

SECTION C – CHARACTERISTICS OF HOUSEHOLD MEMBERS

2C

LINE NUMBER	AQUACULTURE		FISHERIES		C17 OPERATOR IN THE HOUSEHOLD		
	FOR ALL PERSONS 10 YEARS OLD AND OVER	FOR ALL PERSONS 15 YEARS OLD AND OVER	FOR ALL PERSONS 10 YEARS OLD AND OVER	FOR ALL PERSONS 15 YEARS OLD AND OVER			
	From January to December 2012, ...		From January to December 2012, ...				
	C11 Was ____ engaged in aquaculture activity: 1 in own aquafarm? 2 other's aquafarm? 3 both in own and other's aquafarm? 4 not engaged? WRITE X IN THE BOX. GO TO COLUMN 14 IF BOX FOR CODE 4 IS MARKED WITH X (11)	C12 Did ____ operate a fishpond, fish cage, fish pen, fish tank, seaweed farm or other aquafarm, or was a hired manager of an aquafarm? 1 Yes 2 No, GO TO COLUMN 14 WRITE X IN THE BOX (12)	C13 Was ____ operating this aquafarm: 1 on his/her own account? 2 as a hired manager of another household's aquafarm? 3 as a hired manager of an aquacultural establishment? WRITE X IN THE BOX. MULTIPLE ANSWERS ARE ALLOWED (13)	C14 Was ____ engaged in fishing activity: 1 in own fishing operation? 2 other's fishing activity? 3 both in own and other's fishing activity? 4 not engaged? WRITE X IN THE BOX. GO TO COLUMN 17 IF BOX FOR CODE 4 IS MARKED WITH X (14)		C15 Did ____ operate a fishing activity such as catching/gathering fish, crabs, shrimps, mussels and other aquatic plants/ animals, or was a hired manager of a fishing activity? 1 Yes 2 No, GO TO COLUMN 17 WRITE X IN THE BOX (15)	C16 Was ____ operating this fishing activity: 1 on his/her own account? 2 as a hired manager of another household's fishing operation? 3 as a hired manager of a fishing establishment? WRITE X IN THE BOX. MULTIPLE ANSWERS ARE ALLOWED (16)
01	<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	<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	<input type="checkbox"/>
02	<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	<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	<input type="checkbox"/>
03	<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	<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	<input type="checkbox"/>
04	<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	<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	<input type="checkbox"/>
05	<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	<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	<input type="checkbox"/>
06	<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	<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	<input type="checkbox"/>
07	<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	<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	<input type="checkbox"/>
08	<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	<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	<input type="checkbox"/>

TOTAL NUMBER OF OPERATORS IN THE HOUSEHOLD
 (COUNT ALL THE BOXES MARKED WITH X IN COLUMN 17)

C18 (TO) ➡