



**TECHNOLOGY BUSINESS INCUBATEE  
SELECTION TOOL**

**General Instructions:**

1. Please fill out the information or check the appropriate space provided. In case any question is not applicable, kindly check N/A or write N/A in the space provided.
2. The Questionnaire contains different type of questions:
  - (a) Some questions require specific information e.g. Name, Age, Address etc.
  - (b) Some questions are of Yes/No category, where only one option can be selected
  - (c) Some questions allow the selection of more than one option e.g. Sources of income
3. If needed, we will provide you with separate sheets. Be sure to mention the question number in additional sheets.

**Part I. SOCIO-DEMOGRAPHIC ATTRIBUTES**

**A. Demographic Attributes**

1. Name (optional) : \_\_\_\_\_
2. Sex : \_\_\_\_\_
3. Age in Years : \_\_\_\_\_
4. Marital Status : 

<input type="checkbox"/> Single	<input type="checkbox"/> Living-in with partner
<input type="checkbox"/> Married	<input type="checkbox"/> Separated
<input type="checkbox"/> Widow	<input type="checkbox"/> Prefer not to mention
5. Number of Children : \_\_\_\_\_
6. Ethnic Group : \_\_\_\_\_
7. Religion : \_\_\_\_\_
8. Home Address : \_\_\_\_\_
9. Highest Educational Attainment:

a. None <input type="checkbox"/>	e. BS/AB Graduate
b. Elementary <input type="checkbox"/>	f. Masters Graduate <input type="checkbox"/>
c. High School <input type="checkbox"/>	g. Doctoral <input type="checkbox"/>
d. Vocational/Trade <input type="checkbox"/>	h. Post-Doctorate <input type="checkbox"/>
10. Specialization or Major (if applicable): \_\_\_\_\_
11. Present Employment Status:

<input type="checkbox"/> Regular or Permanent	<input type="checkbox"/> Casual	<input type="checkbox"/> Job Order
<input type="checkbox"/> Temporary	<input type="checkbox"/> Contract of Service	<input type="checkbox"/> Self-Employed
12. Present Occupation/Job Title: \_\_\_\_\_
13. Name of Company, Organization, School, or Institution:  
\_\_\_\_\_
14. Address of the Company, Organization, School, or Institution:  
\_\_\_\_\_
15. Number of Years Employed in School or Institution: \_\_\_\_\_
16. Sole Breadwinner of the family (please check one) : ☐ Yes ☐ No
17. Job Level Position (please check one)



- a. Rank or Clerical ( )
- b. Professional, Technical or Supervisory ( )
- c. Managerial or Executive ( )
- d. Self-employed ( )

18. What is your current gross monthly earning? (please check one)
- ( ) Below P5,000.00 ( ) P25,000.00 to less than P30,000.00
- ( ) P5,000.00 to less than P10,000.00 ( ) P30,000.00 to less than P35,000.00
- ( ) P15,000.00 to less than P20,000.00 ( ) P40,000.00 to less than P45,000.00
- ( ) P20,000.00 to less than P25,000.00 ( ) P45,000.00 and above

19. What are your reasons for staying in the current job? (please check one)
- ( ) Salaries and benefits ( ) Proximity to residence
- ( ) Career challenge ( ) Other reasons (please specify)
- ( ) Related Special Skills \_\_\_\_\_

**B. Agriculture Economic Attributes**

1. Tenurial Status:
- 1.1 For Residential: 1.2 For Agricultural Production/Processing:
- ( ) Owned ( ) Rent/Leased ( ) Owned ( ) Rented/Leased
- a. Area in square meters: a. Area in square meters:
- ( ) Less than 100 ( ) 501- 700 ( ) Less than 100 ( ) 501- 700
- ( ) 101- 300 ( ) more than 700 ( ) 101- 300 ( ) more than 700
- ( ) 301- 500 ( ) 301- 500
2. Number of years doing agricultural activities:(check 1)
- ( ) No experience ( ) 11-20
- ( ) 1-5 years ( ) 21-30
- ( ) 6-10 ( ) 31 and above

**a. FOR AGRICULTURAL PRODUCTION**

1. Crops raised/grown per year:

	Check box whether either or both if applicable	
	For sale	Kitchen use (own consumption)
a.		
b.		
c.		
d.		

Please provide extra sheet if necessary

2. Poultry and Livestock raised

	Check box whether either or both if applicable	
	For sale	Kitchen use (own consumption)
a.		
b.		
c.		
d.		

Please provide extra sheet if necessary

3. Farm Resources:
- a. By-products used in the production of final output for sale/consumption (like vermicast as fertilizer for crops produced):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



- b. Farm possession: *(Check 1 or more)*  
i. Tools available

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bolo/Scythe       | <input type="checkbox"/> Martilyo/Hammer        | <input type="checkbox"/> Others, specify: _____ |
| <input type="checkbox"/> Piko/Pick Mattock | <input type="checkbox"/> Gabas/Saw              | _____   |
| <input type="checkbox"/> Pala/Spade/shovel | <input type="checkbox"/> Guna/Hand Trowel       | _____   |
| <input type="checkbox"/> Bara/Digging Hoe  | <input type="checkbox"/> Gunting/Pruning Shears | _____   |

ii. Equipment/Implements

- |                                  |                                       |   |
|----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Harrow  | <input type="checkbox"/> Garden Hose  | <input type="checkbox"/> Others, specify: _____ |
| <input type="checkbox"/> Plow    | <input type="checkbox"/> Tractor      | _____   |
| <input type="checkbox"/> Sprayer | <input type="checkbox"/> Grass Cutter | _____   |

- c. Farm Facilities:
- ☐ Storage: *indicate dimension* \_\_\_\_\_
- ☐ Water system: *please check level*
- ☐ Level 1 *(open well, river, etc. which are manually transported)*
- ☐ Level 2 *(communal water pumps/ Gov't or NGO projects)*
- ☐ Level 3 *(paid piped water system at the farm form water system service provider)*
- ☐ Housing for animals: *please indicate dimension of house per animals raised*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

4. If farmers don't have the necessary implement, what do they do about their farm work?
- \_\_\_\_\_
- \_\_\_\_\_

**b. FOR AGRICULTURAL PROCESSING**

1. Are you processing any farm products for sale? ☐ Yes ☐ No

- If yes:
- 1.1 What are those products? \_\_\_\_\_
- 1.2 Who are your customers? Where do you sell your products? \_\_\_\_\_
- 1.3 Please indicate equipment/tools used for your processing/packaging:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Part II. PROGRAM INTERVENTION**

1. Are you informed of any agricultural technology assistance Administered by WMSU?

☐ Yes ☐ No

- 1.1 If yes, what is/are those agricultural technologies? *(check 1 or more)*

- |  |  |
|--|--|
| <input type="checkbox"/> ZAMPEN Native Chicken         | <input type="checkbox"/> Banana Tissue Culture           |
| <input type="checkbox"/> Mushroom Production           | <input type="checkbox"/> Adlai Production and Processing |
| <input type="checkbox"/> Vermi-composting              | <input type="checkbox"/> Organic Liquid Fertilizers      |
| <input type="checkbox"/> Organic Vegetables Production | <input type="checkbox"/> Others, Specify: _____          |
| <input type="checkbox"/> Rubber Nursery Management     |  |

- 1.2 Source of information about that/those agricultural technologies offered by WMSU? *(check 1 or more)*

- |   |  |
|---|--|
| <input type="checkbox"/> Government Technician/Workers/Teachers | <input type="checkbox"/> Internet/Social Media |
| Specific division: _____  | <input type="checkbox"/> Reading Materials     |
| <input type="checkbox"/> Private practicing professional: _____ |  |



- ( ) Private individuals (friends&/or family) ( ) Others (specify) \_\_\_\_\_  
( ) TV/Radio

2. Which of the following have you attended training or seminar? (*check 1 or more*)
- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| ( ) ZAMPEN Native Chicken         | ( ) Banana Tissue Culture           |
| ( ) Mushroom Production           | ( ) Adlai Production and Processing |
| ( ) Vermi-composting              | ( ) Organic Liquid Fertilizers      |
| ( ) Organic Vegetables Production | ( ) Others, Specify: _____          |
| ( ) Rubber Nursery Management     |                                     |
3. Have you availed of any agricultural technology assistance offered? ( ) Yes ( ) No  
If yes, which of the following had you availed? (*check 1 or more*)
- |  |                                     |
|--|-------------------------------------|
| ( ) ZAMPEN Native Chicken              | ( ) Rubber Nursery Management       |
| ( ) Mushroom Production                | ( ) Banana Tissue Culture           |
| ( ) Vermi-composting                   | ( ) Adlai Production and Processing |
| ( ) Organic Vegetables Production      | ( ) Organic Liquid Fertilizers      |
| ( ) Others ( <i>indicated in 1.1</i> ) |                                     |
4. Do you know of the WMSU-Technology Business Incubation (TBI) Program? ( ) Yes ( ) No
5. Do you like to participate as incubatee of the WMSU- Technology Business Incubation (TBI) Program?  
( ) Yes ( ) No
- a. If yes, please rate the following technology you are interested in from 1-5, by checking the box using the following scale:
- |                                |                           |
|--------------------------------|---------------------------|
| 1– <i>Least interested</i>     | 3 - <i>Interested</i>     |
| 2 - <i>Somewhat interested</i> | 4– <i>Very interested</i> |
- |  |   |   |   |   |
|--|---|---|---|---|
| ZAMPEN Native Chicken Production and Packaging | 1 | 2 | 3 | 4 |
| Mushroom Production and Processing             | 1 | 2 | 3 | 4 |
| Vermicomposting Production and Processing      | 1 | 2 | 3 | 4 |
| Organic Vegetable Production and Packaging     | 1 | 2 | 3 | 4 |
| Others: ( <i>please indicate</i> )             |   |   |   |   |
| 1.   |   |   |   |   |
| 2.   |   |   |   |   |

Part III. BEHAVIORAL ENTREPRENEURIAL ASPECT

- A. Please write your rating in the box of the number to indicate how well the statement describes you:  
1= *Never*      2=*Rarely*      3=*Sometimes*    4=*Usually*      5=*Always*

A. ACHIEVEMENT CLUSTER	Rating
1. I am persistent.	
2. When I am interested in a project, I give due priority.	
3. When there is something I want, I keep my goal clearly in mind.	
4. I examine mistakes and I learn from them.	
5. I evaluate my output after finishing it.	
6. I have a strong personal need to succeed.	
7. I will gamble on a good idea even if it is not a sure thing.	
8. I see problems as challenges.	
9. I take chances.	
10. I am willing to undergo sacrifices to gain possible long-term rewards.	
B. POWER CLUSTER	



B. Please check the box of the number indicating your degree of agreement to the statement:  
1= *Strongly Disagree* 2=*Disagree* 3=*Agree* 4=*Strongly Agree*

## Part IV. PROGRAM PLANNING

- 

- ( ) most willing                      ( ) more willing                      ( ) least willing  
( ) willing                              ( ) not willing

-



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End of survey. Thank you.