

Sample Questionnaires

| | | |
|------------------------------|----------------------|---|
| Province:..... | <i>Code</i> | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| District:..... | <i>Code</i> | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| Q1 Village:..... | <i>Code</i> | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| Name of Household head:..... | <i>No: Household</i> | <input style="width: 20px; height: 20px;" type="text"/> |
| Unit:..... | | |

| | |
|--|--|
| <p>_____ Interview's name:</p> <p style="color: red;">Relationship to household head:.....</p> <p>Phone number:.....</p> <p>Date:/...../2011.</p> <p>_____ Signatuer:.....</p> | <p>_____ Enumerator's name:.....</p> <p>Phone number:.....</p> <p>Date:/...../2011.</p> <p>_____ Signatuer:.....</p> |
| <p>_____ District supervisor's name.....</p> <p>Phone number:.....</p> <p>Date:/...../2011.</p> <p>_____ Signatuer:.....</p> | <p>_____ Pronince supervisor'sname:.....</p> <p>Phone number:.....</p> <p>Date:/...../2011.</p> <p>_____ Signatuer:.....</p> |

Warning:

Accoding to statics law No:60/NSC, Date 30 June,2010, must another person or organization don't use this data, because every collection data was scret statics.

| Q2 How many parcels of all those types of agricultural land were there? <input type="text"/> parcel | | | | | | |
|---|---------------------|---------------------------|--------------------------|---------------------------------|------------------------------------|----------------------------------|
| (Paddy land , garden land, Forest land, type of Upland, Fish pond and Grazing land, building land and Other land) | | | | | | |
| Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 |
| parcel No | Parcel description? | When this parcel Cleared? | Where's parcels locate? | Is this parcel owned or rented? | If Q7=answer2 which were they pay? | What is the area of this parcel? |
| 1 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 2 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 3 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 4 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 5 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 6 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 7 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 8 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 9 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 10 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 11 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 12 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 13 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 14 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 15 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 16 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 17 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Tick if more crops on continuation | | | | | | <input type="checkbox"/> |

| Q30 Copy Number of Cattle From Q22 in Form F4 | | | | | | Head |
|---|-----|-----------------------|----------------------|--------|----------------------|----------|
| Type of cattle | Age | How many cattle.....: | Q31 | Males? | Q32 | Females? |
| | | | <input type="text"/> | Head | <input type="text"/> | Head |
| Q33 How many Local Cattle? | 1. | 2 years & Over | <input type="text"/> | Head | <input type="text"/> | Head |
| | 2. | 1E2 years | <input type="text"/> | Head | <input type="text"/> | Head |
| | 3. | Less than 1 year | <input type="text"/> | Head | <input type="text"/> | Head |
| Q34 How many cross Breed Cattle? | 1. | 2 years & Over | <input type="text"/> | Head | <input type="text"/> | Head |
| | 2. | 1E2 years | <input type="text"/> | Head | <input type="text"/> | Head |
| | 3. | Less than 1 year | <input type="text"/> | Head | <input type="text"/> | Head |

Q35 What is the Purpose of Cattle raising?

| | | |
|----------------|--------------------------|---|
| <u>Milk</u> | <input type="checkbox"/> | 1 |
| <u>Meat</u> | <input type="checkbox"/> | 2 |
| <u>Draught</u> | <input type="checkbox"/> | 3 |
| <u>Genus</u> | <input type="checkbox"/> | 4 |
| <u>Other</u> | <input type="checkbox"/> | 5 |

Tick more than one box(v)

Q36 How many cattle given milk and for draught ?

Q36a How many cattle given milk? Head

Q36b How many cattle for draught? Head

Q37 Did Cattle has vaccinated in Last 12 months?

Tick one box (v)

| | | |
|------------|--------------------------|---|
| <u>Yes</u> | <input type="checkbox"/> | 1 |
| <u>No</u> | <input type="checkbox"/> | 2 |

| Q38 Copy Number of Buffaloes From Q22 in Form 4 | | | | | | Head |
|---|-----|--------------------------|----------------------|--------|----------------------|----------|
| Type of Buffalo | Age | How many Buffaloes.....: | Q39 | Males? | Q40 | Females? |
| | | | <input type="text"/> | Head | <input type="text"/> | Head |
| Q41 How many Buffaloes? | 1. | 3 years & Over | <input type="text"/> | Head | <input type="text"/> | Head |
| | 2. | 2E3 years | <input type="text"/> | Head | <input type="text"/> | Head |
| | 3. | 1E2 years | <input type="text"/> | Head | <input type="text"/> | Head |
| | 4. | Less than 1 year | <input type="text"/> | Head | <input type="text"/> | Head |

Q42 what is the Purpose of Buffaloes raising?

| | | |
|----------------|--------------------------|---|
| <u>Milk</u> | <input type="checkbox"/> | 1 |
| <u>Meat</u> | <input type="checkbox"/> | 2 |
| <u>Draught</u> | <input type="checkbox"/> | 3 |
| <u>Genus</u> | <input type="checkbox"/> | 4 |
| <u>Other</u> | <input type="checkbox"/> | 5 |

Tick more than one box(v)

Q43 How many Buffaloes given milk and for draught?

Q43a How many Buffalo given milk? Head

Q43b How many Buffalo for draught? Head

Q44 Did Buffaloes has vaccinated in Last 12 months?

Tick one box (v)

| | | |
|------------|--------------------------|---|
| <u>Yes</u> | <input type="checkbox"/> | 1 |
| <u>No</u> | <input type="checkbox"/> | 2 |

| Q45 Copy Number of Pigs From Q22 in Form4 | | | | <input type="text"/> | | Head |
|--|---|--------------------------|----------------------|----------------------|----------------------|----------|
| Type of pigs | Age | How many pigs.....: | Q46 | Males? | Q47 | Females? |
| | | | <input type="text"/> | Head | <input type="text"/> | Head |
| Q48 | 1. 9 months & Over | | <input type="text"/> | Head | <input type="text"/> | Head |
| How many Local pigs? | 2. 3E9 months | | <input type="text"/> | Head | <input type="text"/> | Head |
| | 3. Less than 3 months | | <input type="text"/> | Head | <input type="text"/> | Head |
| Q49 | 1. 9 months & Over | | <input type="text"/> | Head | <input type="text"/> | Head |
| How many Cross Breed pigs? | 2. 3E9 months | | <input type="text"/> | Head | <input type="text"/> | Head |
| | 3. Less than 3 months | | <input type="text"/> | Head | <input type="text"/> | Head |
| Q50 | Did pigs has vaccinated in last 12 months? | | | | | |
| Tick one box (v) | <u>Yes</u> | <input type="checkbox"/> | 1 | | | |
| | <u>No</u> | <input type="checkbox"/> | 2 | | | |

| Q51 Copy Number of goats From Q22 in Form4 | | | | <input type="text"/> | | Head |
|---|--|--------------------------|----------------------|----------------------|----------------------|----------|
| Type of goats | Age | How many goats.....: | Q52 | Males? | Q53 | Females? |
| | | | <input type="text"/> | Head | <input type="text"/> | Head |
| Q54 | 1. 9 months & Over | | <input type="text"/> | Head | <input type="text"/> | Head |
| How many goats? | 2. Less than 9 months | | <input type="text"/> | Head | <input type="text"/> | Head |
| | | | | | | |
| Q55 | what is the purpose of goats raising? | | | | | |
| Tick more than one box(v) | <u>Milk</u> | <input type="checkbox"/> | 1 | | | |
| | <u>Meat</u> | <input type="checkbox"/> | 2 | | | |
| | <u>Hair</u> | <input type="checkbox"/> | 3 | | | |
| | <u>Genus</u> | <input type="checkbox"/> | 4 | | | |
| | <u>Other</u> | <input type="checkbox"/> | 5 | | | |

| Q56 Copy Number of Sheep's from Q22 in Form F4 | | | | <input type="text"/> | | Head |
|---|-----------------------|----------------------|----------------------|----------------------|----------------------|----------|
| Type of sheep | Age | How many Sheep.....: | Q57 | Males? | Q58 | Females? |
| | | | <input type="text"/> | Head | <input type="text"/> | Head |
| Q59 | 1. 9 months & Over | | <input type="text"/> | Head | <input type="text"/> | Head |
| How many Sheep? | 2. Less than 9 months | | <input type="text"/> | Head | <input type="text"/> | Head |
| | | | | | | |

Q60 What is the Purpose of sheep raising?

Tick more than one box(v)

- Milk 1
- Meat 2
- Hair 3
- Genus 4
- Other 5

Q61 Copy Number of Local Chickens from Q22 in F4 Head **Inside:** →

| | | |
|------------------|----------------------|------|
| 1. <u>Chicks</u> | <input type="text"/> | Head |
| 2. <u>Layers</u> | <input type="text"/> | Head |
| 3. <u>Adults</u> | <input type="text"/> | Head |

Q62 Copy Number of Commercial Chickens from Q22 in F4 Head **Inside:** →

| | | |
|--------------------|----------------------|------|
| 1. <u>Broilers</u> | <input type="text"/> | Head |
| 2. <u>Layers</u> | <input type="text"/> | Head |

Q63 Copy Number of Ducks from Q22 in F4 Head **Inside:** →

| | | |
|-----------------------|----------------------|------|
| 1. <u>Small breed</u> | <input type="text"/> | Head |
| 2. <u>Large breed</u> | <input type="text"/> | Head |

Q64 Did poultry has vaccinated in last 12 months?

Tick one box (v)

- Yes 1
- No 2

Q65 Did this household use animals for agriculture activity?

Tick more than one box(v)

If have animals for draught in **Q36b, Q43b** Tick (√) use for each activity

| | Prepare the land | transport | Other |
|---------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. <u>Cattles</u> | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| 2. <u>Buffaloes</u> | <input type="checkbox"/> 21 | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 |
| 3. <u>Horses</u> | <input type="checkbox"/> 31 | <input type="checkbox"/> 32 | <input type="checkbox"/> 33 |
| 4. <u>Other</u> | <input type="checkbox"/> 41 | <input type="checkbox"/> 42 | <input type="checkbox"/> 43 |

Q66 what is the type of Animals Feeds?

Tick more than one box(v)

- Nature grass 1
- Improved grass 2
- Rice bran 3
- Paddy rice 4
- Rice straw, dry grass 5
- Feeds 6
- Taro 7
- Other 8 Detail.....

| Q67 Did this household use any machinery for agriculture in the last 12 months? | | | | Q68 What is status of this household Use any Machinery for Agriculture? | | | |
|---|--------------------------|----------------------------|----------------------------|---|--------------------------|----------------------------|----------------------------|
| | | Yes | No | | | Owner | Not Owner |
| | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 1. <u>Truck</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <u>4-wheeled tractor</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <u>2-wheeled tractor</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <u>Generator</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <u>Water pump</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <u>Planter or seeder</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <u>Fertilizer distributor</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. <u>Grain dryer</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. <u>Fruit grade</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. <u>Incubator</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. <u>egg grader</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. <u>Milking machinery</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. <u>Sprayer</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. <u>Weeder</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. <u>Harvester</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. <u>Thresher</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. <u>Rice miller</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. <u>Crops miller</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Description Other machinery accept in above | ACO | Yes | No | | | Owner | Not Owner |
| | <input type="checkbox"/> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | <input type="checkbox"/> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | <input type="checkbox"/> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | <input type="checkbox"/> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | <input type="checkbox"/> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | <input type="checkbox"/> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | <input type="checkbox"/> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | <input type="checkbox"/> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

Q69 Did this household sale rice products in the last 12 months?

Tick one box (v)

Yes 1

No 2

Q70 Did this household sale crops products in the last 12 months?

Tick one box (v)

Yes 1

No 2

Q71 Did this household sale livestock in the last 12 months?

Tick one box (v)

Yes 1

No 2

Q72 Did this household have a certify for products bio safety?

Tick one box (v)

Yes 1

No 2

Q73 Did this household have debt for agriculture activity with another agency ?

Tick more than one box(v)

Government Bank 1

Foreign bank 2

Private bank 3

Microfinance 4

Village Development Fund 5

Others 8

No 9 → Next Q76

Q74 What is the purpose of credit household use for?

Buy input for Crops 1

Buy input for Livestock 2

Buy Agriculture Equipment 3

Buy Livestock 4

Building animals-production 5

Buy Land 6

Other..... 7

Q75 What is the certify of credit household?

Tick more than one box(v)

Owner Land 1

Property(House, Vehicle...) 2

Other 3

No 4

Q76 Did households get the information for agriculture product?

Tick more than one box(v)

Project/ Government 1

Agriculture Service Center 2

Radio 3

Television 8

News paper 9

Merchant 10

Farmer 11

Other 12

Q77 Did households get the introduction from extension staff for safety product, give a vaccine for animals?

Tick one box (v)

Yes 1

No 2

Q78 Did household use any outside farm labor in the last 12 month?

Yes 1

No 2 → Tick one box (v)

Q79 What is the type of labor cost paid?

Tick more than one box(v)

Money 1

Products 2

Exchange Labor 3

Other 4

Q80 Which month household use outside labor ?

Tick (✓)

Q80a use outside labor for rice Cultivation

| Months/ year 2010 | | | | | | | | | | | | Months/ year 2011 | | |
|-------------------|---|---|---|---|---|----|----|----|---|---|---|-------------------|--|--|
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | | | |
| | | | | | | | | | | | | | | |

(အများစု)

Q80b use outside labor for crops Cultivation

| Months/ year 2010 | | | | | | | | | | | | Months/ year 2011 | | |
|-------------------|---|---|---|---|---|----|----|----|---|---|---|-------------------|--|--|
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | | | |
| | | | | | | | | | | | | | | |

| Q81 | Q82 | Q83 | Q84 | Q85 | Q86 | |
|---|---|---|---|---|--|---|
| Who are the members of this Household? <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Start with household head</div> | What is relationship to the household head? 1= Household head 2= Husband/Wife 3= Son/daughter 4= Father Mother 5= Son/daughter in-law 6= Other | Male or Female? 1= Male 2=Female | How old was he/she last birthday? Age Less than 1 year write 00 | What was main occupation in the last 12 months? 1=Employee 2=Employer 3=own business 4=Work no Cost 5=Other | What was ...main activity in the last 12 months? 1= Crops 2=Fisheries 3=Livestock 4= Mix agriculture 5=Other | What the 1=Agri 2=Ano 3= ovr 4=Non 9=No |
| | 01 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 02 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 03 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 04 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 05 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 06 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 07 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 08 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 09 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 10 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 11 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 12 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 13 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 14 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 15 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 16 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 17 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Tick if more crops on continuation | | | | <input type="checkbox"/> | | |

Who was household decide for the crops and animals activity?

Q92

(If they decide to gather put the code of 2 people in the box)

Put the code Q81

Q93 Did household have own forest land?

Tick one box (v) Yes 1 No 2 → Next Q97

Q94 Did household get the benefit from own forest land?

Tick one box (v) Yes 1 No 2 → Next Q97

Q95 What type of forest product did household get from the own forest land?

| | | |
|-------------------------------|--------------------------|---|
| Timber | <input type="checkbox"/> | 1 |
| Fuel wood | <input type="checkbox"/> | 2 |
| Bamboo | <input type="checkbox"/> | 3 |
| Mushroom | <input type="checkbox"/> | 4 |
| Frets and vegetables | <input type="checkbox"/> | 5 |
| Other food product and other. | <input type="checkbox"/> | 6 |

Tick any Number of boxes(v)

Q96 Last year did household sale forest products in own forest land?

Tick one box (v) Yes 1 No 2

Q97 Last year did house get the products from other forest land?

Tick one box (v) Yes 1 No 2 → Next Q100

Q98 What type of forest product did household get from other forest?

| | | |
|-------------------------------|--------------------------|---|
| Timber | <input type="checkbox"/> | 1 |
| Fuel wood | <input type="checkbox"/> | 2 |
| Bamboo | <input type="checkbox"/> | 3 |
| Mushroom | <input type="checkbox"/> | 4 |
| Fruits and vegetables | <input type="checkbox"/> | 5 |
| Other food product and other. | <input type="checkbox"/> | 6 |

Tick any Number of boxes(v)

Last year did household sale forest products from other forest land?

Q99

Tick one box (v) Yes 1 No 2

Q100 Notice: checking again Q5 in (F4) aquaculture?

Tick one box (v) Yes 1 No 2 → Next Q104

Q101 Where were household aquaculture?

| | | |
|--------------------------|--------------------------|---|
| Rice-cum-fish culture? | <input type="checkbox"/> | 1 |
| Pond fish culture? | <input type="checkbox"/> | 2 |
| Cage fish culture? | <input type="checkbox"/> | 3 |
| Integrated pond culture? | <input type="checkbox"/> | 4 |
| Other types? | <input type="checkbox"/> | 5 |

Tick any Number of boxes(v)

Q102 What is the area of aquaculture installation?

Calculate Ha

Q103 Last year did household sale own fishing ?

Tick one box (v) Yes 1 No 2

Q104 Notice: Checking Q30 in(F4) fishing?

Tick one box (v) Yes 1 No 2 → Finish interview

Q105 Who was the member of this household fishing?

| | | |
|----------------------------------|--------------------------|---|
| In a river? | <input type="checkbox"/> | 1 |
| In a lake, reservoir? | <input type="checkbox"/> | 2 |
| In a swamp, seasonal floodplain? | <input type="checkbox"/> | 3 |
| In a rice field? | <input type="checkbox"/> | 4 |
| In a river and irrigation canal | <input type="checkbox"/> | 5 |
| Public pond | <input type="checkbox"/> | 6 |
| Other places? | <input type="checkbox"/> | 7 |

Tick any Number of boxes(v)

Q106 Did this household sale fishing from another place?

Tick one box (v) Yes 1 No 2