

SECTION C - CHARACTERISTICS OF HOUSEHOLD MEMBERS

C1 LINE NUMBER	FOR ALL PERSONS				FOR ALL PERSONS 5 YEARS OLD AND OVER	FOR ALL PERSONS 10 YEARS OLD AND OVER	AGRICULTURE		
					FOR ALL PERSONS 10 YEARS OLD AND OVER	FOR ALL PERSONS 15 YEARS OLD AND OVER			
					From January to December 2012,...				
	<b>C2</b> Who are the members of this household as of (MENTION THE DATE OF VISIT)?  LIST THE PERSONS OR HOUSEHOLD MEMBERS IN THIS ORDER: • Head • Spouse of the head • Never-married children of head/spouse from oldest to youngest • Ever-married children of head/spouse and their families from oldest to the youngest • Other relatives • Nonrelatives	<b>C3</b> What is ___'s relationship to the household head?  WRITE THE RESPONSE ON THE LINE PROVIDED AND WRITE IN THE BOXES THE APPLICABLE CODE LISTED IN PAGE 2D	<b>C4</b> Is ___ male or female?  1 Male 2 Female  WRITE X IN THE BOX	<b>C5</b> What is ___'s age as of his/her last birthday?  WRITE THE AGE IN THE BOXES PROVIDED	<b>C6</b> What is the highest grade/year completed by ___?  IF GRADUATE IN POST SECONDARY OR COLLEGE, SPECIFY THE COURSE.  WRITE THE RESPONSE ON THE LINE PROVIDED AND WRITE IN THE BOXES THE APPLICABLE CODE LISTED IN PAGE 2D	<b>C7</b> During the past 12 months, from January to December 2012, what was ___'s usual activity/occupation?  WRITE THE SPECIFIC ACTIVITY/OCCUPATION ON THE LINE PROVIDED.  LEAVE THE CODE BOXES BLANK	<b>C8</b> Was ___ engaged in agriculture activity?  1 in own holding? 2 other's holding? 3 both in own and other's holding? 4 not engaged?  WRITE X IN THE BOX.  GO TO COLUMN 11 IF THE BOX FOR CODE 4 IS MARKED WITH X	<b>C9</b> Did ___ operate a crop farm, livestock/poultry farm or other farms, or was a hired manager of such agricultural farm?  1 Yes 2 No, GO TO COLUMN 11  WRITE X IN THE BOX	<b>C10</b> Was ___ operating this farm/holding:  1 on his/her own account? 2 as a hired manager of another household's farm? 3 as a hired manager of an agricultural establishment?  WRITE X IN THE BOX.  MULTIPLE ANSWERS ARE ALLOWED
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
01	LAST NAME	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			
02	LAST NAME	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			
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	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			
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	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			
06	LAST NAME	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			
07	LAST NAME	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			
08	LAST NAME	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			

ARE THERE MORE THAN EIGHT (8) MEMBERS IN THIS HOUSEHOLD?

1 Yes, USE ADDITIONAL CAF FORM 2

2 No

