APPENDIX A. Survey Questionnaire No.

Date: _____
Interviewer: _____
Checked by: _____
Time: _____

A. Respondent's Profile
A1. Name: _____ 2. Sex: ( ) Male ( ) Female
3. Address: _____
4. Civil status: _____
5. How many years residing in Claveria? _____ 6. If a migrant, from where? _____
7. Birth date: _____ 8. Age: _____
9. Educational Attainment: _____
10. Cultural Group: _____
11. Religion: _____ 12. Profession/Occupation: _____

13. Household Size
14. Source(s) of Income:
15. Ave.total Income per month (Php)
( )Php 0-5T ( )Php 5.1-10T ( )Php 10.1-15T ( )Php15.1-16 ( )Php16.1-20T ( )Php20.1-25
16. Farm Income
( )Php 0-5T ( )Php 5.1-10T ( )Php 10.1-15T ( )Php15.1-16 ( )Php16.1-20T ( )Php20.1-25
17. Non-Farm Monthly Income : _____

18. Ave. Monthly Expenditure: _____
19. Ave. Monthly Savings: _____
20. Land Tenure: ( ) Owned ( ) Rented ( ) Lease ( ) Occupied for Free ( ) Others _____
21. Type of House: ( ) Concrete ( ) Wood ( ) Brick ( ) Stone ( ) Galvanized ( ) Sawali/Nipa/Bamboo ( )Others _____
22. Slope of the land (house Steepness): ( ) low ( ) moderate ( ) high
23. Total Farm Size: _____ ha(s)

Parcel	Area (ha)	Cultivated (ha)	Tenure	Slope (L,M,H)
Parcel1				
Parcel2				
Parcel3				
Parcel4				
Parcel5				

B. Farm Composition
1. Annual Crops Planted:
( )Rice/Palay   ( )Cutflowers   ( ) Watermelon ( ) Sugarcane ( ) Pineapple   ( ) Onion
( ) Corn   ( ) Legumes   ( ) Garlic   ( )Tomato   ( ) Tobacco   Others: _____
2. Main Crop(s):_____

3. Trees Planted:
( ) Banana   ( ) Coffee   ( ) Lanzones   ( )Marang   ( ) Bagras   ( ) Mangium
( ) Cacao   ( ) Durian   ( ) Mango   ( )Rambutan   ( ) Gmelina   ( ) Bamboo
( ) Coconut   ( ) Jackfruit   ( ) Mangosteen ( )Santol   ( ) Mahogany   ( ) Others

4. Animals and Quantity:

( ) Goat		( ) Horse		( ) Ducks	
( ) Pig		( ) Carabao		( ) Cow	
( ) Chicken		( ) Turkey		Others: _____	

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5. Normal Seed Stocks (indicate per kilo):

Seed	Kilo/Bags	For how long

6. Farms Practices:

( ) NVS   ( ) Ridge Tillage   Others: _____
( ) Contour Farming   ( ) Trash Bonding
( ) IPM   ( ) Mono Cropping
( ) Organic Farming   ( ) Rock Wall

7. Farm Outputs per month (include measurements):
Total Yield: _____ Consumption: _____%   Market: _____%   Others: specify _____; _____%
8. Selling: Market Place: _____   How far from your farm? _____ km
How often do you sell you product (monthly basis)? _____
How do you sell your products? _____
How many (kilos, bags, etc. on the average) are being sold per month?

9. What are the other sources of Food aside from the Farm?
10. Other sources of Living aside from Farming:
           Specify source: _____

                            _____

C. Agroforestry
1. Adopted Agroforestry technologies? ( )Yes ( )No   Since When_____
2. What kind of Agroforestry technology(ies)?
( )planting trees   ( )taungya   ( )home garden   ( )woodlot   Others:_____
( )boundary planting ( )interplanting ( )parkland   ( )multi-story

3. Observed difference after planting trees?
( )improved soil condition   ( )increase in seed stocks
( )improved water condition   ( )no change
( )improved weather   ( )others: _____
( )increase in yield

4. Is agroforestry helpfull in your area? ( )Yes ( )No
5. What is (are) the observed difference in the weather after adopting agroforestry?
( )increase in temperature   ( )decrease in rainfall days
( )decrease in temperature   ( )no difference in rainfall pattern
( )no temperature difference   ( )Others:
( )increase in rainfall days

D. Accessibility
1. How far are you from the Service Road? _____km
2. How far are you from Claveria Market? _____ km
3. How far are you from the Municipal's Office? _____ km
4. How far are you from the Main Source of Water? _____km
5. How far are you from the Local Source of Water? _____km
6. From where do you draw your water? ( )Main ( )Local
7. How far are you from the Hospital? _____ km
8. How far are you from the nearest medical/health facilities? _____km

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E. Health

1. What are the common sicknesses of the family members?

           ( ) cold   ( ) headache
           ( ) cough   ( ) diarrhea
           ( ) asthma   Others: _____
           What do you think are the causes?

2. What is (are) the most severe sickness(es) encountered by the family members? (Cause(s))

3. At what quarter does your family experience health problem most?
( ) 1st Quarter
( ) 2nd Quarter
( ) 3rd Quarter

4. Landcare Member? ( ) Yes   ( ) No   5. Date Joined:_____

6. Why did you joined:
( ) to learn the technologies   ( ) avail trainings & seminars   ( ) for social capital
( ) avail livelihood   ( ) facilitators are good   ( ) Others: _____

7. If not a Landcare member, are you aware of Landcare?
           What do you know about Landcare?

8. Other Organizations/Affiliations

9. Nature of organization:
( ) religious   ( ) institutional org   ( ) women's org
( ) farmers' org   ( ) cooperative   Others: _____

10. Assistance/Services/Benefits gained from other organizations/affliations

(LC and Non-LC Members)

11. What does (did) Landcare do?
( )Provides Technical assistance (SWC, AF, NRM, Seed Tech.)   ( )Forms Groups
( ) Conducts cross site/field visits   ( ) Do Farm-based Researcher
( ) Conducts Trainings/seminars   ( ) Serve as Networker
( ) They are Institutional Facilitators   ( ) Establish nursery
( ) Provide microfinancing   ( )Others_____

12. How does (did) Landcare Help you?

13. Landcare Adopter? ( ) Yes   ( ) No   14. Since when:

15. Landcare Technologies Adopted:
( )soil and water conservation   ( )Composting
( )seed technology and nursery mgt. Others: _____
( )Agroforestry technologies

16. Why did you adopt?
( )Improves soil condition   ( )For Future Benefits
( )Increases my Income   ( )Increase my Yield   Others: _____

F. Water

1. Source(s)
( )Rainwater ( )Piped water ( )Spring/River ( )Artesian/Pump well ( )Open well ( ) Others:_____

2. Where do you use the water?
( )Domestic Use   ( )Agricultural Use   ( )Drinking ( )Others_____

3. Water Drawing	1st Quarter	2nd Quarter	3rd Quarter
Easiest Time			
Hardest Time			

4. During these hard times what do you do?_____

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G. Difference before and after adopting Landcare Technologies:

Category	Type of LC Technology Adopted	Before adoption of the LC Technology	After LC Technology has been adopted	
Soil quality				Choices:
Water quality				1. Problematic
Soil quantity				2. Just the same
Water quantity				3. Improved
Water Problems				4. Increased
Soil Problems				5. Decreased
Health condition				6. Not a problem
Income				7. Just enough/appropriate
crops				
Trees				
seed stocks				

H. Climate

1

Year	Nature of Climate Variability	Extent of Damage	No. of Occurr	No. Of Drought	No. of wet Episodes

2. When was the last climate variability observed?

	YEAR	Effects
( ) Increase in the amount of rainfall		
( ) Drought/El Niño		
( ) High temperature		
( ) Delay/early onset of rain		
( ) Season/prolonged rain		
( ) Typhoons		

3. Experienced Temperature	1st Quarter	2nd Quarter	3rd Quarter	What do you do?
Highest Temp				
Lowest Temp				

4. Source(s) of Weather information:
( )Advised by the weather station   ( )Own Observation   ( )Media
( )Advised by the Municipal Government   ( )Relative   ( )Others:
( )Advised by a friend   Occupation: _____

5. Are you familiar with the term "Climate Variability"? ( )Yes ( )No

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6. From where are you hearing these terms?
( )TV ( )Friends
( )Family ( )Local Officials ( )Others:
( )Newspaper ( )neighbors

7. If yes, what is "Climate "Climate Variability" _____

8. Have you been discussing any issues related to climate variability? ( )Yes ( )No
If Yes, with whom?

9. In your opinion, is climate variability good or bad? ( )Good ( )Bad
Why?

10. Climate variabilitywill increase the intensity and frequency of droughts and floods.
( )True ( )False
Why?

11. Experienced events	Always	Seldom	Frequently	Never
droughts				
floods				
temperature increase				

12. Events	When (Year)	Consequences (e.g.low income, low yield)
droughts		
floods		
temperature increase		

13. Event	Severity of Impacts				
	No efffect	low	medium	high	very high
droughts					
floods					
temperature increase					

14. Event	Measures
droughts	
	doing this measure? ( )Yes ( )No ( )will do
floods	
	doing this measure? ( )Yes ( )No ( )will do
temp. increase	
	doing this measure? ( )Yes ( )No ( )will do

15. Have you noticed any temperature increase recently? ( )Yes ( )No
16. When? Year
17. If Yes, what do you think is the reason?
( ) Climate Change ( ) Superstitious Belief: Identify _____
( ) Pollution ( )deforestation
( ) Natural ( )Others

18. Are you aware of El Niño? ( ) Yes ( ) No
19. If Yes, What is El Niño?
( ) Climate Variability ( ) A Curse
( ) An Event ( )Prolonged Drought
( ) A Tragedy ( )Others: _____

20. Do you think El Niño is happening/happened in this area? ( )yes ( )No
21. When?
22. Why? Basis

23. Experiencing soil erosion? ( )Yes ( )No

24. Effects of soil erosion:

         ( )low yield
         ( )ow income
         ( )Others:

25. Other biophysical problems noticed in your area:

I. Area Observation

	Without Landcare	With Landcare
Land Use		
Soil Quality		
Soil Quantity		
Yield		
Rainfall		
Wind		
Temperature		
Income		
Health condition		

Choices:

	3. Improved	6.idle	9. Not a problem
1.problematic	4. Increased	7.grassland	10. Just enough/appropriate
2. Just the same	5.decreased	8.cultivated	