



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.

4

NSCB Approval No. NSO – 1218-04
Expires on October 9, 2013

CORE QUESTIONNAIRE FOR AQUACULTURE

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 – AQUACULTURE OPERATION IDENTIFICATION

SHEET OF SHEETS

PROVINCE

CITY/MUNICIPALITY

BARANGAY

ENUMERATION AREA NO.

SEGMENT NUMBER

BUILDING SERIAL NO.

HOUSING UNIT SERIAL NO.

HOUSEHOLD SERIAL NO.

LINE NO. OF OPERATOR ITEM C1 (COLUMN 1) OF CAF FORM 2TYPE OF OPERATOR ITEM C13 (COLUMN 13) OF CAF FORM 2

SECTION B – INTERVIEW RECORD

VISIT 1

VISIT 2

VISIT 3

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

RESULT OF VISIT*

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

SUMMARY OF VISIT

TOTAL NUMBER OF VISITS

RESULT OF FINAL VISIT*

ENUMERATOR'S CODE

NAME OF RESPONDENT

LINE 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 MANAGER

LAST NAME

FIRST NAME

C2 What is the name of the employer/establishment?

NAME OF EMPLOYER/ESTABLISHMENT

C3 In what province and city/municipality is the address of the employer/aquacultural 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 **aquacultural 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

2 Partnership

3 Corporation

4 Cooperative

5 Other private institution

6 Government corporation/institution

7 Others, Specify

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