

Holding No 

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**NATIONAL BUREAU OF STATISTICS**  
**NATIONAL AGRICULTURAL SAMPLE SURVEY**  
**HOLDING QUESTIONNAIRE (FISH FARMING)**

**HOLDING IDENTIFICATION****YEAR:** \_\_\_\_\_

State _____	<b>CODE</b>	[ ][ ]	No. of Holders in HH _____	[ ][ ]
LGA _____		[ ][ ]	Serial No of this Holding _____	[ ][ ]
Sector _____		[ ]	Name of Holder _____	[ ][ ]
Town/Village _____			Sex of Holder _____	[ ]
E.A. _____		[ ][ ][ ]	Age of Holder _____	[ ][ ]
RIC _____		[ ][ ][ ]	Highest Level of Education Attained _____	[ ]
HU Serial _____		[ ][ ]	Relationship to the Head of HH _____	[ ]
HH Serial No _____		[ ][ ]	Size of Holder's HH _____	[ ][ ]
Master Sample Household No _____		[ ][ ]	No. of Fishing Sites/Ponds Operated _____	[ ][ ]

**QUESTION 1. Please indicate the type of Fishing sites used during the year**

- |  |  |   |
|--|--|---|
| 1. Pond <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Stream <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. River <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Lake <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Ocean <input type="checkbox"/> Yes <input type="checkbox"/> No  | 6. Other <input type="checkbox"/> Yes <input type="checkbox"/> No |

**QUESTION 2. FISH PRODUCTION (kg)**

Item No	Type	Apr - Jun	Jul - Sep
0 1	A R T I S A N A L	[ ][ ][ ][ ]	[ ][ ][ ][ ]
0 2	C O A S T A L & B R A K W A T R	[ ][ ][ ][ ]	[ ][ ][ ][ ]
0 3	I N L A N D R I V E R S & L A K S	[ ][ ][ ][ ]	[ ][ ][ ][ ]
0 4	I N - S H O R E S	[ ][ ][ ][ ]	[ ][ ][ ][ ]
0 5	F I S H F A R M S / P O N D S	[ ][ ][ ][ ]	[ ][ ][ ][ ]
0 6	D I S T A N T W A T E R S	[ ][ ][ ][ ]	[ ][ ][ ][ ]
0 7	S H R I M P S	[ ][ ][ ][ ]	[ ][ ][ ][ ]
0 8	C R A B S	[ ][ ][ ][ ]	[ ][ ][ ][ ]
0 9	P E R I W I N C L E S	[ ][ ][ ][ ]	[ ][ ][ ][ ]
1 0	O T H E R S	[ ][ ][ ][ ]	[ ][ ][ ][ ]

  

Item No	Type	Oct - Nov	Jan - Mar
1 1	A R T I S A N A L	[ ][ ][ ][ ]	[ ][ ][ ][ ]
1 2	C O A S T A L & B R A K W A T R	[ ][ ][ ][ ]	[ ][ ][ ][ ]
1 3	I N L A N D R I V E R S & L A K S	[ ][ ][ ][ ]	[ ][ ][ ][ ]
1 4	I N - S H O R E S	[ ][ ][ ][ ]	[ ][ ][ ][ ]

**QUESTION 2. FISH PRODUCTION (kg) (CONTD.)**

Item No	Type	Oct - Nov	Jan - Mar
1 5	F I S H F A R M S / P O N D S		
1 6	D I S T A N T W A T E R S		
1 7	S H R I M P S		
1 8	C R A B S		
1 9	P E R I W I N C L E S		
2 0	O T H E R S		

**QUESTION 3. SOURCES OF FISH INPUT****SOURCES**

Item No.	Input	Ministry/ Extension	Agro-service Center	Farm-service Center	Cooperative Society	Local Market	Others
		YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
0 1	F I N G E R L I N G S	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
0 2	F E R T I L I Z E R	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
0 3	F I S H F E E D	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
0 4	P O U L T R Y D R O P P I N	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
0 5	W A T E R T R E A T C H E	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
0 6	O T H E R S	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**QUESTION 4. QUANTITY OF FISH INPUTS (kg)**

Item No	Type	Apr - Jun	Jul - Sep
0 1	F I N G E R L I N G S		
0 2	F E R T I L I Z E R		
0 3	F I S H F E E D		
0 4	P O U L T R Y D R O P P I N G S		
0 5	W A T E R T R E A T M N T C H E M		
0 6	O T H E R S		

Item No	Type	Oct - Nov	Jan - Mar
0 7	F I N G E R L I N G S		
0 8	F E R T I L I Z E R		
0 9	F I S H F E E D		
1 0	P O U L T R Y D R O P P I N G S		
1 1	W A T E R T R E A T M E N T C H E		
1 2	O T H E R S		

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**QUESTION 5. COST OF FISH INPUTS (=N=)**

Item No	Input	Apr - Jun	Jul - Sep
0 1	F I N G E R L I N G S		
0 2	F E R T I L I Z E R		
0 3	F I S H F E E D		
0 4	P O U L T R Y D R O P P I N G S		
0 5	W A T E R T R E A T M E N T C H E		
0 6	O T H E R S		

Item No	Input	Oct - Nov	Jan - Mar
0 7	F I N G E R L I N G S		
0 8	F E R T I L I Z E R		
0 9	F I S H F E E D		
1 0	P O U L T R Y D R O P P I N G S		
1 1	W A T E R T R E A T M E N T C H E		
1 2	O T H E R S		

**QUESTION 6. SALES OF FISH PRODUCT (s) (Qunatity in kg)**

Item No	Type	Apr - Jun	Jul - Sep
0 1	F R E S H F I S H		
0 2	D R Y / S M O K E D F I S H		
0 3	C A N N E D F I S H		
0 4	S H R I M P S		
0 5	C R A B S		
0 6	P E R I W I N C L E S		
0 7	O T H E R S		

Item No	Type	Oct - Nov	Jan - Mar
0 8	F R E S H F I S H		
0 9	D R Y / S M O K E D F I S H		
1 0	C A N N E D F I S H		
1 1	S H R I M P S		
1 2	C R A B S		
1 3	P E R I W I N C L E S		
1 4	O T H E R S		

**QUESTION 7. SALES OF FISH PRODUCTS ( Value in =N=)**

Item No	Type	Apr - Jun	Jul - Sep
0 1	F R E S H F I S H		
0 2	D R Y / S M O K E D F I S H		
0 3	C A N N E D F I S H		
0 4	S H R I M P S		
0 5	C R A B S		
0 6	P E R I W I N C L E S		
0 7	O T H E R S		

  

Item No	Type	Oct - Nov	Jan - Mar
0 8	F R E S H F I S H		
0 9	D R Y / S M O K E D F I S H		
1 0	C A N N E D F I S H		
1 1	S H R I M P S		
1 2	C R A B S		
1 3	P E R I W I N C L E S		
1 4	O T H E R S		

**QUESTION 8. SOURCES OF FUNDS**

Item No.	Sources	Amount (=N=)
0 1	O W N F U N D S	
0 2	R E T A I N E D P R O F I T	
0 3	S H O R T T E R M P R I V L O A N	
0 4	N A C R D B	
0 5	O T H E R B A N K S	
0 6	S O C I A L C A P I T A L	
0 7	O T H E R S	
0 8	T O T A L F U N D S A V A I L A B L E	

**QUESTION 9. FISHING TOOLS/EQUIPMENT : QUANTITY AND COST**

Item No.	Type	Quantity (No.)	Unit Cost (=N=)	Total Cost (=N=)
0 1	O U T B O A R D E N G I N			
0 2	N E T S			
0 3	F I S H I N G H O O K S			
0 4	I N D I C A T O R B U O Y			

**QUESTION 9. FISHING TOOLS/EQUIPMENT : QUANTITY AND COST (CONTD.)**

Item No.	Type	Quantity (No.)	Unit Cost (=N=)	Total Cost (=N=)
0 5	P L A S T I C F L O A T S			
0 6	T W I N E & R O P E S			
0 7	L E A D S H E E T S			
0 8	F I B R E G L A S S B T			
0 9	C A N O E S			
1 0	O T H E R S			

**QUESTION 10. EMPLOYMENT IN FISHERY**

Item No.	Period	Working Proprietor			Unpaid Family Member			Apprentice		
		Total	Male	Female	Total	Male	Female	Total	Male	Female
0 1	A P R - J U N									
0 2	J U L - S E P									
0 3	O C T - D E C									
0 4	J A N - M A R									

**QUESTION 10. EMPLOYMENT IN FISHERY (CONTD.)**

Item No.	Period	Paid Employee			
		Total	Male	Female	Wage (=N=)
0 5	A P R - J U N				
0 6	J U L - S E P				
0 7	O C T - D E C				
0 8	J A N - M A R				

**QUESTION 11. FISH POND CAPACITY**

Item No.	Facility	Available Capacity	Utilized Capacity	Cost of Facility (=N=)
0 1	F R E S H F I S H			
0 2	S H R I M P S			
0 3	O T H E R S			

**QUESTION 12. FISH PROCESSING FACILITIES**

Item No.	Facility	Available Capacity	Utilized Capacity	Cost of Facility (=N=)
0 1	S M O K I N G K I L N			
0 2	C A N N I N G F A C T			
0 3	I C E B L O C K P L			
0 4	O T H E R S			

**QUESTION 13. STORAGE FACILITIES**

Item No.	Facility	Available Capacity	Utilized Capacity	Cost of Facility (=N=)
0 1	R E F R I G E R A T O R			
0 2	W A R E H O U S E			
0 3	S T O R E			
0 4	O T H E R S			

**QUESTION 14. Market Channel**

Item No.	Where do you sell your Fish Produce ?	
0 1	A T T H E F I S H S I T E S	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 2	I N T H E O P E N M A R K E T	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 3	I N T H E C O O P E R A T I V E S O C I E T Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 4	D I R E C T T O T H E I N D U S T R Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 5	O T H E R S	<input type="checkbox"/> Yes <input type="checkbox"/> No

**QUESTION 15a. DO YOU EXPORT YOUR Produce ?**☐ Yes ☐ No**QUESTION 15b. IF "YES": TO WHERE**

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**QUESTION 16. How would you compare this Fishing season with the previous one?**

Item No.	Factor	Better	Same	Worse	Don't Know
0 1	W E A T H E R	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 2	H A R V E S T / O U T P U T	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 3	I N C O M E	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 4	P R I C E	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**QUESTION 17. What is your outlook for the next season?**

Item No.	Factor	Better	Same	Worse	Don't Know
0 1	W E A T H E R	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 2	P R O D U C T I O N / O U T P U T	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 3	I N C O M E	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 4	P R I C E	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**QUESTION 18. What problems do you encounter when purchasing Fishing tools?**

Item No.	PROBLEM	
0 1	H I G H C O S T	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 2	S C A R C I T Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 3	L A C K O F T R A N S P O R T A T I O N	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 4	F A R D I S T A N C E	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 5	O T H E R S	<input type="checkbox"/> Yes <input type="checkbox"/> No

**QUESTION 19. Give any suggestion which you consider might be helpful in improving Fishing activities in the country.**

Item No.	Suggestion	
0 1	C R E D I T	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 2	I N P U T	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 3	I N F R A S T R U C T U R E	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 4	O T H E R S	<input type="checkbox"/> Yes <input type="checkbox"/> No

**QUESTION 20. In what ways can the government assist you?**

Item No.	Way	
0 1	I M P R O V E D C R E D I T F A C I L I T I E S	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 2	I M P R O V E D S T O R A G E F A C I L I T I E S	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 3	I M P R O V E D P R O C E S S I N G F A C I L I T I S	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 4	G O O D P R I C E P O L I C Y ( W E E D O U T M	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 5	D A M M I N G	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 6	O T H E R S	<input type="checkbox"/> Yes <input type="checkbox"/> No

**QUESTION 21. What problems do you encounter during your production process?**

Item No.	Problem	
0 1	L A C K O F T R A N S P O R T	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 2	W E E D S O N T H E S E A	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 3	T O O M U C H R A I N	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 4	D I S T A N C E T O S I T E	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 5	O T H E R S	<input type="checkbox"/> Yes <input type="checkbox"/> No

**QUESTION 22. What problems do you encounter during storage ?**

Item No.	Problem	
0 1	O B S O L E T E E Q U I P M E N T	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 2	L A C K O F E L E C T R I C I T Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 3	L A C K O F F U N D S	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 4	P E S T S	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 5	O T H E R S	<input type="checkbox"/> Yes <input type="checkbox"/> No

**QUESTION 23. What problems do you encounter when marketing your Fish products?**

Item No.	Problem	
0 1	D I S T A N C E T O M A R K E T	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 2	P O O R R O A D N E T W O R K	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 3	H I G H C O S T O F T R A N S P O R T	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 4	P O O R P R I C I N G P O L I C Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 5	N O G O V E R N M E N T S U P P O R T	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 6	O T H E R S	<input type="checkbox"/> Yes <input type="checkbox"/> No

**QUESTION 24. Information and Communication Technology (ICT)****Do you have access to any of the following ICT facility?**

- |                        |  |
|------------------------|--|
| Radio                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Television             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Telephone (Fixed)      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Telephone (Mobile)     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Personal Computer (PC) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Internet               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Website                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Do you own any of the following ICT facility?**

- |                        |  |
|------------------------|--|
| Radio                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Television             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Telephone (Fixed)      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Telephone (Mobile)     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Personal Computer (PC) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Internet               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Website                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**QUESTION 25. Attestation: We attest that the information recorded above were provided by the**

Name	Signature	Date
Enumerator:-----		
Supervisor:-----		