

ARCHDIOCESE OF CAPIZ
C.A.S.A.C. Profiling Survey
2016

I. SOCIO-DEMOGRAPHIC PROFILE

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|---|--|---|
| First Name: | Middle Name: | Surname: |
| Parish/Mission Station: | Sitio/Brgy: | Municipality: |
| No. of Children: <input type="checkbox"/> 3 or less <input type="checkbox"/> 4-6 children <input type="checkbox"/> 7-10 children <input type="checkbox"/> More than 10 <input type="checkbox"/> None | Residence distance to town proper: <input type="checkbox"/> Less than 1km. <input type="checkbox"/> 1-2 kms. <input type="checkbox"/> 3-5 kms. <input type="checkbox"/> More than 5 kms. | Years of Residency: <input type="checkbox"/> less than 2 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 10 years above |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Age: <input type="checkbox"/> 18 - 20 y.o. <input type="checkbox"/> 21 – 30 y.o. <input type="checkbox"/> 31 – 40 y.o. <input type="checkbox"/> 41 – 50 y.o. <input type="checkbox"/> 51 – 60 y.o. <input type="checkbox"/> above 61 y.o. | Educational Attainment: <input type="checkbox"/> No Schooling <input type="checkbox"/> Pre-school/Kinder <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Vocational <input type="checkbox"/> Post-Graduate |
| Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married in Church <input type="checkbox"/> Legally Married <input type="checkbox"/> Live-in <input type="checkbox"/> Widow (Balo) <input type="checkbox"/> Separated | Economic Status: <input type="checkbox"/> Employed <input type="checkbox"/> Personal Bus. <input type="checkbox"/> Unemployed <input type="checkbox"/> Retiree <input type="checkbox"/> Student <input type="checkbox"/> Out of School | Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/> Others Pls. specify: _____ |
| Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Confirmation <input type="checkbox"/> Confession <input type="checkbox"/> Holy Mass <input type="checkbox"/> Matrimony <input type="checkbox"/> Anointing | Church Attendance <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Occasional <input type="checkbox"/> Never | Parish Involvement: <input type="checkbox"/> Lay Org./Movement <input type="checkbox"/> Tithing <input type="checkbox"/> Purely Sacramental <input type="checkbox"/> None |
| Social Involvement: <input type="checkbox"/> Church Org. <input type="checkbox"/> Government Org. <input type="checkbox"/> NGO | More helpful agency in reducing poverty: <input type="checkbox"/> Church Org. <input type="checkbox"/> Government | Sector most helped in the community: <input type="checkbox"/> the poor <input type="checkbox"/> the Middle class |

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| <input type="checkbox"/> None | <input type="checkbox"/> NGO <input type="checkbox"/> Others: Pls. specify: _____ | <input type="checkbox"/> the Rich <input type="checkbox"/> the Senior Citizens <input type="checkbox"/> the Women <input type="checkbox"/> the Children <input type="checkbox"/> the Differently Abled <input type="checkbox"/> Equal |
| <i>Perception</i> | | |
| Your community in general belongs to which sector: <input type="checkbox"/> Rich <input type="checkbox"/> Middle Class <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor | Which social strata do you belong: <input type="checkbox"/> Rich <input type="checkbox"/> Middle Class <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor | |
| Registered Voter? <input type="checkbox"/> Yes <input type="checkbox"/> No | Level of social consciousness: <input type="checkbox"/> I am actively critical about good social public policy and governance <input type="checkbox"/> I favor good public policy and governance but am refrained due to political favors given <input type="checkbox"/> I am indifferent as regards good public policy and governance <input type="checkbox"/> I have only little idea about good public policy and governance <input type="checkbox"/> Good public policy and governance do not matter to me at all | |
| Generally, my voting attitude is: <input type="checkbox"/> I vote wisely <input type="checkbox"/> I sell my vote <input type="checkbox"/> Popularity and donations are my bases during elections <input type="checkbox"/> I am indifferent as regards my right of suffrage <input type="checkbox"/> Election does not matter to me at all | | |

II. BASIC NEEDS PROFILE

A. Food

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| Normally, we are able to eat: <input type="checkbox"/> More than 3X a day <input type="checkbox"/> 3X a day <input type="checkbox"/> 2x a day <input type="checkbox"/> 1x a day | During our usual meals, we have: <input type="checkbox"/> Rice and Vegetable/Fish/ Meat/Chicken <input type="checkbox"/> Rice And vegetable <input type="checkbox"/> Rice and Fish/Meat/Chicken <input type="checkbox"/> Rice and canned goods <input type="checkbox"/> Rice and dried fish <input type="checkbox"/> Rice and salt <input type="checkbox"/> Rice and condiments <input type="checkbox"/> Rice only <input type="checkbox"/> Root Crops only |
| Usually, the kind of food we have during meal time is: <input type="checkbox"/> Freshly cooked <input type="checkbox"/> Recycled <input type="checkbox"/> Canned/Processed Food | |

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| <input type="checkbox"/> Turo-Turo/Carindaria | |
| Normally, we get/buy food from: <input type="checkbox"/> Market <input type="checkbox"/> Tiangge <input type="checkbox"/> Own produce <input type="checkbox"/> Sea, River, Mountain <input type="checkbox"/> Given by others | Normally, our marketing is done every: <input type="checkbox"/> Everyday <input type="checkbox"/> 2-3X a week <input type="checkbox"/> 1x a week <input type="checkbox"/> 1x every 2 weeks <input type="checkbox"/> 1x a month <input type="checkbox"/> Never |
| The distance of the Market from our house: <input type="checkbox"/> Less than 1 km. <input type="checkbox"/> 1 - 2 kms. <input type="checkbox"/> 3 - 5 kms. <input type="checkbox"/> More than 5 kms. | Usually, the daily food budget we can afford: <input type="checkbox"/> Php. 75.00 or below <input type="checkbox"/> Php 75.00 – Php 100.00 <input type="checkbox"/> Php 101.00 – Php 150.00 <input type="checkbox"/> Php 151.00 – Php 200.00 <input type="checkbox"/> More than Php 200.00 |

B. Water

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| B.1. Drinking Water | |
| Normally, the source of our drinking water is: <input type="checkbox"/> Personal Deep Well <input type="checkbox"/> Communal Deep Well <input type="checkbox"/> NAWASA – personal <input type="checkbox"/> NAWASA - shared <input type="checkbox"/> Rainfed (collected) <input type="checkbox"/> Commercial <input type="checkbox"/> Natural (lake, spring, etc) <input type="checkbox"/> Others: Pls. Specify: _____ | Usually, we have drinking water supply at home: <input type="checkbox"/> 24/7 <input type="checkbox"/> Every other day <input type="checkbox"/> 2X a week <input type="checkbox"/> 1x a week Usually, we clean our drinking water container: <input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Not at all |
| Normally, the access to our drinking water is available: <input type="checkbox"/> 24/7 <input type="checkbox"/> Every other day <input type="checkbox"/> 2X a week <input type="checkbox"/> 1x a week | Usually, we secure or drinking water: <input type="checkbox"/> Plastic containers <input type="checkbox"/> Steel containers <input type="checkbox"/> Glass containers <input type="checkbox"/> Pottery/"Banga" |
| The distance of the source of drinking water at home is: <input type="checkbox"/> Less than 5 mins. <input type="checkbox"/> 6-10 mins. <input type="checkbox"/> 11-20 mins. <input type="checkbox"/> 21-30 mins. <input type="checkbox"/> More than 30 mins. | <i>Perception</i> Perceived common disease caused by our drinking water supply at home: <input type="checkbox"/> Cholera <input type="checkbox"/> Amoebiasis <input type="checkbox"/> Dysentery <input type="checkbox"/> Diarrhea <input type="checkbox"/> Intestinal Worms <input type="checkbox"/> Others: Pls. Specify: _____ |

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| | <input type="checkbox"/> None |
| B.2. Domestic Water | |
| Normally, the source of our domestic water is: <ul style="list-style-type: none"> <input type="checkbox"/> Personal Deep Well <input type="checkbox"/> Communal Deep Well <input type="checkbox"/> NAWASA – personal <input type="checkbox"/> NAWASA - shared <input type="checkbox"/> Rainfed (collected) <input type="checkbox"/> Commercial <input type="checkbox"/> Natural (lake, spring, etc) <input type="checkbox"/> Jetmatic Pump (bomba) <input type="checkbox"/> Others: Pls. Specify: _____ | Usually, we have domestic water supply at home: <ul style="list-style-type: none"> <input type="checkbox"/> 24/7 <input type="checkbox"/> Every other day <input type="checkbox"/> 2X a week <input type="checkbox"/> 1x a week |
| Normally, the access to our domestic water needs is available: <ul style="list-style-type: none"> <input type="checkbox"/> Less than 5 mins. <input type="checkbox"/> 6-10 mins. <input type="checkbox"/> 11-20 mins. <input type="checkbox"/> 21-30 mins. <input type="checkbox"/> More than 30 mins. | Usually, we secure our domestic water in: <ul style="list-style-type: none"> <input type="checkbox"/> Plastic containers <input type="checkbox"/> Steel containers <input type="checkbox"/> Glass containers <input type="checkbox"/> Pottery/"Banga" |
| The distance of the source for our domestic water: <ul style="list-style-type: none"> <input type="checkbox"/> 10 meter and below <input type="checkbox"/> 10 – 20 meters <input type="checkbox"/> 20 – 50 meters <input type="checkbox"/> 50 m – 1 km <input type="checkbox"/> 1 km and above | <i>Perception</i> Perceived common disease caused by our domestic water supply: <ul style="list-style-type: none"> <input type="checkbox"/> Dengue <input type="checkbox"/> Skin diseases <input type="checkbox"/> Typhoid Fever <input type="checkbox"/> Others: _____ Pls. specify: <input type="checkbox"/> None |

C. Health

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| <p>Normally, if a family if a family member gets sick, we resort to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Self-medication <input type="checkbox"/> Arbolaryo <input type="checkbox"/> Taga-Hilot <input type="checkbox"/> Rural Health Worker <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Others: Pls. Specify _____ <input type="checkbox"/> Nobody | <p>Usually, the medicines we take are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Herbal Medicines / Alternative Medicines <input type="checkbox"/> Generic <input type="checkbox"/> Branded <input type="checkbox"/> Others Pls. Specify _____ <input type="checkbox"/> None |
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| <p><i>Perception</i></p> <p>The common risk to our health condition is:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chronic disease <input type="checkbox"/> Injury <input type="checkbox"/> Deprived infant development <input type="checkbox"/> Stress <input type="checkbox"/> Anxiety <input type="checkbox"/> depression <input type="checkbox"/> Premature death <input type="checkbox"/> Others: Pls. Specify: _____ <input type="checkbox"/> None | <p>Our distance to the nearest hospital would take:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Less than 5 mins. <input type="checkbox"/> 6-10 mins. <input type="checkbox"/> 11-20 mins. <input type="checkbox"/> 21-30 mins. <input type="checkbox"/> More than 30 mins. |
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D. Waste/Garbage Management

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| <p>The toilet we use:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Flush/pour flush to septic tank <input type="checkbox"/> Flush/pour flush to pit <input type="checkbox"/> Flush/pour flush elsewhere <input type="checkbox"/> Ventilated Improved Pit Latrine <input type="checkbox"/> Pit Latrine with slab <input type="checkbox"/> Pit Latrine w/o slab/open pit <input type="checkbox"/> Hanging Toilet (over a water) <input type="checkbox"/> None (strike anywhere) <input type="checkbox"/> Others: Pls. Specify: _____ | <p>We dispose our garbage through:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Picked-up (by the LGU) <input type="checkbox"/> Personal Compost Pit <input type="checkbox"/> Dispatch it anywhere <input type="checkbox"/> Leave them outside <input type="checkbox"/> Throw them in the river/canal <input type="checkbox"/> Burn |
| | <p>We consciously manage our garbage by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recycling/Re-use them <input type="checkbox"/> Segregate them <input type="checkbox"/> Reduce/Minimize our waste <input type="checkbox"/> Contain and dispose all together |

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| <p>Most of our waste garbage is:</p> <p><input type="checkbox"/> Liquid type (wash water)</p> <p><input type="checkbox"/> Solid type (garbage).</p> <p><input type="checkbox"/> Hazardous type(threat to health)</p> <p><input type="checkbox"/> Organic type (food waste)</p> <p><input type="checkbox"/> Recyclable Type(used materials)</p> | <p>Our usual problem with our waste garbage:</p> <p><input type="checkbox"/> Water contamination</p> <p><input type="checkbox"/> Soil contamination</p> <p><input type="checkbox"/> Air pollution</p> <p><input type="checkbox"/> None</p> |
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E. Shelter

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| <p>The status of our lot and shelter:</p> <p><input type="checkbox"/> Family-owned House and Lot</p> <p><input type="checkbox"/> House and Lot Rented</p> <p><input type="checkbox"/> Owned House but Rented Lot</p> <p><input type="checkbox"/> Owned House but No Lot Rent</p> <p><input type="checkbox"/> Borrowed House and Lot</p> <p><input type="checkbox"/> Squatting With Permission</p> <p><input type="checkbox"/> Squatting Without Permission</p> <p><input type="checkbox"/> Living in Others' House</p> | <p>Our house material is made of:</p> <p><input type="checkbox"/> Resilient Material</p> <p><input type="checkbox"/> Semi-resilient Material</p> <p><input type="checkbox"/> Non-resilient Material</p> |
| <p>Our house size is:</p> <p><input type="checkbox"/> Less than 10 Sq. Mts.</p> <p><input type="checkbox"/> 10 - 20 Sq. Mts.</p> <p><input type="checkbox"/> 21 – 30 Sq. Mtrs.</p> <p><input type="checkbox"/> more than 30 Sq. Mtrs.</p> | <p>The distance of our house from the center town is:</p> <p><input type="checkbox"/> Less than 1 km.</p> <p><input type="checkbox"/> 1 - 2 kms.</p> <p><input type="checkbox"/> 3 - 5 kms.</p> <p><input type="checkbox"/> More than 5 kms.</p> |
| <p>Our house is located in:</p> <p><input type="checkbox"/> Mountain Top</p> <p><input type="checkbox"/> Shoreline</p> <p><input type="checkbox"/> Farmland</p> <p><input type="checkbox"/> Forest</p> <p><input type="checkbox"/> Along the Highway</p> <p><input type="checkbox"/> Along the River</p> | <p>Our residence is normally accessible by:</p> <p><input type="checkbox"/> By foot only</p> <p><input type="checkbox"/> By motored-vehicle</p> <p><input type="checkbox"/> By banca</p> <p><input type="checkbox"/> By “carozza”</p> <p><input type="checkbox"/> By non-motored vehicle</p> <p><input type="checkbox"/> More than 1 mode of transport</p> |

F. Family Finance

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| <p>Our main source of money is:</p> <p><input type="checkbox"/> Employment Salary</p> <p><input type="checkbox"/> Personal Business</p> <p><input type="checkbox"/> Family Support</p> <p><input type="checkbox"/> Pensions</p> <p><input type="checkbox"/> Lending/Financing Co.</p> <p><input type="checkbox"/> Daily Wage</p> <p><input type="checkbox"/> Others: Pls. Specify</p> <p>_____</p> | <p>Our total family financial resources per day:</p> <p><input type="checkbox"/> Less than Php 100.00</p> <p><input type="checkbox"/> Php 100.00 – Php 200.00</p> <p><input type="checkbox"/> Php 201.00 – Php 350.00</p> <p><input type="checkbox"/> Php 351.00 – Php 450.00</p> <p><input type="checkbox"/> More than Php 450.00</p> |
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G. Calamity

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| A major calamity would always affect our: | |
| <input type="checkbox"/> Health | |
| <input type="checkbox"/> House | |
| <input type="checkbox"/> Livelihood | |
| <input type="checkbox"/> Well-being | |
| During calamities, the most helpful agency to us is: | The usual evacuation center we would use is: |
| <input type="checkbox"/> Church | <input type="checkbox"/> Church-owned bldg. |
| <input type="checkbox"/> Government | <input type="checkbox"/> School |
| <input type="checkbox"/> NGO | <input type="checkbox"/> Brgy. Hall |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Basketball Court |
| | <input type="checkbox"/> Private Residence |
| | <input type="checkbox"/> None |

III. OTHERS

| Properties | | |
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| | Yes – we have | None |
| Transistor Radio with AM/FM | | |
| Television Set | | |
| Gas Range | | |
| Refrigerator | | |
| Landline Telephone | | |
| Mobile Telephone | | |
| Electric Fan | | |
| Motorcycle | | |
| Others: | | |

| Livelihood Related Source | | |
|--|---------------|------|
| | Yes – we have | None |
| Hogs | | |
| Fawl Animals (Chicken, Ducks, etc.) | | |
| Carabao | | |
| Goat | | |
| Cow | | |
| Farming/Fishing Machineries (Kulegleg, Thresher, Fishing Boat, etc.) | | |
| Fish Cages (river/sea) | | |
| Pond | | |
| Minimal Seawind Garden | | |
| Tri-sikad | | |
| Tricycle | | |
| Sari-sari Store | | |
| 4P's | | |
| Others: | | |

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| Livelihood Related Activities | | |
| | Yes – we do | No |
| Rice Farming | | |
| Coconut Farming | | |
| Root Crop Farming | | |
| Hog Raising | | |
| Poultry | | |
| Goat Raising | | |
| Cow Raising | | |
| Vegetable Farming | | |
| Fruit Trees Growing | | |
| Fishing | | |
| Crab/Shrimp Growing | | |
| Oyster/Mussle Farming | | |
| Charcoal Making | | |
| “Turo-turo” Food Enterprise | | |
| Handicraft Enterprise | | |
| Hard Labor Employment | | |
| Government/Private Casual Employment | | |
| Government/Private Regular Employment | | |
| Pensioner | | |
| OFW Remittance Benefit | | |
| Others: | | |

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| Typhoon Readiness | YES | NO |
| I know that during <i>Public Storm Signal No. 1</i> – winds are not more than 60 KPH and may be expected in at least <i>36 hours</i> | | |
| I know that during <i>Public Storm Signal No. 2</i> - winds are between 61-120 KPH and may be expected in at least <i>24 hours</i> | | |
| I know that during <i>Public Storm Signal No. 3</i> - winds are between 121-170 KPH and may be expected in at least <i>18 hours</i> | | |
| I know that during <i>Public Storm Signal No. 4</i> – very strong winds are of 171-220 KPH may be expected in at least <i>12 hours</i> | | |
| Emergency Readiness | YES | NO |
| I know where to go (evacuation route maps, evacuation buildings) during emergency situations | | |
| I keep a list of contact persons and hotline numbers for immediate help in times of emergency | | |
| During emergency, I have a two-way Radio where I can get the necessary information | | |
| During emergency, I have a Cellular/Mobile Phone | | |

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| I can use for communication purposes | | |
| During emergency situations, we have ready inverter or solar charger that we can use | | |
| <i>During emergency situations, we are prepared of the following:</i> | YES | NO |
| Flashlight | | |
| Extra batteries | | |
| Whistle to signal for help | | |
| Battery-operated radio | | |
| Battery-powered lantern/ lamp | | |
| Stored non-perishable food | | |
| Manual can-opener | | |
| Stored gallons of water | | |
| Rain gear e.g. Protective clothing/ umbrella | | |
| Lifebuoy - in case of high floods | | |
| Sanitation and personal hygiene items | | |
| Multi-purpose tool | | |
| Matches in a waterproof container / lighter | | |
| Waterproof container for valuable items e.g. Documents, Cash on Hand, Cards | | |
| Tarpaulin/ plywood – immediate/ temporary solution to damaged roof | | |
| Others: | | |
| <i>Our First-Aid kit at home has the following:</i> | YES | NO |
| Pairs of Latex or other sterile gloves, if allergic to Latex | | |
| Sterile dressings | | |
| Antibiotic ointment | | |
| Adhesive bandages in a variety of sizes | | |
| Thermometer | | |
| Others: | | |

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| <i>Basic Medical Supplies such as:</i> | YES | NO |
| Paracetamol (for adults) | | |
| Mefenamic Acid (for adults) | | |
| Antihistamine (for adults) | | |
| Antidiarrhea (for adults) | | |
| Povidone Solution (for adults) | | |
| Hydrogen Peroxide (for adults) | | |
| Multivitamins syrup (for children) | | |
| Carbocistine Syrup (for children) | | |
| Cetirizine Syrup (for children) | | |
| Paracetamol Syrup (for children) | | |
| Vitamin Syrup (for children) | | |
| Hand sanitizer e.g. alcohol wipes or ethyl alcohol, | | |

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| wipes | | |
| Cold/ hot compress | | |
| Scissors - for cutting gauze or anything to cut | | |
| Tweezers - to remove ticks, insect stingers and small splinters | | |
| Cotton | | |
| Steel sewing needle with heavy-duty thread | | |
| Tape | | |
| Petroleum jelly or other lubricant | | |
| Syringe, medicine cup or spoon | | |
| First-aid manual | | |
| Others: | | |