



NATIONAL BUREAU OF STATISTICS
NATIONAL AGRICULTURAL SAMPLE SURVRY
HOLDING QUESTIONNAIRE (CROP FARMING)



HOLDING IDENTIFICATION

YEAR: _____

State _____	CODE <input type="text"/>	No. of Holders in HH _____	<input type="text"/>
LGA _____	<input type="text"/>	Serial No of this Holding _____	<input type="text"/>
Sector _____	<input type="text"/>	Name of Holder _____	<input type="text"/>
Town/Village _____	<input type="text"/>	Sex of Holder _____	<input type="text"/>
E.A. _____	<input type="text"/>	Age of Holder _____	<input type="text"/>
RIC _____	<input type="text"/>	Highest Level of Education Attained _____	<input type="text"/>
HU Serial No _____	<input type="text"/>	Relationship to the Head of HH _____	<input type="text"/>
HH Serial No _____	<input type="text"/>	Size of Holder's HH _____	<input type="text"/>
Master Sample Household No _____	<input type="text"/>	No. of Farms Operated _____	<input type="text"/>

SECTION 1. HOLDING CHARACTERISTICS

<p>Q1. Is Holding Owned by Holder?</p> <p>1. As an individual <i>(write appropriate code in the box below)</i></p> <p>2. Jointly with another member of his household <input type="checkbox"/></p> <p>3. Jointly with member of other households <input type="checkbox"/></p>	<p>Q2. What is the other economic activity of the holder? (Specify _____)</p> <p>Q3. Where is Holding located ? <i>(write appropriate code in the box below)</i></p> <p>1. Inside the holder's Premises</p> <p>2. In the field around holder's residence or locality <input type="checkbox"/></p> <p>3. In a different Locality</p>
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SECTION 2. ACCESS TO LAND

<p>Q4. Does any part of your holding (i.e. total Land for agricultural production belong to the following categories of tenure?</p> <p style="text-align: center;">Area in Local Unit</p> <p>1. Owner-like Possession <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/></p> <p>2. Squatter <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/></p> <p>3. Family Land <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/></p> <p>4. Rented <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/></p> <p>5. Others(Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/></p>	<p>Q5. If Rented, indicate type of rent:</p> <p style="text-align: center;">Area in Local Unit</p> <p>1. Rented for Money <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/></p> <p>2. For Produce <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/></p> <p>3. For Money & Produce <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/></p> <p>4. For Service <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/></p> <p>5. Others(Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/></p>
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SECTION 2. ACCESS TO LAND (CONTD.)

Q6. Which of the following land types do you use for your farm?

1. Upland (rain fed) Yes No 2. Lowland (swampy) Yes No 3. Irrigated Yes No

SECTION 3. ACCESS TO FUNDS (=N= '000)

1. Own Funds <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	2. Friends/ Relatives <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
3. Community Bank <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	4. NACRDB <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
5. Others Comme.. Banks <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	6. Cooperative Society <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
7. Local Money Lender <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	8. Traditional Contribution (Esusu,etc) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
9. Social Capital <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
10. Others(Specify _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>

SECTION 4. SOURCES OF INPUTS/EQUIPMENT **SOURCES**

Item No.	Input/Equipment	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	S E E D / S E E D L I N G	<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	H E R B I C I D E 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 4	P E S T I C I D E 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 5	H A R R O W 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 6	P L O U G H	<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 7	R I D G 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 8	O X D R A W N P L O U G H	<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 9	H O 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"/>
1 0	C U T L A S 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"/>
1 1	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"/>

SECTION 5. INPUT UTILIZATION (1): QUANTITY AND COST OF SEED/SEEDLING

Item No.	Seed/Seedling	Name of Local Unit	Quantity Used in Local Unit	Price Per Local Unit (=N=)	Quantity in Kg (for Office Use)
0 1					
0 2					
0 3					
0 4					
0 5					
0 6					
0 7					
0 8					

SECTION 6. INPUT UTILIZATION (2): QUANTITY AND COST OF OTHER PRODUCTION INPUT

Item No.	Production Input	Name of Local Unit	Quantity Used in Local Unit	Price Per Local Unit (=N=)	Quantity in Kg (for Office Use)
0 1	F E R T I L I Z E R				
0 2	H E R B I C I D E S				
0 3	P E S T I C I D E S				
0 4	I N S E C T I C I D S				
0 5	F U N G I C I D E S				
0 6	R O D E N T I C I D S				
0 7	O T H E R S				

SECTION 7. AGRICULTURAL MACHINERY: QUANTITY AND COST

Item No.	Agricultural Machinery	Quantity (No.of Hours)	Price Per Hour (=N=)	Cost (=N=)
0 1	T R A C T O R S			
0 2	P L A N T E R S			
0 3	H A R R O W S			
0 4	P L O U G H S			
0 5	R I D G E R S			
0 6	H A R V E S T E R S			
0 7	S P R A Y E R S			
0 8	O X D R A W N P L O U G H			
0 9	H O E S N O			
1 0	C U T L A S S E S N O			
1 1	O T H E R S			

SECTION 8. OTHER FARM EXPENDITURES: QUANTITY AND COST

Item No.	Farm Activity	Quantity (No.of Hours)	Price Per Hour (=N=)	Cost (=N=)
0 1	P L A N T I N G			
0 2	F E R T I L I Z E R			
0 3	W E E D I N G			
0 4	H E R B I C I D E S A P P L			
0 5	P E S T I C I D E S A P P L			
0 6	H A R V E S T I N G			
0 7	T H R E S H I N G			
0 8	M I L L I N G			
0 9	T R A N S P O R T A T I O N			
1 0	S T O R A G E V O L			
1 1	O T H E R S			

SECTION 9A. PERSONS ENGAGED IN CROP FARMING

Item No.	1st Quarter (Apr - Jun)	Working Proprietor			Unpaid Family Member			Apprentice		
		Total	Male	Female	Total	Male	Female	Total	Male	Female
0 1	N O E N G A G E D									
0 2	N O O F D A Y S									
0 3	A V E R A G E									

SECTION 9A. PERSONS ENGAGED IN CROP FARMING (CONTD.)

Item No.	1st Quarter (Apr - Jun)	Paid Employee			
		Total	Male	Female	Wage (=N=)
0 4	N O E N G A G E D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 5	N O O F D A Y S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 6	A V E R A G E	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 9B. PERSONS ENGAGED IN CROP FARMING

Item No.	2nd Quarter (Jul - Sep)	Working Proprietor			Unpaid Family Member			Apprentice		
		Total	Male	Female	Total	Male	Female	Total	Male	Female
0 1	N O E N G A G E D	<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"/>
0 2	N O O F D A Y S	<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"/>
0 3	A V E R A G E	<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"/>

SECTION 9B. PERSONS ENGAGED IN CROP FARMING (CONTD.)

Item No.	2nd Quarter (Jul - Sep)	Paid Employee			
		Total	Male	Female	Wage (=N=)
0 4	N O E N G A G E D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 5	N O O F D A Y S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 6	A V E R A G E	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 9C. PERSONS ENGAGED IN CROP FARMING

Item No.	3rd Quarter (Oct - Dec)	Working Proprietor			Unpaid Family Member			Apprentice		
		Total	Male	Female	Total	Male	Female	Total	Male	Female
0 1	N O E N G A G E D	<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"/>
0 2	N O O F D A Y S	<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"/>
0 3	A V E R A G E	<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"/>

SECTION 9C. PERSONS ENGAGED IN CROP FARMING (CONTD.)

Item No.	3rd Quarter (Oct - Dec)	Paid Employee			
		Total	Male	Female	Wage (=N=)
0 4	N O E N G A G E D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 5	N O O F D A Y S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 6	A V E R A G E	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 9D. PERSONS ENGAGED IN CROP FARMING

Item No.	4th Quarter (Jan - Mar)	Working Proprietor			Unpaid Family Member			Apprentice		
		Total	Male	Female	Total	Male	Female	Total	Male	Female
0 1	N O E N G A G E D	<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"/>
0 2	N O O F D A Y S	<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"/>
0 3	A V E R A G E	<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"/>

SECTION 9D. PERSONS ENGAGED IN CROP FARMING (CONTD.)

Item No.	4th Quarter (Jan - Mar)	Paid Employee			
		Total	Male	Female	Wage (=N=)
0 4	N O E N G A G E D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 5	N O O F D A Y S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 6	A V E R A G E	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 10A. AREA

Farm No	Crop Name	Crop Code (Official use)	Local Unit of Area	
			Name	Number
0 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 10B. PRODUCTION

Farm No	Crop Name	Crop Code (Official use)	Local Unit of Production	
			Name	Number
0 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 10B. PRODUCTION (CONTD.)

Farm No	Crop Name	Crop Code <i>(Official use)</i>	Local Unit of Production	
			Name	Number
0 4				
0 5				
0 6				
0 7				
0 8				
0 9				
1 0				
1 1				
1 2				
1 3				
1 4				
1 5				
1 6				
1 7				
1 8				

SECTION 11A. CONSUMPTION FROM OWN PRODUCTION: 1st Quarter (Apr- Jun)

Crop Name	Crop Code <i>(Official use)</i>	Quantity Consumed <i>(in local Unit)</i>	Name of Local Unit	Price/Local Unit (=N=)

SECTION 11B. CONSUMPTION FROM OWN PRODUCTION: 2nd Quarter (Jul - Sep)

Crop Name	Crop Code <i>(Official use)</i>	Quantity Consumed <i>(in local Unit)</i>	Name of Local Unit	Price/Local Unit (=N=)

Holding No

SECTION 11B. CONSUMPTION FROM OWN PRODUCTION: 2nd Quarter (Jul - Sep) (CONTD.)

Crop Name	Crop Code (Official use)	Quantity Consumed (in local Unit)	Name of Local Unit	Price/Local Unit (=N=)

SECTION 11C. CONSUMPTION FROM OWN PRODUCTION: 3rd Quarter (Oct - Dec)

Crop Name	Crop Code (Official use)	Quantity Consumed (in local Unit)	Name of Local Unit	Price/Local Unit (=N=)

SECTION 11D. CONSUMPTION FROM OWN PRODUCTION: 4th Quarter (Jan - Mar)

Crop Name	Crop Code (Official use)	Quantity Consumed (in local Unit)	Name of Local Unit	Price/Local Unit (=N=)

SECTION 12A. SALES FROM OWN PRODUCTION: 1st Quarter (Apr - Jun)

Crop Name	Crop Code (Official use)	Quantity Sold (Local Unit)	Name of Local Unit	Price/Local Unit (=N=)

SECTION 12A. SALES FROM OWN PRODUCTION: 1st Quarter (Apr - Jun) (CONTD.)

Crop Name	Crop Code <i>(Official use)</i>	Quantity Sold (Local Unit)	Name of Local Unit	Price/Local Unit (=N=)

SECTION 12B. SALES FROM OWN PRODUCTION: 2nd Quarter (Jul - Sep)

Crop Name	Crop Code <i>(Official use)</i>	Quantity Sold (Local Unit)	Name of Local Unit	Price/Local Unit (=N=)

SECTION 12C. SALES FROM OWN PRODUCTION: 3rd Quarter (Oct - Dec)

Crop Name	Crop Code <i>(Official use)</i>	Quantity Sold (Local Unit)	Name of Local Unit	Price/Local Unit (=N=)

SECTION 12D. SALES FROM OWN PRODUCTION: 4th Quarter (Jan - Mar)

Crop Name	Crop Code <i>(Official use)</i>	Quantity Sold (Local Unit)	Name of Local Unit	Price/Local Unit (=N=)

SECTION 12D. SALES FROM OWN PRODUCTION: 4th Quarter (Jan - Mar) (CONTD.)

Crop Name	Crop Code <i>(Official use)</i>	Quantity Sold (Local Unit)	Name of Local Unit	Price/Local Unit (=N=)

SECTION 13. OWN PROCESSING FACILITIES (kg)

Item No.	Facility	Available Capacity	Utilized Capacity	Value of Facility (=N=)
0 1	M O R T A L			
0 2	T H R E S O N R O C K			
0 3	R I C E M I L L			
0 4	F L O U R M I L L			
0 5	G R A I N M I L L			
0 6	T H R E S H E R S			
0 7	D R Y E R S			
0 8	B L O W E R S			
0 9	C O T T O N G I N N E R			
1 0	P / O I L M I L L			
1 1	P / K E R N E L C R A K			
1 2	C A S S A V A G R A T R			
1 3	C A S S A V A F R Y E R			
1 4	R U B B E R P R O E Q			
1 5	C O C O A P R O C E Q			
1 6	P R E S S I N G M A C H			
1 7	O T H E R S			

SECTION 14. OWN STORAGE FACILITIES

Item No.	Facility	Available Capacity	Utilized Capacity	Value of Facility (=N=)
0 1	S I L O			
0 2	M E T A L D R U M			

SECTION 14. OWN STORAGE FACILITIES (CONTD.)

Item No.	Facility	Available Capacity	Utilized Capacity	Value of Facility (=N=)
0 3	W A R E H O U S E			
0 4	C R I B S / R H U M B U S			
0 5	B A R N			
0 6	F A R M S T O R E			

SECTION 15. Market Channel

Item No.	Where do you sell your farm product ?	
0 1	I N T H E F A R M	<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

SECTION 16a. DO YOU EXPORT YOUR PRODUCE? Yes No

SECTION 16b. IF "YES": TO WHERE

SECTION 17. How would you compare this farming 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

SECTION 18. What are your expectations for agricultural activities in the next farming 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	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

SECTION 19. What problems do you encounter when purchasing farm tools?

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

SECTION 20. Give any suggestion which you consider might be helpful in improving agricultural activities in the country.

Item No.	Suggestion	
0 1	I N C R E A S E D I R R I G A T I O N	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 2	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 3	C H E A P / A F F O R D A B L E T R A C T O R S	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 4	I M P R O V E D S E E D S / S E E D L I N G S	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 5	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 6	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 E	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 7	G O O D P R I C E P O L I C Y / W E E D O U T M / M	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 8	O T H E R S	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 21. In what ways can the government assist you?

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

SECTION 22. What problems do you encounter during storage ?

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

SECTION 23. What problems do you encounter when marketing your products?

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

SECTION 24. What problems do you encounter during your production process?.

Item No.	Problems	
0 1	L A C K O F P E R S O N N E L	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 2	L A C K O F F U N D	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 3	L A C K O F M O D E R N M E T H O D S / E Q U I P	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 4	L A C K O F E N C O U T A G E M E N F R O M G O V	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 5	L A C K O F 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 6	F A R D I S T A N C E	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 7	L A C K O F I N F R A S T R U C T U R E	<input type="checkbox"/> Yes <input type="checkbox"/> No
0 8	O T H E R S	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 25. Information and Communication Technology (ICT)

Do you have access to any of the following ICT facility?

- Radio Yes No
- Television Yes No
- Telephone (Fixed) Yes No
- Telephone (Mobile) Yes No
- Personal Computer (PC) Yes No
- Internet Yes No
- Website Yes No

Do you own any of the following ICT facility?

- Radio Yes No
- Television Yes No
- Telephone (Fixed) Yes No
- Telephone (Mobile) Yes No
- Personal Computer (PC) Yes No
- Internet Yes No
- Website Yes No

SECTION 26. Attestation: We attest that the information recorded above were provided by the respondent.

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