

DATE OF VISIT	MUNICIPALITY	BARANGAY	HOUSEHOLD	SUBJECT NO.	Page 1 of 11
----------------------	---------------------	-----------------	------------------	--------------------	--------------

NTFP / PHTC

MAPPING OF PHILIPPINE HANDWOVEN TEXTILE COMMUNITIES

CENSUS FORM

Enumerator Name/Number:

Barangay

Municipality

Municipality Number

Barangay Number

Household Number

Subject Number

DATE OF VISIT:

DATE OF VISIT	MUNICIPALITY	BARANGAY	HOUSEHOLD	SUBJECT NO.	Page 3 of 11
---------------	--------------	----------	-----------	-------------	--------------

[12] Ethno-Linguistic Group - **Please enter code (refer to codebook):** | _ | _ | _ |

Other, please specify: _____

[13] Place of Birth (Province) - **Please enter code (refer to codebook):** | _ | _ | _ |

If not Aklan, Reason for Migrating:

Economic Family related / Personal relations Forced

[14] Number of Years in Current Community: | _ | _ |

[15] Is anyone else in your family or household working in textile production? Yes No

[16] If Yes, please enumerate (**refer to codebook***):

Surname, First Name, Middle Name	Relation	Age	Role in Production
	_ _	_ _	_ _ _
	_ _	_ _	_ _ _
	_ _	_ _	_ _ _
	_ _	_ _	_ _ _

[17] Currently do you have any role in the textile production industry? Yes No

[18] If yes, are you a proprietor/capitalist/business-person? Yes No

[18A] If yes, what kind of partnership role do you assume?

Financer/Investor Industrial partner (Agsa/Birangan) Both

[19] If no, what is your role in the textile production industry? | _ | _ | _ |

(for proprietor/capitalist/business, please put code 001)

[20] In your lifetime, have you ever performed weaving activities? Yes No

[21] Are you currently doing weaving activities? ACTIVE INACTIVE
(Inactive: has not performed weaving activities for at least one year)

[21A] If INACTIVE, is this inactivity Permanent, or Temporary (you will return to weaving)?

Also, what is the reason for inactivity?

Retired Financial/Found another livelihood
 Personal/health reasons (i.e. pregnancy, etc) Others, specify _____

[22] Do you perform other work outside weaving? Yes No

[23] Sources of Income (ADD LINE IN SEPARATE SHEET IF MORE THAN 3 SOURCES, refer to codebook)

Income Source (Rank in terms of contribution towards your entire livelihood)	CODE FOR SOURCE	TYPICAL HOURS PER WEEK	INCOME PER WEEK
_____	_ _ _	_ _ _ _	
NAME OF SOURCE			
_____	_ _ _	_ _ _ _	
NAME OF SOURCE			
_____	_ _ _	_ _ _ _	
NAME OF SOURCE			

[24] Do you seem to work more hours in some months compared to others? Yes No

[25] If Yes, which months do you work the most? (Check all that apply)

January February March April May June

July August September October November December

Kindly encircle the answer that best describes your control or your primary participation in the production and distribution processes.

Complete – control over most / all decisions

Partial – control over at least one decision

None – no control at all

[26] CONTROL/DECISION MAKING

Complete Partial None

Complete Partial None

Complete Partial None

PRODUCTION PROCESS

Raw materials procurement / acquisition

Work location

Hours of operation/work

[27] CONTROL/DECISION MAKING

Complete Partial None

Complete Partial None

Complete Partial None

DISTRIBUTION PROCESS

Choice of where to distribute

Pricing

Choice of distributor

If you answered (employed) if you are employed, kindly answer the following three (3) questions:

[28] Type of Contract: What is your type of contract? (choose only one)

Written

Verbal

DATE OF VISIT	MUNICIPALITY	BARANGAY	HOUSEHOLD	SUBJECT NO.	Page 5 of 11
---------------	--------------	----------	-----------	-------------	--------------

[29] Work arrangement: What is your primary work arrangement? (choose only one)

- Full time/Suhulan
- Part time
- Temporary (seasonal ex. bulk orders, peak season/ reliever)
- Open/ sub- contract

[30] Type of Rate (choose only one)

- Hourly
- Daily
- Monthly
- By Piece
- "Pakyaw"
- Family - Unpaid

[31] HIGHEST EDUCATIONAL ATTAINMENT (encircle, choose only one)

1. No formal education
2. Some grade school
3. Finished grade school
4. Some high school
5. Finished high school
6. Alternative Learning System (DepEd)
7. Some college
8. Finished college
9. Post graduate
10. Vocational (ex. TESDA, Training conducted by Government agencies)
11. School of Living Tradition/ similar
12. Other:

SKILLS

[35] How old were you when started weaving? | _ | _ |

[36] What type of material can you work on? Please enumerate (please refer to codebook):

1. | _ | _ | 2. | _ | _ | 3. | _ | _ | 4. | _ | _ | 5. | _ | _ | 6. | _ | _ | 7. | _ | _ |
8. | _ | _ | 9. | _ | _ | 10. | _ | _ | 11. | _ | _ | 12. | _ | _ | 13. | _ | _ | 14. | _ | _ |
15. | _ | _ | 16. | _ | _ | 17. | _ | _ | 18. | _ | _ | 19. | _ | _ | 20. | _ | _ |

[37] What type of design/ pattern can you work on? *Please refer to the Aklan Piña Mantra Code of Conduct. Please enumerate:

1. | _ | _ | 2. | _ | _ | 3. | _ | _ | 4. | _ | _ | 5. | _ | _ | 6. | _ | _ | 7. | _ | _ |
8. | _ | _ | 9. | _ | _ | 10. | _ | _ | 11. | _ | _ | 12. | _ | _ | 13. | _ | _ | 14. | _ | _ |
15. | _ | _ | 16. | _ | _ | 17. | _ | _ | 18. | _ | _ | 19. | _ | _ | 20. | _ | _ |

DATE OF VISIT	MUNICIPALITY	BARANGAY	HOUSEHOLD	SUBJECT NO.	Page 6 of 11
----------------------	--------------	----------	-----------	-------------	--------------

Knowledge of weaving skills and frequency skills are used:

Workplace (check all applicable)—incorporate in table

INSTRUCTIONS: Use a check mark for FREQUENCY. For master level please refer below:

Indicate: Primary - secondary

For Mastery of Skill, please choose from the following:

1. Can Teach
2. Can Design
3. Can (skill), without supervision
4. Can (skill), with supervision
5. Still learning

- Home
- Neighbors
- Employer's property/ Center (private)
- Center (cooperative, organization owned)
- Government shared service facility
- Own workshop
- Factory

[38]

Skill	FREQUENCY				Mastery Level	Years of Experience	Who taught you this skill?	Where do you perform this skill?
	Weekly	Monthly	Once or twice a year	Do not use or know this skill				
Gathering/ harvesting raw material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_	_	_	_
Processing of raw materials/ stripping & drying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_	_	_	_
Knotting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_	_	_	_

DATE OF VISIT	MUNICIPALITY	BARANGAY	HOUSEHOLD	SUBJECT NO.	Page 8 of 11
---------------	--------------	----------	-----------	-------------	--------------

[39] Do you participate in post-production? This includes packaging, marketing, and selling the product.

Yes No

[40] Source for skill building (check all that apply)

- Self-taught/ by observation
 Family member
 Colleague / Neighbor/ other community members
 Mentor (master weaver/ SLT)
 Training (private/ government institutions)
 Others

[41] Motivation for learning (check all that apply)

- Encouraged by others
 Personal volition
 Social expectation /Peer pressure
 Economic need
 Social interaction

[42] Related Trade Association:

Do you or any of your colleagues do business under an association, partnership, cooperative, group, or entity? Yes No

[43] Please name the business/association/partnership/COOP/group/entity:

[44] How satisfied are you with the following aspects of your life? (please encircle answer)

Question	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't know
Your health	5	4	3	2	1	99
Your standard of living	5	4	3	2	1	99
Your major occupation	5	4	3	2	1	99
Relationships you have with immediate family members	5	4	3	2	1	99
Relationships you have with employer / employee*	5	4	3	2	1	99
Local environment	5	4	3	2	1	99
Work Life balance	5	4	3	2	1	99

[45] Production hazards

Are you aware of production hazards in weaving?

Yes No

[46] If Yes, please check all production hazards that apply:

- Workshop environment (not including materials)
- People / Co-workers
- Security
- Materials
- Environment where workshop is located
- Others, pls. specify

[48] In the past 3 months, did you experience any of the following?

- Back pain
- Leg pain
- Arm or shoulder pain
- Pain in hands or wrists
- Cardiovascular related pain or ailment
- Respiratory
- Colds
- Fever/Flu
- Eye strain/ problems
- Hearing problems
- Skin problems
- Others, please specify

[47] Please detail the hazards that you have experienced:

[49] Raw Materials (please refer to codebook)

Raw Material Used	Source (produced – 1 , purchased – 2), provided- 3	Unit material is traded in	Price per unit	Distance of Acquisition
Natural, specify _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Natural, specify _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Synthetic, specify _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Synthetic, specify _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Blend, specify _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Blend, specify _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Natural dye	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Synthetic dye	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Both	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

[50] Tools and Materials used and frequency used

Instructions:

If the tool is a loom, please specify the type of loom.

Ownership: specify who owns the tool / loom

Mode of acquisition: how was the tool acquired?

1. Made/manufactured
2. Bought
3. Borrowed / loaned to
4. Donated

Tools *refer to guide	LOOM CODE	Do you own this loom?	Mode of acquisition	Cost
LOOM	_ _	<input type="checkbox"/> Yes <input type="checkbox"/> No	_	

[51] Source of Design

- Traditional (Family / Inherited)
- Master Craftsmen
- Customer/ Buyer
- Own Design
- Divine inspiration
- Others, please specify:

[53] Who distributes your product? Please check all that apply

- Self
- Agent
- Retailer
- Government
- Cooperative/associations
- Others, please specify:

[52] Who buys your products? Please check all that apply:

- Family
- Friends
- Local community
- Tourists
- Person I work for
(Amo/owner/madam/sir)
- Cooperative/associations
- Intermediaries (middle men/
agent)
- Government
- Others, please specify:

[54] Do you personally bring the products to the market? Yes No

