

## AUTHORITY:

Section 2(c) of Commonwealth Act (CA) No. 591 authorizes the National Statistics Office to prepare for and undertake all censuses of population, agriculture, industry and commerce.

## CONFIDENTIALITY:

Section 4 of CA No. 591 provides that all information furnished on this form are held STRICTLY CONFIDENTIAL.



Republic of the Philippines  
NATIONAL STATISTICS OFFICE

## 2012 CENSUS OF AGRICULTURE AND FISHERIES

CORE QUESTIONNAIRE  
FOR FISHERIES

7

5

5A

NSCB Approval No. NSO – 1218-05  
Expires on October 9, 2013

## CERTIFICATION

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

## ENUMERATOR

SIGNATURE OVER PRINTED NAME

## TEAM SUPERVISOR

SIGNATURE OVER PRINTED NAME

## DSO/SCO

SIGNATURE OVER PRINTED NAME

## CO/RO/PO SUPERVISOR

SIGNATURE OVER PRINTED NAME

DATE ACCOMPLISHED

DATE REVIEWED

DATE REVIEWED

DATE REVIEWED

## SECTION A – FISHING OPERATION IDENTIFICATION

## SECTION B – INTERVIEW RECORD

L SHEET  OF  SHEETS

PROVINCE

CITY/ MUNICIPALITY

BARANGAY

ENUMERATION  
AREA NO.

SEGMENT NO.

BUILDING SERIAL  
NO.HOUSING UNIT  
SERIAL NO.HOUSEHOLD  
SERIAL NO.LINE NO. OF  
OPERATOR

ITEM C1 (COLUMN 1) OF CAF FORM 2

TYPE OF  
OPERATOR

ITEM C16 (COLUMN 16) OF CAF FORM 2

DATE OF VISIT  
MONTH : DAYINTERVIEW TIME BEGAN  
HOUR:MINUTEINTERVIEW TIME ENDED  
HOUR:MINUTE

RESULT OF VISIT\*

VISIT 1

VISIT 2

VISIT 3

\* Result of Visit Codes  
1 Interview completed    3 Refused    5 Household not around/  
No respondent  
2 Interview partly completed    4 Postponed    6 Others, Specify \_\_\_\_\_

## SUMMARY OF VISIT

TOTAL NUMBER  
OF VISITSRESULT OF  
FINAL VISIT\*ENUMERATOR'S  
CODENAME OF  
RESPONDENTLINE NO. OF  
RESPONDENT

## SECTION C – NAME OF OPERATOR/HIRED MANAGER

COPY CORRECTLY THE NAME OF THE OPERATOR/  
HIRED MANAGER FROM ITEM C2 (COL. 2) OF CAF F2

C2 AND C3 ARE TO BE ASKED ONLY IF THE TYPE OF OPERATOR IS CODE 2 OR 3

C1 NAME OF THE OPERATOR/HIRED  
MANAGERC2 What is the name of the employer/  
establishment?C3 In what province and city/municipality is the address of the employer/  
fishing establishment?

LAST NAME

FIRST NAME

NAME OF EMPLOYER/ESTABLISHMENT

PROVINCE

CODE  
DO NOT FILL

CITY/MUNICIPALITY

CODE  
DO NOT FILL

Establishment Control Number (ECN) (DO NOT FILL, FOR NSO USE ONLY)

## SECTION D – LEGAL FORM OF ORGANIZATION

D1 From January to December 2012, did \_\_\_\_\_ operate the **fishing activity** as an individual proprietor, on partnership, as a corporation, as a cooperative, as a private institution, as a government corporation/institution or through other form of legal organization? WRITE X IN THE BOX

1 Individual proprietor

4 Cooperative

7 Others, Specify \_\_\_\_\_

2 Partnership

5 Other private institution

3 Corporation

6 Government corporation/institution

J