

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	
	C2 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	C3 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	C4 Is ____ male or female? 1 Male 2 Female L	C5 What is ____'s age as of his/her last birthday? WRITE THE AGE IN THE BOXES PROVIDED	C6 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	C7 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	From January to December 2012,...		
							C8 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	C9 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	C10 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		<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	LAST NAME		<input type="checkbox"/> 2				<input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			<input type="checkbox"/> 3
02		<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	LAST NAME		<input type="checkbox"/> 2				<input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			<input type="checkbox"/> 3
03		<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	LAST NAME		<input type="checkbox"/> 2				<input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			<input type="checkbox"/> 3
04		<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	LAST NAME		<input type="checkbox"/> 2				<input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			<input type="checkbox"/> 3
05		<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	LAST NAME		<input type="checkbox"/> 2				<input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			<input type="checkbox"/> 3
06		<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	LAST NAME		<input type="checkbox"/> 2				<input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			<input type="checkbox"/> 3
07		<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	LAST NAME		<input type="checkbox"/> 2				<input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			<input type="checkbox"/> 3
08		<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	LAST NAME		<input type="checkbox"/> 2				<input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	FIRST NAME	SPECIFY			SPECIFY	SPECIFY			<input type="checkbox"/> 3

ARE THERE MORE THAN EIGHT (8) MEMBERS IN THIS HOUSEHOLD?
 ☐ 1 Yes, USE ADDITIONAL CAF FORM 2
 ☐ 2 No