



**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.

NSCB Approval No. NSO – 1218-03  
Expires on October 9, 2013

**CORE QUESTIONNAIRE  
FOR AGRICULTURE**

**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.

<b>ENUMERATOR</b> SIGNATURE OVER PRINTED NAME  DATE ACCOMPLISHED	<b>TEAM SUPERVISOR</b> SIGNATURE OVER PRINTED NAME  DATE REVIEWED	<b>DSO/SCO</b> SIGNATURE OVER PRINTED NAME  DATE REVIEWED	<b>CO/RO/PO SUPERVISOR</b> SIGNATURE OVER PRINTED NAME  DATE REVIEWED
---	--	--	--

**SECTION A – AGRICULTURAL HOLDING IDENTIFICATION**

BOOKLET  OF  BOOKLETS

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 2

TYPE OF OPERATOR  ITEM C10 (COLUMN 10) OF CAF FORM 2

**SECTION B – INTERVIEW RECORD**

	VISIT 1	VISIT 2	VISIT 3
DATE OF VISIT MONTH : DAY	<input type="text"/>	<input type="text"/>	<input type="text"/>
INTERVIEW TIME BEGAN HOUR : MINUTE	<input type="text"/>	<input type="text"/>	<input type="text"/>
INTERVIEW TIME ENDED HOUR : MINUTE	<input type="text"/>	<input type="text"/>	<input type="text"/>
RESULT OF VISIT*	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* 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 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 (COLUMN 2) OF CAF FORM 2

**C1 NAME OF THE OPERATOR/HIRED MANAGER**

LAST NAME

FIRST NAME

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

**C2 What is the name of the employer/establishment?**

**C3 In what province and city/municipality is the address of the employer/agricultural establishment?**

PROVINCE	CODE DO NOT FILL	CITY/MUNICIPALITY	CODE DO NOT FILL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**SECTION D – TYPE OF AGRICULTURAL ACTIVITY**

**D1 From January to December 2012, which of the following agricultural activities did \_\_\_\_\_ operate? WRITE X IN THE BOX**

a. Growing of crops <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	e. Vermiculture/Earthworm culture <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	i. Ornamental plant and flower gardening for sale (excluding orchid) <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO
b. Raising of livestock <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	f. Sericulture/Silk/Cocoon production <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	j. Raising of breeder dogs for sale <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO
c. Raising of poultry <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	g. Contract growing of trees <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	k. Raising of race horses for sale <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO
d. Beeculture/Honey production <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	h. Orchid growing for sale <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	l. Others, specify _____ <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO