | e. Imposed costumes and tradition-related norms                                             | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | n. Forced civilians to hide or protect members of insurgent groups        | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
|                                                   | f. Imposed ideology to civilians                                                            | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | o. Interfered in the fishing activities                                   | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
|                                                   | g. Collected information about other groups from civilians                                  | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | p. Interfered in fish trading                                             | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
|                                                   | h. Indoctrinated civilians not to denounce them or reveal information                       | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | q. Other:                                                                 | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
|                                                   | i. Obtained food from civilians                                                             | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       |                                                                           |                                |                               |   |  |  |  |
|                                                   | 154                                                                                         | In the PAST FIVE YEARS have insurgent groups ____ in this barangay?               |                               |                                         |                                                                           |                                |                               |   |  |  |  |
|                                                   | WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER                                           |                                                                                   |                               |                                         |                                                                           |                                |                               |   |  |  |  |
|                                                   | a. Protection from other insurgent groups                                                   | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | g. Built/established schools and/or provided education                    | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
|                                                   | b. Protection from other clans                                                              | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | h. Built/established health centers and/or provided health services       | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
|                                                   | c. Protection from criminal groups                                                          | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | i. Built/established other facilities (banks, cult centers, com. centers) | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
|                                                   | d. Protection to businesses                                                                 | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | j. Created/promoted community organizations                               | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
|                                                   | e. Mediation/resolution of land disputes between civilians                                  | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | k. Built/established markets                                              | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
|                                                   | f. Mediation/resolution of other conflicts between civilians                                | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | l. Mediated the markets                                                   | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
|                                                   | 155                                                                                         | In this barangay, do/does ____ have influence on <b>WHEN fisherfolk</b> can fish? |                               |                                         |                                                                           |                                |                               |   |  |  |  |
|                                                   | WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER                                           |                                                                                   |                               |                                         |                                                                           |                                |                               |   |  |  |  |
|                                                   | a. Individuals / Fisherfolk                                                                 | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | h. Environmental or fishing authorities                                   | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
|                                                   | b. Boat crew                                                                                | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | i. Army                                                                   | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
|                                                   | c. Boat owner                                                                               | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | j. MILF                                                                   | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
|                                                   | d. Local fisherfolk association                                                             | <input type="checkbox"/> 1 Yes                                                    | <input type="checkbox"/> 2 No | ↓                                       | k. MNLF                                                                   | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | ↓ |  |  |  |
| e. Municipal fisherfolk association               | <input type="checkbox"/> 1 Yes                                                              | <input type="checkbox"/> 2 No                                                     | ↓                             | l. Pirates                              | <input type="checkbox"/> 1 Yes                                            | <input type="checkbox"/> 2 No  | ↓                             |   |  |  |  |
| f. Regional fisherfolk association                | <input type="checkbox"/> 1 Yes                                                              | <input type="checkbox"/> 2 No                                                     | ↓                             | m. Other insurgent groups               | <input type="checkbox"/> 1 Yes                                            | <input type="checkbox"/> 2 No  | ↓                             |   |  |  |  |
| g. Pamalakaya (National fisherfolk association)   | <input type="checkbox"/> 1 Yes                                                              | <input type="checkbox"/> 2 No                                                     | ↓                             |                                         |                                                                           |                                |                               |   |  |  |  |
| 156                                               | In this barangay, do/does ____ have influence on <b>WHEN commercial fisheries</b> can fish? |                                                                                   |                               |                                         |                                                                           |                                |                               |   |  |  |  |
| WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER |                                                                                             |                                                                                   |                               |                                         |                                                                           |                                |                               |   |  |  |  |
| a. Individuals / Fisherfolk                       | <input type="checkbox"/> 1 Yes                                                              | <input type="checkbox"/> 2 No                                                     | ↓                             | h. Environmental or fishing authorities | <input type="checkbox"/> 1 Yes                                            | <input type="checkbox"/> 2 No  | ↓                             |   |  |  |  |
| b. Boat crew                                      | <input type="checkbox"/> 1 Yes                                                              | <input type="checkbox"/> 2 No                                                     | ↓                             | i. Army                                 | <input type="checkbox"/> 1 Yes                                            | <input type="checkbox"/> 2 No  | ↓                             |   |  |  |  |
| c. Boat owner                                     | <input type="checkbox"/> 1 Yes                                                              | <input type="checkbox"/> 2 No                                                     | ↓                             | j. MILF                                 | <input type="checkbox"/> 1 Yes                                            | <input type="checkbox"/> 2 No  | ↓                             |   |  |  |  |
| d. Local fisherfolk association                   | <input type="checkbox"/> 1 Yes                                                              | <input type="checkbox"/> 2 No                                                     | ↓                             | k. MNLF                                 | <input type="checkbox"/> 1 Yes                                            | <input type="checkbox"/> 2 No  | ↓                             |   |  |  |  |
| e. Municipal fisherfolk association               | <input type="checkbox"/> 1 Yes                                                              | <input type="checkbox"/> 2 No                                                     | ↓                             | l. Pirates                              | <input type="checkbox"/> 1 Yes                                            | <input type="checkbox"/> 2 No  | ↓                             |   |  |  |  |
| f. Regional fisherfolk association                | <input type="checkbox"/> 1 Yes                                                              | <input type="checkbox"/> 2 No                                                     | ↓                             | m. Other insurgent groups               | <input type="checkbox"/> 1 Yes                                            | <input type="checkbox"/> 2 No  | ↓                             |   |  |  |  |
| g. Pamalakaya (National fisherfolk association)   | <input type="checkbox"/> 1 Yes                                                              | <input type="checkbox"/> 2 No                                                     | ↓                             |                                         |                                                                           |                                |                               |   |  |  |  |

### 3. Conflict and security

|                                                   |                                                                                                         |                                                                                                      |     |                          |                          |    |    |                                         |                                         |                          |     |                          |                          |    |    |   |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----|--------------------------|--------------------------|----|----|-----------------------------------------|-----------------------------------------|--------------------------|-----|--------------------------|--------------------------|----|----|---|
| P<br>A<br>G<br>E<br><br>13                        | 157                                                                                                     | In this barangay, do/does _____ have influence on <b>WHERE</b> <u>fisherfolk</u> can fish?           |     |                          |                          |    |    |                                         |                                         |                          |     |                          |                          |    |    |   |
|                                                   | WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER                                                       |                                                                                                      |     |                          |                          |    |    |                                         |                                         |                          |     |                          |                          |    |    |   |
|                                                   | a. Individuals / Fisherfolk                                                                             | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       | h. Environmental or fishing authorities | <input type="checkbox"/> | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓ |
|                                                   | b. Boat crew                                                                                            | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       | i. Army                                 | <input type="checkbox"/> | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓ |
|                                                   | c. Boat owner                                                                                           | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       | j. MILF                                 | <input type="checkbox"/> | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓ |
|                                                   | d. Local fisherfolk association                                                                         | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       | k. MNLF                                 | <input type="checkbox"/> | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓ |
|                                                   | e. Municipal fisherfolk association                                                                     | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       | l. Pirates                              | <input type="checkbox"/> | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓ |
|                                                   | f. Regional fisherfolk association                                                                      | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       | m. Other insurgent groups               | <input type="checkbox"/> | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓ |
|                                                   | g. Pamalakaya (National fisherfolk association)                                                         | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       |                                         |                          |     |                          |                          |    |    |   |
|                                                   | 158                                                                                                     | In this barangay, do/does _____ have influence on <b>WHERE</b> <u>commercial fisheries</u> can fish? |     |                          |                          |    |    |                                         |                                         |                          |     |                          |                          |    |    |   |
|                                                   | WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER                                                       |                                                                                                      |     |                          |                          |    |    |                                         |                                         |                          |     |                          |                          |    |    |   |
|                                                   | a. Individuals / Fisherfolk                                                                             | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       | h. Environmental or fishing authorities | <input type="checkbox"/> | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓ |
|                                                   | b. Boat crew                                                                                            | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       | i. Army                                 | <input type="checkbox"/> | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓ |
|                                                   | c. Boat owner                                                                                           | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       | j. MILF                                 | <input type="checkbox"/> | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓ |
|                                                   | d. Local fisherfolk association                                                                         | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       | k. MNLF                                 | <input type="checkbox"/> | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓ |
|                                                   | e. Municipal fisherfolk association                                                                     | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       | l. Pirates                              | <input type="checkbox"/> | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓ |
|                                                   | f. Regional fisherfolk association                                                                      | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       | m. Other insurgent groups               | <input type="checkbox"/> | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓ |
|                                                   | g. Pamalakaya (National fisherfolk association)                                                         | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       |                                         |                          |     |                          |                          |    |    |   |
|                                                   | 159                                                                                                     | In this barangay, do/does _____ have influence on <b>HOW MUCH</b> <u>fisherfolk</u> can fish?        |     |                          |                          |    |    |                                         |                                         |                          |     |                          |                          |    |    |   |
|                                                   | WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER                                                       |                                                                                                      |     |                          |                          |    |    |                                         |                                         |                          |     |                          |                          |    |    |   |
|                                                   | a. Individuals / Fisherfolk                                                                             | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       | h. Environmental or fishing authorities | <input type="checkbox"/> | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓ |
|                                                   | b. Boat crew                                                                                            | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       | i. Army                                 | <input type="checkbox"/> | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓ |
|                                                   | c. Boat owner                                                                                           | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       | j. MILF                                 | <input type="checkbox"/> | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓ |
|                                                   | d. Local fisherfolk association                                                                         | <input type="checkbox"/>                                                                             | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓                                       | k. MNLF                                 | <input type="checkbox"/> | 1   | Yes                      | <input type="checkbox"/> | 2  | No | ↓ |
| e. Municipal fisherfolk association               | <input type="checkbox"/>                                                                                | 1                                                                                                    | Yes | <input type="checkbox"/> | 2                        | No | ↓  | l. Pirates                              | <input type="checkbox"/>                | 1                        | Yes | <input type="checkbox"/> | 2                        | No | ↓  |   |
| f. Regional fisherfolk association                | <input type="checkbox"/>                                                                                | 1                                                                                                    | Yes | <input type="checkbox"/> | 2                        | No | ↓  | m. Other insurgent groups               | <input type="checkbox"/>                | 1                        | Yes | <input type="checkbox"/> | 2                        | No | ↓  |   |
| g. Pamalakaya (National fisherfolk association)   | <input type="checkbox"/>                                                                                | 1                                                                                                    | Yes | <input type="checkbox"/> | 2                        | No | ↓  |                                         |                                         |                          |     |                          |                          |    |    |   |
| 160                                               | In this barangay, do/does _____ have influence on <b>HOW MUCH</b> <u>commercial fisheries</u> can fish? |                                                                                                      |     |                          |                          |    |    |                                         |                                         |                          |     |                          |                          |    |    |   |
| WRITE AN X IN THE BOX CORRESPONDING TO THE ANSWER |                                                                                                         |                                                                                                      |     |                          |                          |    |    |                                         |                                         |                          |     |                          |                          |    |    |   |
| a. Individuals / Fisherfolk                       | <input type="checkbox"/>                                                                                | 1                                                                                                    | Yes | <input type="checkbox"/> | 2                        | No | ↓  | h. Environmental or fishing authorities | <input type="checkbox"/>                | 1                        | Yes | <input type="checkbox"/> | 2                        | No | ↓  |   |
| b. Boat crew                                      | <input type="checkbox"/>                                                                                | 1                                                                                                    | Yes | <input type="checkbox"/> | 2                        | No | ↓  | i. Army                                 | <input type="checkbox"/>                | 1                        | Yes | <input type="checkbox"/> | 2                        | No | ↓  |   |
| c. Boat owner                                     | <input type="checkbox"/>                                                                                | 1                                                                                                    | Yes | <input type="checkbox"/> | 2                        | No | ↓  | j. MILF                                 | <input type="checkbox"/>                | 1                        | Yes | <input type="checkbox"/> | 2                        | No | ↓  |   |
| d. Local fisherfolk association                   | <input type="checkbox"/>                                                                                | 1                                                                                                    | Yes | <input type="checkbox"/> | 2                        | No | ↓  | k. MNLF                                 | <input type="checkbox"/>                | 1                        | Yes | <input type="checkbox"/> | 2                        | No | ↓  |   |
| e. Municipal fisherfolk association               | <input type="checkbox"/>                                                                                | 1                                                                                                    | Yes | <input type="checkbox"/> | 2                        | No | ↓  | l. Pirates                              | <input type="checkbox"/>                | 1                        | Yes | <input type="checkbox"/> | 2                        | No | ↓  |   |
| f. Regional fisherfolk association                | <input type="checkbox"/>                                                                                | 1                                                                                                    | Yes | <input type="checkbox"/> | 2                        | No | ↓  | m. Other insurgent groups               | <input type="checkbox"/>                | 1                        | Yes | <input type="checkbox"/> | 2                        | No | ↓  |   |
| g. Pamalakaya (National fisherfolk association)   | <input type="checkbox"/>                                                                                | 1                                                                                                    | Yes | <input type="checkbox"/> | 2                        | No | ↓  |                                         |                                         |                          |     |                          |                          |    |    |   |

### 3. Conflict and security

| 161 |                                                                                                                                                                            | 2005                                                                                                                                                                                                             | 2006                                                                                                                                                                                                             | 2007                                                                                                                                                                                                             | 2008                                                                                                                                                                                                             | 2009                                                                                                                                                                                                             | 2010                                                                                                                                                                                                             | 2011                                                                                                                                                                                                             | 2012                                                                                                                                                                                                             | 2013                                                                                                                                                                                                             | 2014                                                                                                                                                                                                             | 2015                                                                                                                                                                                                             | 2016                                                                                                                                                                                                             | 2017                                                                                                                                                                                                             | 2018                                                                                                                                                                                                             |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A   | For the following year, did households in this barangay observe a regular contribution imposed by insurgent groups?<br><b>Yes</b> → Go to B<br><b>No</b> → Go to next year | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  |
|     | Was the contribution demanded <b>MONETARY</b> ?<br><b>Yes</b> → Go to B2<br><b>No</b> → Go to C                                                                            | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  |
| B2  | <b>Who demanded it?</b>                                                                                                                                                    | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ |
|     | 1 MNLF                                                                                                                                                                     | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       |
|     | 2 MILF                                                                                                                                                                     | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       |
|     | 3 ASG                                                                                                                                                                      | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       |
|     | 4 BIFF                                                                                                                                                                     | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       |
|     | 5 Communist terrorist groups                                                                                                                                               | <input type="checkbox"/> 5                                                                                                                                                                                       | <input type="checkbox"/> 5                                                                                                                                                                                       | <input type="checkbox"/> 5                                                                                                                                                                                       | <input type="checkbox"/> 5                                                                                                                                                                                       | <input type="checkbox"/> 5                                                                                                                                                                                       | <input type="checkbox"/> 5                                                                                                                                                                                       | <input type="checkbox"/> 5                                                                                                                                                                                       | <input type="checkbox"/> 5                                                                                                                                                                                       | <input type="checkbox"/> 5                                                                                                                                                                                       | <input type="checkbox"/> 5                                                                                                                                                                                       | <input type="checkbox"/> 5                                                                                                                                                                                       | <input type="checkbox"/> 5                                                                                                                                                                                       | <input type="checkbox"/> 5                                                                                                                                                                                       | <input type="checkbox"/> 5                                                                                                                                                                                       |
|     | 6 Pirates                                                                                                                                                                  | <input type="checkbox"/> 6                                                                                                                                                                                       | <input type="checkbox"/> 6                                                                                                                                                                                       | <input type="checkbox"/> 6                                                                                                                                                                                       | <input type="checkbox"/> 6                                                                                                                                                                                       | <input type="checkbox"/> 6                                                                                                                                                                                       | <input type="checkbox"/> 6                                                                                                                                                                                       | <input type="checkbox"/> 6                                                                                                                                                                                       | <input type="checkbox"/> 6                                                                                                                                                                                       | <input type="checkbox"/> 6                                                                                                                                                                                       | <input type="checkbox"/> 6                                                                                                                                                                                       | <input type="checkbox"/> 6                                                                                                                                                                                       | <input type="checkbox"/> 6                                                                                                                                                                                       | <input type="checkbox"/> 6                                                                                                                                                                                       | <input type="checkbox"/> 6                                                                                                                                                                                       |
|     | 7 Organized syndicates                                                                                                                                                     | <input type="checkbox"/> 7 ↓                                                                                                                                                                                     | <input type="checkbox"/> 7 ↓                                                                                                                                                                                     | <input type="checkbox"/> 7 ↓                                                                                                                                                                                     | <input type="checkbox"/> 7 ↓                                                                                                                                                                                     | <input type="checkbox"/> 7 ↓                                                                                                                                                                                     | <input type="checkbox"/> 7 ↓                                                                                                                                                                                     | <input type="checkbox"/> 7 ↓                                                                                                                                                                                     | <input type="checkbox"/> 7 ↓                                                                                                                                                                                     | <input type="checkbox"/> 7 ↓                                                                                                                                                                                     | <input type="checkbox"/> 7 ↓                                                                                                                                                                                     | <input type="checkbox"/> 7 ↓                                                                                                                                                                                     | <input type="checkbox"/> 7 ↓                                                                                                                                                                                     | <input type="checkbox"/> 7 ↓                                                                                                                                                                                     | <input type="checkbox"/> 7 ↓                                                                                                                                                                                     |
| B3  | <b>How often was it demanded?</b>                                                                                                                                          | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             |
|     | 1 Daily                                                                                                                                                                    | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       |
|     | 2 Weekly                                                                                                                                                                   | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       |
|     | 3 Monthly                                                                                                                                                                  | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       |
|     | 4 Semiannually                                                                                                                                                             | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       |
|     | 5 Annually                                                                                                                                                                 | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     |
| C1  | Was the contribution demanded <b>IN FISH</b> ?<br><b>Yes</b> → Go to C2<br><b>No</b> → Go to D                                                                             | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  |
|     | <b>Who demanded it?</b>                                                                                                                                                    | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ |
| C3  | <b>How often was it demanded?</b>                                                                                                                                          | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             |
|     | 1 Daily                                                                                                                                                                    | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       | <input type="checkbox"/> 1                                                                                                                                                                                       |
|     | 2 Weekly                                                                                                                                                                   | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       | <input type="checkbox"/> 2                                                                                                                                                                                       |
|     | 3 Monthly                                                                                                                                                                  | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       | <input type="checkbox"/> 3                                                                                                                                                                                       |
|     | 4 Semiannually                                                                                                                                                             | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       | <input type="checkbox"/> 4                                                                                                                                                                                       |
|     | 5 Annually                                                                                                                                                                 | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     | <input type="checkbox"/> 5 ↓                                                                                                                                                                                     |
| D1  | Was the contribution demanded <b>IN CROPS OR LIVESTOCK</b> ?<br><b>Yes</b> → Continue<br><b>No</b> → Go to E                                                               | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  |
|     |                                                                                                                                                                            | ↓                                                                                                                                                                                                                | ↓                                                                                                                                                                                                                | ↓                                                                                                                                                                                                                | ↓                                                                                                                                                                                                                | ↓                                                                                                                                                                                                                | ↓                                                                                                                                                                                                                | ↓                                                                                                                                                                                                                | ↓                                                                                                                                                                                                                | ↓                                                                                                                                                                                                                | ↓                                                                                                                                                                                                                | ↓                                                                                                                                                                                                                | ↓                                                                                                                                                                                                                | ↓                                                                                                                                                                                                                | ↓                                                                                                                                                                                                                |

(CONTINUE IN THE NEXT PAGE WITH THE SAME YEAR)

### 3. Conflict and security

PAGE  
15

### 3. Conflict and security

Please refer to the MOST FREQUENTLY used fish market by this barangay's residents.

| 162 |                                                                                                                                                                                          | 2005                                                                                                                                                                                                             | 2006                                                                                                                                                                                                             | 2007                                                                                                                                                                                                             | 2008                                                                                                                                                                                                             | 2009                                                                                                                                                                                                             | 2010                                                                                                                                                                                                             | 2011                                                                                                                                                                                                             | 2012                                                                                                                                                                                                             | 2013                                                                                                                                                                                                             | 2014                                                                                                                                                                                                             | 2015                                                                                                                                                                                                             | 2016                                                                                                                                                                                                             | 2017                                                                                                                                                                                                             | 2018                                                                                                                                                                                                             |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A   | Did insurgent groups impose a tax on this market?<br>Yes → Go to E2<br>No → Go to F                                                                                                      | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                                                                                                                                                  |
| B   | What kind of tax was it?<br><br>1 Entry to the market<br>2 Daily for market stall<br>3 Weekly for market stall<br>4 Monthly for market stall<br>5 Share of total sales<br>6 Other: _____ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6 ↓                               | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6 ↓                               | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6 ↓                               | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6 ↓                               | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6 ↓                               | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6 ↓                               | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6 ↓                               | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6 ↓                               | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6 ↓                               | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6 ↓                               | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6 ↓                               | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6 ↓                               | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6 ↓                               | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6 ↓                               |
| C   | How were taxes collected?                                                                                                                                                                | <input type="checkbox"/> 1 Fish<br><input type="checkbox"/> 2 Cash                                                                                                                                               | <input type="checkbox"/> 1 Fish<br><input type="checkbox"/> 2 Cash                                                                                                                                               | <input type="checkbox"/> 1 Fish<br><input type="checkbox"/> 2 Cash                                                                                                                                               | <input type="checkbox"/> 1 Fish<br><input type="checkbox"/> 2 Cash                                                                                                                                               | <input type="checkbox"/> 1 Fish<br><input type="checkbox"/> 2 Cash                                                                                                                                               | <input type="checkbox"/> 1 Fish<br><input type="checkbox"/> 2 Cash                                                                                                                                               | <input type="checkbox"/> 1 Fish<br><input type="checkbox"/> 2 Cash                                                                                                                                               | <input type="checkbox"/> 1 Fish<br><input type="checkbox"/> 2 Cash                                                                                                                                               | <input type="checkbox"/> 1 Fish<br><input type="checkbox"/> 2 Cash                                                                                                                                               | <input type="checkbox"/> 1 Fish<br><input type="checkbox"/> 2 Cash                                                                                                                                               | <input type="checkbox"/> 1 Fish<br><input type="checkbox"/> 2 Cash                                                                                                                                               | <input type="checkbox"/> 1 Fish<br><input type="checkbox"/> 2 Cash                                                                                                                                               | <input type="checkbox"/> 1 Fish<br><input type="checkbox"/> 2 Cash                                                                                                                                               | <input type="checkbox"/> 1 Fish<br><input type="checkbox"/> 2 Cash                                                                                                                                               |
| D   | Who collected it?<br><br>1 MNLF<br>2 MILF<br>3 ASG<br>4 BIFF<br>5 Communist terrorist groups<br>6 Pirates<br>7 Organized syndicates                                                      | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 ↓ |
| E   | How often was it demanded?<br><br>1 Daily<br>2 Weekly<br>3 Monthly<br>4 Semiannually<br>5 Annually                                                                                       | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 ↓                                                             |

### Community resilience

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                          |                                                          |                          |                                   |                          |           |                          |                                 |                          |                |                          |                                                 |                          |  |  |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------|----------------------------------------------------------|--------------------------|-----------------------------------|--------------------------|-----------|--------------------------|---------------------------------|--------------------------|----------------|--------------------------|-------------------------------------------------|--------------------------|--|--|
| 163                                             | In the PAST FIVE YEARS, what have people in this barangay done to improve the security situation?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |                          |                                                          |                          |                                   |                          |           |                          |                                 |                          |                |                          |                                                 |                          |  |  |
|                                                 | <p><b>MULTIPLE RESPONSE QUESTION:</b><br/>WRITE AN X IN ALL BOXES CORRESPONDING TO THE ANSWERS.</p> <table border="0"> <tr> <td>1 Cooperate with the public forces</td> <td><input type="checkbox"/></td> <td>5 Request the support of insurgent groups for protection</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2 Cooperate with insurgent groups</td> <td><input type="checkbox"/></td> <td>6 Nothing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3 Be more solidary / supportive</td> <td><input type="checkbox"/></td> <td>7 Other: _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4 Create community policing/neighbourhood watch</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table> | 1 Cooperate with the public forces                       | <input type="checkbox"/> | 5 Request the support of insurgent groups for protection | <input type="checkbox"/> | 2 Cooperate with insurgent groups | <input type="checkbox"/> | 6 Nothing | <input type="checkbox"/> | 3 Be more solidary / supportive | <input type="checkbox"/> | 7 Other: _____ | <input type="checkbox"/> | 4 Create community policing/neighbourhood watch | <input type="checkbox"/> |  |  |
| 1 Cooperate with the public forces              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5 Request the support of insurgent groups for protection | <input type="checkbox"/> |                                                          |                          |                                   |                          |           |                          |                                 |                          |                |                          |                                                 |                          |  |  |
| 2 Cooperate with insurgent groups               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6 Nothing                                                | <input type="checkbox"/> |                                                          |                          |                                   |                          |           |                          |                                 |                          |                |                          |                                                 |                          |  |  |
| 3 Be more solidary / supportive                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7 Other: _____                                           | <input type="checkbox"/> |                                                          |                          |                                   |                          |           |                          |                                 |                          |                |                          |                                                 |                          |  |  |
| 4 Create community policing/neighbourhood watch | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          |                          |                                                          |                          |                                   |                          |           |                          |                                 |                          |                |                          |                                                 |                          |  |  |