APPENDIX D

PERSONS INVOLVED IN THE 1993 NATIONAL DEMOGRAPHIC SURVEY

1993 National Demographic Survey Project
Steering Committee

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Department of Health

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School of Economics
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DR. RODOLFO FLORENTINO
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Food and Nutrition Research Institute

DR. CORAZON RAYMUNDO
Dean
University of the Philippines
Population Institute

MS. CECILE JOAQUIN-YASAY
Director
Population Commission

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Administrator
National Statistics Office

MS. NELIA R. MARQUEZ
Deputy Administrator
National Statistics Office

DR. LUISA T. ENGRACIA
Director, Household Survey Division
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DR. ROMULO VIROLA
Secretary General
National Statistical Coordination Board

1993 National Demographic Survey Project
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MS. LINA CASTRO
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University of the Philippines
Population Institute

DR. JOSEPHINE CABIGON
University of the Philippines
Population Institute

MS. GRACE VILLAVIEJA
Food and Nutrition Research Institute

MS. GRACE DINO
Population Commission

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MS. BENEDICTA YABUT
MS. MINERVA ELOISA ESQUIVIAS
MS. TITA TABIJE

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Amalia Gonzales
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APPENDIX E

SURVEY QUESTIONNAIRES

NDS FORM 1
NSCB Clearance
No.A0477-R011MS
Expires January 31, 1994

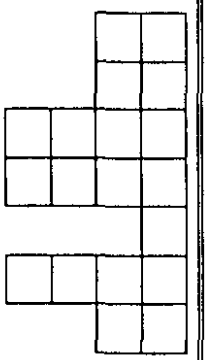
Confidentiality
This survey is authorized by Commonwealth Act No. 59
All informartion is strictly confidential.

Republic of the Philippines
NATIONAL STATISTICAL OFFICE

1993 NATIONAL DEMOGRAPHIC SURVEY
HOUSEHOLD SCHEDULE

IDENTIFICATION

PROVINCE.....
CITY/MUNICIPALITY.....
BARANGAY.....
CLUSTER NUMBER.....
URBAN/RURAL (urban=1, rural=2).....
HOUSEHOLD CONTROL NUMBER.....
SAMPLE HOUSEHOLD SERIAL NUMBER.....
ADDRESS _____



INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE / TIME				TOTAL NUMBER OF VISITS

* RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING/HOUSEHOLD NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL IN HOUSEHOLD
TOTAL ELIGIBLE WOMEN
LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE

LANGUAGE OF QUESTIONNAIRE:_____

	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
NAME				
DATE				

HOUSEHOLD ROSTER

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	FAMILY TYPE AND RELATIONSHIP	RESIDENCE		SEX	AGE
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?	What is the relationship of (NAME) to the head of the family? ENTER FAMILY TYPE AND RELATIONSHIP CODE*	Does (NAME) usually live here?	Did (NAME) sleep here last night?	Is (NAME) male or female?	How old is (NAME) as of his/her last birthday?
(1)	(2)	(3)	(4)	(8)	(9)	(10)	(11)
			TYPE REL.	YES NO	YES NO	M F	IN YEARS
01				1 2	1 2	1 2	
02				1 2	1 2	1 2	
03				1 2	1 2	1 2	
04				1 2	1 2	1 2	
05				1 2	1 2	1 2	
06				1 2	1 2	1 2	
07				1 2	1 2	1 2	
08				1 2	1 2	1 2	
09				1 2	1 2	1 2	
10				1 2	1 2	1 2	
11				1 2	1 2	1 2	
12				1 2	1 2	1 2	
13				1 2	1 2	1 2	
14				1 2	1 2	1 2	
15				1 2	1 2	1 2	

TICK HERE IF CONTINUATION SHEET USED ☐ TOTAL NUMBER OF ELIGIBLE WOMEN ☐☐

Just to make sure that I have a complete listing, I have listed _____ people.

(5) Are there any other persons such as small children or infants that we have not listed? YES ☐ → ENTER EACH IN TABLE NO ☐

(6) Are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here we have not listed? YES ☐ → ENTER EACH IN TABLE NO ☐

(7) Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES ☐ → ENTER EACH IN TABLE NO ☐

* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD/FAMILY:

01= HEAD
02= WIFE OR HUSBAND
03= SON OR DAUGHTER
04= SON/DAUGHTER-IN-LAW
05= GRANDCHILD
06= PARENT
07= PARENT-IN-LAW
08= BROTHER/SISTER OR BROTHER/SISTER-IN-LAW
09= UNCLE/AUNT OR UNCLE/AUNT-IN-LAW
10= COUSIN/COUSIN-IN-LAW
11= NIECE/NEPHEW OR NIECE/NEPHEW-IN-LAW
12= GRANDPARENT OR GRANDPARENT-IN-LAW
13= ADOPTED/FOSTER CHILD
14= NOT RELAted
98= DK

FAMILY TYPE:
0 = NO FAMILY NUCLEUS
1 = FIRST FAMILY
2 = SECOND FAMILY
3 = THIRD FAMILY
AND SO FORTH

2

EDUCATION		PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				ELIGIBILITY
AGED 6 YEARS OR OLDER						
IF ATTENDED SCHOOL		Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	
Has (NAME) ever been to school? IF YES, What is the highest grade/year (NAME) completed?** (12)	IF AGED LESS THAN 25 YEARS: Is (NAME) still in school? (13)	(14)	Does (NAME)'s mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER (15)	(16)	Does (NAME)'s father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER (17)	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (18)
	YES NO	YES NO DK		YES NO DK		
	1 2	1 2 8		1 2 8		01
	1 2	1 2 8		1 2 8		02
	1 2	1 2 8		1 2 8		03
	1 2	1 2 8		1 2 8		04
	1 2	1 2 8		1 2 8		05
	1 2	1 2 8		1 2 8		06
	1 2	1 2 8		1 2 8		07
	1 2	1 2 8		1 2 8		08
	1 2	1 2 8		1 2 8		09
	1 2	1 2 8		1 2 8		10
	1 2	1 2 8		1 2 8		11
	1 2	1 2 8		1 2 8		12
	1 2	1 2 8		1 2 8		13
	1 2	1 2 8		1 2 8		14
	1 2	1 2 8		1 2 8		15

** CODES FOR Q.12 GRADE/YEAR:

00= NO EDUCATION	21= HIGH SCHOOL YEAR 1
11= ELEMENTARY GRADE 1	22= HIGH SCHOOL YEAR 2
12= ELEMENTARY GRADE 2	23= HIGH SCHOOL YEAR 3
13= ELEMENTARY GRADE 3	31= COLLEGE YEAR 1
14= ELEMENTARY GRADE 4	32= COLLEGE YEAR 2
15= ELEMENTARY GRADE 5	33= COLLEGE YEAR 3
16= ELEMENTARY GRADE 6	34= COLLEGE YEAR 4
17= ELEMENTARY GRADE 7	35= COLLEGE YEAR 5
	40= COLLEGE GRADUATE

*** These questions refer to the biological parents of the child. Record "00" if parent not member of household.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
19	What is the main source of water your household uses for handwashing and dishwashing?	COMMUNITY WATER SYSTEM PIPED INTO RESIDENCE/YARD/PLOT.....11 PUBLIC TAP.....12 TUBED/PIPED WELL/IMPROVED DUG WELL PRIVATE WELL W/O FAUCET WITHIN RESIDENCE/YARD/PLOT...21 NOT W/IN RES/YARD/PLOT.....22 PRIVATE WELL W/ FAUCET.....23 PUBLIC WELL.....24 OPEN DUG WELL.....31 DEVELOPED SPRING.....41 RAIN WATER.....51 OTHER_____71 (SPECIFY)	→21 →21 →21 →21
20	How long does it take to go there, get water, and come back?	MINUTES..... ☐☐☐ WITHIN PREMISES.....996	
21	Does your household get drinking water from this same source?	YES.....1 NO.....2	→23
22	What is the main source of drinking water for members of your household?	COMMUNITY WATER SYSTEM PIPED INTO RESIDENCE/YARD/PLOT.....11 PUBLIC TAP.....12 TUBED/PIPED WELL/IMPROVED DUG WELL PRIVATE WELL W/O FAUCET WITHIN RESIDENCE/YARD/PLOT...21 NOT W/IN RES/YARD/PLOT.....22 PRIVATE WELL W/ FAUCET.....23 PUBLIC WELL.....24 OPEN DUG WELL.....31 DEVELOPED SPRING.....41 RAIN WATER.....51 OTHER_____71 (SPECIFY)	
23	What kind of toilet facility does your household have?	FLUSH TOILET (WATER SEALED) OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 NO FACILITY/BUSH/FIELD.....31 OTHER _____41 (SPECIFY)	
24	Does your household have: Electricity? An electric/gas range? A television? A refrigerator?	YES NO ELECTRICITY.....1 2 ELECTRIC/GAS RANGE.....1 2 TELEVISION.....1 2 REFRIGERATOR.....1 2	
25	How many rooms in your household are used for sleeping?	ROOMS..... ☐☐	
26	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 PALM/BAMBOO.....22 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 MARBLE.....35 OTHER _____41 (SPECIFY)	
27	Does any member of your household own: A bicycle? A motorcycle? A car?	YES NO BICYCLE.....1 2 MOTORCYCLE.....1 2 CAR.....1 2	

NDS FORM 2
NSCB Clearance
No.

Republic of the Philippines
NATIONAL STATISTICS OFFICE

1993 NATIONAL DEMOGRAPHIC SURVEY
INDIVIDUAL QUESTIONNAIRE

Confidentiality : This survey is authorized by Commonwealth Act No. 591. All information is strictly confidential.

IDENTIFICATION

PROVINCE _____

CITY/MUNICIPALITY _____

BARANGAY _____

CLUSTER NUMBER.....

URBAN/RURAL (urban=1, rural=2).....

HOUSEHOLD CONTROL NUMBER.....

SAMPLE HOUSEHOLD SERIAL NUMBER _____

ADDRESS _____

NAME AND LINE NUMBER OF ELIGIBLE WOMAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE / TIME				TOTAL NUMBER OF VISITS

*RESULT CODES:
1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
6 RESP. INCAPACITATED
7 OTHER _____ (SPECIFY)

LANGUAGE OF QUESTIONNAIRE: ENGLISH 7

LANGUAGE USED IN INTERVIEW** _____

RESPONDENT'S LOCAL LANGUAGE** _____

WITH TRANSLATOR (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3).....

** LANGUAGE CODES:
1 TAGALOG
2 CEBUANO
3 ILOCANO
4 BICOL
5 HILIGAYNON
6 WARAY
7 ENGLISH
8 OTHER

NAME / DATE	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... ☐☐ MINUTES..... ☐☐	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in a barrio/rural area?	CITY.....1 TOWN.....2 BARRIO/RURAL AREA.....3	
103	In what month and year were you born?	MONTH..... ☐☐ DK MONTH.....98 YEAR..... ☐☐ DK YEAR.....98	
104	How old were you on your last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... ☐☐	
105	Have you ever attended school?	YES.....1 NO.....2	→109
106	What is the highest level of school you attended?	PRESCHOOL.....0 ELEMENTARY.....1 HIGH SCHOOL.....2 COLLEGE OR HIGHER.....3 DK.....8	→109
107	What is the highest grade/year you completed at that level?	GRADE/YEAR..... ☐☐ DK.....98	
108	CHECK 106: ELEMENTARY ☐ ↓ HIGH SCHOOL OR HIGHER ☐		→110
109	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→111
110	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
111	Do you usually listen to the radio at least once a week?	YES.....1 NO.....2	
112	Do you usually watch television at least once a week?	YES.....1 NO.....2	
113	What is your religion?	ROMAN CATHOLIC.....1 PROTESTANT.....2 IGLESIA NI KRISTO.....3 AGLIPAY.....4 ISLAM.....5 OTHER _____ (SPECIFY) 6 NONE.....7	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
114	How do you classify yourself? Are you a Tagalog, Cebuano, Ilocano, Ilonggo, Bicolano, Waray, Kapampangan, or what?	TAGALOG.....1 CEBUANO.....2 ILOCANO.....3 ILONGGO.....4 BICOLANO.....5 WARAY.....6 OTHER_____7 (SPECIFY)	
115	CHECK Q.8 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT THE WOMAN INTERVIEWED IS A USUAL RESIDENT	☐→201	
116	Now I would like to ask about the place in which you usually live. Do you usually live in a city, in a town, or in a barrio/rural area?	CITY.....1 TOWN.....2 BARRIO/RURAL AREA.....3	
117	What is the main source of water your household uses for handwashing and dishwashing?	COMMUNITY WATER SYSTEM PIPED INTO RESIDENCE/YARD/PLOT.....11→119 PUBLIC TAP.....12 TUBED/PIPED WELL/IMPROVED DUG WELL PRIVATE WELL W/O FAUCET WITHIN RESIDENCE/YARD/PLOT...21→119 NOT W/IN RES/YARD/PLOT.....22 PRIVATE WELL W/ FAUCET.....23→119 PUBLIC WELL.....24 OPEN DUG WELL.....31 DEVELOPED SPRING.....41 RAINWATER.....51→119 OTHER_____71 (SPECIFY)	
118	How long does it take to go there, get water, and come back?	MINUTES..... ☐☐☐ WITHIN PREMISES.....996	
119	Does your household get drinking water from this same source?	YES.....1→121 NO.....2	
120	What is the main source of drinking water for members of your household?	COMMUNITY WATER SYSTEM PIPED INTO RESIDENCE/YARD/PLOT.....11 PUBLIC TAP.....12 TUBED/PIPED WELL/IMPROVED DUG WELL PRIVATE WELL W/O FAUCET WITHIN RESIDENCE/YARD/PLOT...21 NOT W/IN RES/YARD/PLOT.....22 PRIVATE WELL W/ FAUCET.....23 PUBLIC WELL.....24 OPEN DUG WELL.....31 DEVELOPED SPRING.....41 RAINWATER.....51 OTHER_____71 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
121	What kind of toilet facility does your household have?	FLUSH TOILET (WATER SEALED) OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 SANITARY PIT/ANTIPOLO TYPE OWN TOILET.....21 SHARED TOILET.....22 OPEN PRIVY.....31 DROP TYPE/OVERHANG TYPE.....41 NO FACILITY/BUSH/FIELD.....51 OTHER _____ (SPECIFY) 61	
122	Does your household have: Electricity? A gas/electric range? A television? A refrigerator?	YES NO ELECTRICITY.....1 2 GAS/ELECTRIC RANGE.....1 2 TELEVISION.....1 2 REFRIGERATOR.....1 2	
123	How many rooms in your household are used for sleeping?	ROOMS..... ☐☐	
124	Could you describe the main material of the floor of your home?	NATURAL FLOOR EARTH/SAND.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 PALM/BAMBOO.....22 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 MARBLE.....35 OTHER _____ (SPECIFY) 41	
125	Does any member of your household own: A bicycle? A motorcycle? A car?	YES NO BICYCLE.....1 2 MOTORCYCLE.....1 2 CAR.....1 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	
204	Do you have any sons or daughters to whom you have given birth who are still alive but do not live with you?	YES.....1 NO.....2	→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208
207	In all, how many boys have died? And how many girls have died? IF NONE RECORD '00'	BOYS DEAD..... GIRLS DEAD.....	
208	Some pregnancies end before full term or as a stillbirth. Have you had any pregnancy that did not result in a live birth?	YES.....1 NO.....2	→210
209	In all, how many such pregnancies have there been? IF NONE RECORD '00'	PREGNANCY LOSS.....	
210	SUM ANSWERS TO 203, 205, 207 AND 209, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL PREGNANCIES.....	
211	CHECK 210: Just to make sure that I have this right, you have had _____ children who are still living (203 and 205) + _____ children who have died (207), and + _____ pregnancies which did not result in a live birth (209). Is that correct? YES → NO → PROBE AND CORRECT 201-210 AS NECESSARY		
212	CHECK 210: ONE OR MORE PREGNANCIES → NO PREGNANCIES		→233

213 Now I would like to talk to you about all of your pregnancies, whether born alive, born dead or lost before full term, starting with the first one you had.

RECORD ALL THE PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

214 Think back to the time of your (first/ next) pregnancy.	215 Was that a single or a multiple pregnancy?	216 Was the baby born alive, born dead, or lost before full term?	217 Did that baby cry, move, or breathe when it was born?	218 What name was given to that child?	219 Is (NAME) a boy or a girl?	220 In what month and year was (NAME) born? PROBE: What is his/her birthday?	221 Is (NAME) still alive?
01	SINGLE....1 MULTIPLE..2	BORN ALIVE.....1 (SKIP TO 218) BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226)	YES.....1 NO.....2 → 226	_____ (NAME)	BOY.....1 GIRL....2	MONTH.... YEAR.....	YES.....1 NO.....2 → 225
02	SINGLE....1 MULTIPLE..2	BORN ALIVE.....1 (SKIP TO 218) BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226)	YES.....1 NO.....2 → 226	_____ (NAME)	BOY.....1 GIRL....2	MONTH.... YEAR.....	YES.....1 NO.....2 → 225
03	SINGLE....1 MULTIPLE..2	BORN ALIVE.....1 (SKIP TO 218) BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226)	YES.....1 NO.....2 → 226	_____ (NAME)	BOY.....1 GIRL....2	MONTH.... YEAR.....	YES.....1 NO.....2 → 225
04	SINGLE....1 MULTIPLE..2	BORN ALIVE.....1 (SKIP TO 218) BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226)	YES.....1 NO.....2 → 226	_____ (NAME)	BOY.....1 GIRL....2	MONTH.... YEAR.....	YES.....1 NO.....2 → 225
05	SINGLE....1 MULTIPLE..2	BORN ALIVE.....1 (SKIP TO 218) BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226)	YES.....1 NO.....2 → 226	_____ (NAME)	BOY.....1 GIRL....2	MONTH.... YEAR.....	YES.....1 NO.....2 → 225
06	SINGLE....1 MULTIPLE..2	BORN ALIVE.....1 (SKIP TO 218) BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226)	YES.....1 NO.....2 → 226	_____ (NAME)	BOY.....1 GIRL....2	MONTH.... YEAR.....	YES.....1 NO.....2 → 225
07	SINGLE....1 MULTIPLE..2	BORN ALIVE.....1 (SKIP TO 218) BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226)	YES.....1 NO.....2 → 226	_____ (NAME)	BOY.....1 GIRL....2	MONTH.... YEAR.....	YES.....1 NO.....2 → 225
08	SINGLE....1 MULTIPLE..2	BORN ALIVE.....1 (SKIP TO 218) BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226)	YES.....1 NO.....2 → 226	_____ (NAME)	BOY.....1 GIRL....2	MONTH.... YEAR.....	YES.....1 NO.....2 → 225

IF BORN ALIVE AND STILL LIVING:			BORN ALIVE BUT NOW DEAD:	IF BORN DEAD OR LOST BEFORE FULL TERM:		IF LOST BEFORE FULL TERM:
222 How old was (NAME) as of his/her last birthday? RECORD IN YEARS	223 Is (NAME) living with you?	224 IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT PREGNANCY	225 How old was (NAME) when he/she died? IF "1 YR.", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OTHERWISE, ENTER YEARS.	226 In what month and year did this pregnancy end?	227 How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	228 Did you or a doctor or someone else do anything to end this pregnancy?
AGE IN YEARS ☐☐	YES.......1 (GO TO NEXT PREGNANCY) NO........2	FATHER.............1 MATERNAL RELATIVE..2 PATERNAL RELATIVE..3 SOMEONE ELSE.......4 (GO TO NEXT PREGNANCY)	DAYS.............1 MONTHS...........2 YEARS............3 (GO TO NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐	MONTHS ☐☐	YES.....1 NO......2
AGE IN YEARS ☐☐	YES.......1 (GO TO NEXT PREGNANCY) NO........2	FATHER.............1 MATERNAL RELATIVE..2 PATERNAL RELATIVE..3 SOMEONE ELSE.......4 (GO TO NEXT PREGNANCY)	DAYS.............1 MONTHS...........2 YEARS............3 (GO TO NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐	MONTHS ☐☐	YES.....1 NO......2
AGE IN YEARS ☐☐	YES.......1 (GO TO NEXT PREGNANCY) NO........2	FATHER.............1 MATERNAL RELATIVE..2 PATERNAL RELATIVE..3 SOMEONE ELSE.......4 (GO TO NEXT PREGNANCY)	DAYS.............1 MONTHS...........2 YEARS............3 (GO TO NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐	MONTHS ☐☐	YES.....1 NO......2
AGE IN YEARS ☐☐	YES.......1 (GO TO NEXT PREGNANCY) NO........2	FATHER.............1 MATERNAL RELATIVE..2 PATERNAL RELATIVE..3 SOMEONE ELSE.......4 (GO TO NEXT PREGNANCY)	DAYS.............1 MONTHS...........2 YEARS............3 (GO TO NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐	MONTHS ☐☐	YES.....1 NO......2
AGE IN YEARS ☐☐	YES.......1 (GO TO NEXT PREGNANCY) NO........2	FATHER.............1 MATERNAL RELATIVE..2 PATERNAL RELATIVE..3 SOMEONE ELSE.......4 (GO TO NEXT PREGNANCY)	DAYS.............1 MONTHS...........2 YEARS............3 (GO TO NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐	MONTHS ☐☐	YES.....1 NO......2
AGE IN YEARS ☐☐	YES.......1 (GO TO NEXT PREGNANCY) NO........2	FATHER.............1 MATERNAL RELATIVE..2 PATERNAL RELATIVE..3 SOMEONE ELSE.......4 (GO TO NEXT PREGNANCY)	DAYS.............1 MONTHS...........2 YEARS............3 (GO TO NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐	MONTHS ☐☐	YES.....1 NO......2
AGE IN YEARS ☐☐	YES.......1 (GO TO NEXT PREGNANCY) NO........2	FATHER.............1 MATERNAL RELATIVE..2 PATERNAL RELATIVE..3 SOMEONE ELSE.......4 (GO TO NEXT PREGNANCY)	DAYS.............1 MONTHS...........2 YEARS............3 (GO TO NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐	MONTHS ☐☐	YES.....1 NO......2
AGE IN YEARS ☐☐	YES.......1 (GO TO NEXT PREGNANCY) NO........2	FATHER.............1 MATERNAL RELATIVE..2 PATERNAL RELATIVE..3 SOMEONE ELSE.......4 (GO TO NEXT PREGNANCY)	DAYS.............1 MONTHS...........2 YEARS............3 (GO TO NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐	MONTHS ☐☐	YES.....1 NO......2

214 Think back to the time of your (first/ next) pregnancy.	215 Was that a single or a multiple pregnancy?	216 Was the baby born alive, born dead, or lost before full term?	217 Did that baby cry, move, or breathe when it was born?	218 What name was given to that child?	219 Is (NAME) a boy or a girl?	220 In what month and year was (NAME) born? PROBE: What is his/her birthday?	221 Is (NAME) still alive?
09	SINGLE....1 MULTIPLE..2	BORN ALIVE.....1 (SKIP TO 218) BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226)	YES.....1 NO.....2 → 226	(NAME)	BOY.....1 GIRL....2	MONTH.... YEAR.....	YES.....1 NO.....2 → 225
10	SINGLE....1 MULTIPLE..2	BORN ALIVE.....1 (SKIP TO 218) BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226)	YES.....1 NO.....2 → 226	(NAME)	BOY.....1 GIRL....2	MONTH.... YEAR.....	YES.....1 NO.....2 → 225
11	SINGLE....1 MULTIPLE..2	BORN ALIVE.....1 (SKIP TO 218) BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226)	YES.....1 NO.....2 → 226	(NAME)	BOY.....1 GIRL....2	MONTH.... YEAR.....	YES.....1 NO.....2 → 225
12	SINGLE....1 MULTIPLE..2	BORN ALIVE.....1 (SKIP TO 218) BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226)	YES.....1 NO.....2 → 226	(NAME)	BOY.....1 GIRL....2	MONTH.... YEAR.....	YES.....1 NO.....2 → 225
13	SINGLE....1 MULTIPLE..2	BORN ALIVE.....1 (SKIP TO 218) BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226)	YES.....1 NO.....2 → 226	(NAME)	BOY.....1 GIRL....2	MONTH.... YEAR.....	YES.....1 NO.....2 → 225

IF BORN ALIVE AND STILL LIVING:			BORN ALIVE BUT NOW DEAD:	IF BORN DEAD OR LOST BEFORE FULL TERM:		IF LOST BEFORE FULL TERM:
222 How old was (NAME) as of his/her last birthday? RECORD IN YEARS	223 Is (NAME) living with you?	224 IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT PREGNANCY	225 How old was (NAME) when he/she died? IF "1 YR.", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OTHERWISE, ENTER YEARS.	226 In what month and year did this pregnancy end?	227 How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	228 Did you or a doctor or someone else do anything to end this pregnancy?
AGE IN YEARS ☐☐	YES.......1 (GO TO NEXT PREGNANCY) NO........2	FATHER............1 MATERNAL RELATIVE..2 PATERNAL RELATIVE..3 SOMEONE ELSE.......4 (GO TO NEXT PREGNANCY)	DAYS.............1 MONTHS...........2 YEARS............3 (GO TO NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐	MONTHS ☐☐	YES.....1 NO......2
AGE IN YEARS ☐☐	YES.......1 (GO TO NEXT PREGNANCY) NO........2	FATHER............1 MATERNAL RELATIVE..2 PATERNAL RELATIVE..3 SOMEONE ELSE.......4 (GO TO NEXT PREGNANCY)	DAYS.............1 MONTHS...........2 YEARS............3 (GO TO NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐	MONTHS ☐☐	YES.....1 NO......2
AGE IN YEARS ☐☐	YES.......1 (GO TO NEXT PREGNANCY) NO........2	FATHER............1 MATERNAL RELATIVE..2 PATERNAL RELATIVE..3 SOMEONE ELSE.......4 (GO TO NEXT PREGNANCY)	DAYS.............1 MONTHS...........2 YEARS............3 (GO TO NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐	MONTHS ☐☐	YES.....1 NO......2
AGE IN YEARS ☐☐	YES.......1 (GO TO NEXT PREGNANCY) NO........2	FATHER............1 MATERNAL RELATIVE..2 PATERNAL RELATIVE..3 SOMEONE ELSE.......4 (GO TO NEXT PREGNANCY)	DAYS.............1 MONTHS...........2 YEARS............3 (GO TO NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐	MONTHS ☐☐	YES.....1 NO......2
AGE IN YEARS ☐☐	YES.......1 (GO TO NEXT PREGNANCY) NO........2	FATHER............1 MATERNAL RELATIVE..2 PATERNAL RELATIVE..3 SOMEONE ELSE.......4 (GO TO NEXT PREGNANCY)	DAYS.............1 MONTHS...........2 YEARS............3 (GO TO NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐	MONTHS ☐☐	YES.....1 NO......2

229 COMPARE 210 WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ☐ | NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE)

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED IN 220. ☐

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN 222. ☐

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN 225. ☐

FOR EACH PREGNANCY LOSS: DURATION IS RECORDED IN 227. ☐

FOR AGE AT DEATH 12 MONTHS: PROBE TO DETERMINE EXACT NUMBER OF MONTHS IN 225. ☐

230 CHECK 220 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1988. IF NONE, ENTER 0 AND GO TO 232. ☐

231 FOR EACH BIRTH SINCE JANUARY 1988 ENTER "B" IN MONTH OF BIRTH IN COLUMN 1 OF CALENDAR AND "P" IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME TO THE LEFT OF THE "B" CODE.

232 AT THE BOTTOM OF THE CALENDAR, ENTER THE NAME AND BIRTH DATE OF THE LAST CHILD BORN PRIOR TO JANUARY 1988, IF APPLICABLE.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
233	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	→236
234	How many months pregnant are you?	MONTHS.....	
	ENTER "P" IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT.		
235	At the time you became pregnant, did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not</u> want to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
236	CHECK 209: WITH PREGNANCY LOSS ☐ NO PREGNANCY LOSS ☐		→239
237	CHECK 216 AND 226 FOR DATE OF LAST PREGNANCY LOSS: LAST PREGNANCY ENDED SINCE JANUARY 1988 ☐ LAST PREGNANCY ENDED BEFORE JANUARY 1988 ☐		→239
238	ASK FOR DATES AND DURATIONS OF ALL PREGNANCIES SINCE JANUARY 1988. ENTER "T" IN COLUMN 1 OF CALENDAR IN MONTH PREGNANCY TERMINATED, AND "P" IN EACH PRECEDING MONTH PREGNANT.		
239	When did your last menstrual period start?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	
240	Within a woman's menstrual cycle, that is, between the first day of a woman's period and the first day of her <u>next</u> period, are there days when she has a greater chance of becoming pregnant?	YES.....1 NO.....2 DK.....8	→301
241	During which days of a woman's menstrual cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS...4 OTHER_____5 (SPECIFY) DK.....8	

SECTION 3: CONTRACEPTION

301 Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.
CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.
ASK 303-304 FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	303 Have you ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
01 PILL Women can take a pill every day.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES, SAME BARANGAY.....1 YES, ANOTHER BARANGAY.....2 NO.....3
02 IUD Women can have a loop or coil placed inside the uterus by a doctor or a nurse.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES, SAME BARANGAY.....1 YES, ANOTHER BARANGAY.....2 NO.....3
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES, SAME BARANGAY.....1 YES, ANOTHER BARANGAY.....2 NO.....3
04 DIAPHRAGM, FOAM, JELLY, CREAM Women can place a sponge, suppository, diaphragm, jelly or cream inside before intercourse	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES, SAME BARANGAY.....1 YES, ANOTHER BARANGAY.....2 NO.....3
05 CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES, SAME BARANGAY.....1 YES, ANOTHER BARANGAY.....2 NO.....3
06 LIGATION, FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	YES, SAME BARANGAY.....1 YES, ANOTHER BARANGAY.....2 NO.....3
07 VASECTOMY, MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	Have your partner ever had an operation to avoid having any more children? YES.....1 NO.....2	YES, SAME BARANGAY.....1 YES, ANOTHER BARANGAY.....2 NO.....3
08 NATURAL FAMILY PLANNING, RHYTHM, PERIODIC ABSTINENCE Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use natural family planning? YES, SAME BARANGAY.....1 YES, ANOTHER BARANGAY.....2 NO.....3
09 WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
10 Have you heard of any other ways or methods that women or men can use to avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES/SPONTANEOUS.....1 NO.....3	YES.....1 NO.....2 YES.....1 NO.....2 YES.....1 NO.....2	

305 CHECK 303: NOT A SINGLE "YES" (NEVER USED) ☐ ; AT LEAST ONE "YES" (EVER USED) ☐ → SKIP TO 309

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	→308
307	ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		→361
308	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).		
309	What is the first thing you ever did or method you ever used to delay or avoid getting pregnant?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY/CREAM.....04 CONDOM.....05 LIGATION/FEM. STER.....06 VASECTOMY/MALE STER.....07 NATURAL FAMILY PLANNING.....08 WITHDRAWAL.....09 OTHER _____ (SPECIFY) 10	→311
310	Where did you go to get this method the first time? _____ (NAME OF FACILITY)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 BARANGAY HEALTH STATION.....12 BARANGAY SUPPLY/SERVICE POINT OFFICER.....13 RHU/PUERICULTURE CENTER.....14 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC....21 PHARMACY.....22 PRIVATE DOCTOR.....23 OTHER PRIVATE SECTOR STORE.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER _____ (SPECIFY) 41 DK..... 98	
311	How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN.....	
312	In what month and year did you first start using this method?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	
313	How old were you at that time?	AGE.....	
314	CHECK 233: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐		→353
315	CHECK 303: WOMAN NOT STERILIZED ☐ ↓ WOMAN STERILIZED ☐		→317A
316	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→353

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
317	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY/CREAM.....04 CONDOM.....05	→327
317A	CIRCLE '06' FOR FEMALE STERILIZATION.	LIGATION/FEM. STER.....06 VASECTOMY/MALE. STER.....07 NATURAL FAMILY PLANNING.....08 WITHDRAWAL.....09 OTHER _____ (SPECIFY) 10	→324 →323 →342
318	At the time you first started using the pill, did you consult a doctor or a nurse ?	YES.....1 NO.....2 DK.....8	
319	At the time you last got pills, did you consult a doctor or a nurse?	YES.....1 NO.....2	
320	May I see the package of pills you are using now? RECORD NAME OF BRAND.	PACKAGE SEEN.....1 BRAND NAME _____ □□ PACKAGE NOT SEEN.....2	→322
321	Do you know the brand name of the pills you are now using? RECORD NAME OF BRAND.	BRAND NAME _____ □□ DK.....98	
322	How much does one packet/cycle of pills cost you?	PESO..... □□□ FREE.....996 DK.....998	→327
323	What type of natural family planning are you using: calendar, mucus, Billings, ovulation, temperature, thermometer, or other method? IF RESPONDENT DOES NOT KNOW THE NAME, ASK HER TO DESCRIBE HOW SHE USES THE METHOD, AND CIRCLE APPROPRIATE CODE.	CALENDAR.....1 MUCUS, BILLINGS, OVULATION.....2 TEMPERATURE, THERMOMETER.....3 OTHER METHOD.....4	→342
324	In what month and year was the sterilization operation performed?	MONTH..... □□ DK MONTH.....98 YEAR..... □□ DK YEAR.....98	
325	How much did the sterilization operation cost you?	PESO..... □□□□□ FREE.....99996 DK.....99998	
326	ENTER STERILIZATION METHOD CODE IN MONTH OF INTERVIEW IN COLUMN 1 OF CALENDAR AND IN EACH MONTH BACK TO DATE OF OPERATION OR TO JANUARY 1988 IF OPERATION OCCURRED BEFORE 1988.		
327	CHECK 317: WOMAN/PARTNER STERILIZED □ → Where did the sterilization take place? _____ (NAME OF FACILITY) USING ANOTHER METHOD □ → Where did you obtain (METHOD) the last time?	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 BARANGAY HEALTH STATION.....12 BARANGAY SUPPLY/SERVICE POINT OFFICER.....13 RHU/PUERICULTURE CENTER.....14 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC....21 PHARMACY.....22 PRIVATE DOCTOR.....23 OTHER PRIVATE SECTOR STORE.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER _____ (SPECIFY) 41 DK..... 98	→342

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
328	How long does it take to travel from your home to (SOURCE)? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 [ ][ ] HOURS.....2 [0][ ] DK.....9998	
329	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2	
330	How did you travel to (SOURCE) the last time you went?	WALKED.....1 PERSONAL VEHICLE/CART.....2 →332 HIRED VEHICLE/CART.....3 PUBLIC TRANSPORTATION.....4 OTHER _____ 5 (SPECIFY)	
331	How much did it cost you to travel to and from (SOURCE) on your last visit?	PESO..... [ ][ ][ ] . [ ][ ] FREE.....99996 DK.....99998	
332	On which days of the week does this (SOURCE) provide family planning services/supplies? ENCIRCLE ALL THAT APPLY.	MONDAY.....A TUESDAY.....B WEDNESDAY.....C THURSDAY.....D FRIDAY.....E SATURDAY.....F SUNDAY.....G DK.....H →334	
333	Are the days when family planning services/supplies are available at (SOURCE) convenient for you?	YES.....1 NO.....2 DK.....8	
334	Are the hours of operation at (SOURCE) convenient for you?	YES.....1 NO.....2 DK.....8	
335	CHECK 317: WOMAN/PARTNER STERILIZED →342 USING ANOTHER METHOD		
336	On your last visit, how much time did you spend at (SOURCE) from the time you arrived until the time you left? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 [ ][ ] HOURS.....2 [0][ ] DK.....9998	
337	On your last visit to (SOURCE) were you unable to obtain your prescribed or preferred method because it was no longer in stock?	YES.....1 NO.....2 DK.....8	
338	When you visit (SOURCE) for family planning services/supplies, do you usually combine the trip with other social, family or business activities?	YES.....1 NO.....2 →340	
339	Which of these activities is usually combined with family planning visit? ENCIRCLE ALL THAT APPLY.	VISIT FRIENDS/RELATIVES.....A MARKET ACTIVITIES.....B WORK.....C HEALTH CARE FOR SELF OR OTHER FAMILY MEMBER.....D OTHER _____ E (SPECIFY)	
340	CHECK 317: PILL →342 OTHER METHOD		
341	On your last visit to this place, how much did you pay/donate? CHECK 317/317A: IUD PER DEVICE INJECTIONS PER INJECTION DIAGHRAGM/FOAM/CREAM PER PIECE OR TUBE CONDOM PER PIECE OTHER (SPECIFY) _____	PESO..... [ ][ ][ ] FREE.....996 DK.....998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
342	What is the main reason you decided to use (CURRENT METHOD FROM 317/317A) rather than some other method of family planning?	RECOMMENDATION OF FAMILY PLANNING WORKER.....01 RECOMMENDATION OF FRIEND/RELATIVE.....02 SIDE EFFECTS OF OTHER METHODS..03 CONVENIENCE.....04 ACCESS/AVAILABILITY.....05 COST.....06 WANTED PERMANENT METHOD.....07 HUSBAND PREFERRED.....08 WANTED MORE EFFECTIVE METHOD...09 RELIGION.....10 OTHER_____11 (SPECIFY) DK.....98	
343	Are you having any problems in using (CURRENT METHOD)?	YES.....1 NO.....2	→345
344	What is the main problem?	HUSBAND DISAPPROVES.....01 SIDE EFFECTS.....02 HEALTH CONCERNS.....03 ACCESS/AVAILABILITY.....04 COST.....05 INCONVENIENT TO USE.....06 STERILIZED, WANTS CHILDREN.....07 OTHER_____08 (SPECIFY) DK.....98	
345	CHECK 317 AND 317A: WOMAN/PARTNER STERILIZED → 351 CURRENTLY USING NATURAL FAMILY PLANNING, WITHDRAWAL, OTHER TRADITIONAL METHOD → 351 CURRENTLY USING A MODERN METHOD ↓		
346	Since you began using (CURRENT METHOD)(this time), have you always obtained it from the same place?	YES.....1 NO.....2	→351
347	Why did you stop going to the place where you first obtained (CURRENT METHOD)(this time)?	COST.....1 DISTANCE.....2 POOR SERVICE.....3 INACCESSIBLE/UNAVAILABLE.....4 CHANGE OF RESIDENCE.....5 RUMORED POOR SERVICE/ INAVAILABILITY OF SUPPLIES.....6 OTHER_____7 (SPECIFY)	
348	Where did you go to get this method the first time? _____ (NAME OF FACILITY) IF NAME IS SAME AS IN Q.327, SKIP TO Q.351.	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 BARANGAY HEALTH STATION.....12 BARANGAY SUPPLY/SERVICE POINT OFFICER.....13 RHU/PUERICULTURE CENTER.....14 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC....21 PHARMACY.....22 PRIVATE DOCTOR.....23 OTHER PRIVATE SECTOR STORE.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER_____41 (SPECIFY) DK.....98	→351

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
349	How long does it take to travel from your home to (SOURCE)? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 ☐☐☐ HOURS.....2 0☐☐ DK.....9998	
350	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2	
351	CHECK 317 AND 324: WOMAN AND PARTNER NOT STERILIZED ☐ →	STERILIZED BEFORE JANUARY 1988 ☐ → 370 STERILIZED SINCE JANUARY 1988 ☐ → 353	
352	ENTER METHOD CODE FROM 317 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING THIS METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE. ILLUSTRATIVE QUESTIONS: - When did you start using this method continuously? - How long have you been using this method continuously?		
353	I would like to ask some questions about all of the (other) periods in the last few years during which you or your partner used a method to avoid getting pregnant. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1988. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. IN EACH MONTH, ENTER CODE FOR METHOD OR "0" FOR NONUSE IN COLUMN 1. IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES ENTERED IN COLUMN 2 MUST BE THE SAME AS THE NUMBER OF INTERRUPTIONS OF CONTRACEPTIVE USE IN COLUMN 1 ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT. ILLUSTRATIVE QUESTIONS: COLUMN 1: -When was the last time you used a method? Which method was that? -When did you start using that method? How long after the birth of (NAME)? -How long did you use the method then? COLUMN 2: -Why did you stop using the (METHOD)? -Did you become pregnant while using (METHOD), or did you stop to get pregnant, or stop for some other reason? *IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:* "How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
354	CHECK CALENDAR: METHOD USED IN MONTH OF JAN. 1988 ☐ ↓ NO METHOD USED IN MONTH OF JAN. 1988 ☐		→356
355	I see that you were using (METHOD) in January 1988. When did you start using (METHOD) that time? THIS DATE SHOULD BE PRIOR TO JANUARY 1988.	MONTH..... ☐☐ YEAR..... ☐☐	→360
356	I see that you were not using any method of contraception in January 1988. Did you ever use a method before that?	YES.....1 NO.....2	→360
357	CHECK 220: HAD BIRTH BEFORE JANUARY 1988 ☐ ↓ NO BIRTH BEFORE JANUARY 1988 ☐		→359
358	Did you use a method between the birth of (NAME OF LAST CHILD BORN BEFORE JANUARY 1988) and January 1988?	YES.....1 NO.....2	→360
359	When did you stop using a method the last time prior to January 1988?	MONTH..... ☐☐ YEAR..... ☐☐	
360	CHECK 317: NOT CURRENTLY USING A METHOD ☐ ↓ CURRENTLY USING NATURAL FAMILY PLANNING, WITHDRAWAL, OTHER TRADITIONAL METHOD ☐ ↓ (SKIP TO 366) CURRENTLY USING A MODERN METHOD ☐		→370
361	Do you intend to use a method to delay or avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	→363 →366
362	What is the main reason you do not intend to use a method?	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 OPPOSED TO FAMILY PLANNING.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 FATALISTIC.....09 OLD/DIFFICULT TO GET PREGNANT/ INFREQUENT SEX/HUSBAND AWAY....10 MENOPAUSE/HAD HYSTERECTOMY.....11 INCONVENIENT.....12 NOT MARRIED.....13 OTHER _____ (SPECIFY) 14 DK.....98	→366
363	Do you intend to use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DK.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
364	When you use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY/CREAM.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 NATURAL FAMILY PLANNING.....08 WITHDRAWAL.....09 OTHER _____ 10 (SPECIFY) UNSURE.....98	→366
365	Where can you get (METHOD MENTIONED IN 364)? _____ (NAME OF FACILITY)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 BARANGAY HEALTH STATION.....12 BARANGAY SUPPLY/SERVICE POINT OFFICER.....13 RHU/PUERICULTURE CENTER.....14 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC....21 PHARMACY.....22 PRIVATE DOCTOR.....23 OTHER PRIVATE SECTOR STORE.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER _____ 41 (SPECIFY) DK..... 98	→368 →370
366	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	→370
367	Where is that? _____ (NAME OF FACILITY)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 BARANGAY HEALTH STATION.....12 BARANGAY SUPPLY/SERVICE POINT OFFICER.....13 RHU/PUERICULTURE CENTER.....14 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC....21 PHARMACY.....22 PRIVATE DOCTOR.....23 OTHER PRIVATE SECTOR STORE.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER _____ 41 (SPECIFY) DK..... 98	→370
368	How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 ☐☐ HOURS.....2 0☐ DK.....9998	
369	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2	
370	In the last month, have you heard a message about family planning on:	YES NO RADIO.....1 2 TELEVISION.....1 2	
371	Is it acceptable or not acceptable to you for family planning information to be provided on the radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8	

SECTION 4. MATERNAL AND CHILD HEALTH

SUBSECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 230: ONE OR MORE BIRTHS SINCE JAN. 1988 ☐ / NO BIRTHS SINCE JAN. 1988 ☐ → (SKIP TO 445)			
402	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1988 IN THE TABLE. *ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS,* USE ADDITIONAL FORMS). Now I would like to ask you some more questions about the health of all your children born in the past five years. We will talk about one child at a time.			
	LINE NUMBER FROM Q. 214	☐☐	☐☐	☐☐
	FROM Q. 218 AND Q. 221	LAST BIRTH NAME ______ ALIVE ☐ DEAD ☐	NEXT-TO-LAST BIRTH NAME ______ ALIVE ☐ DEAD ☐	SECOND-FROM-LAST BIRTH NAME ______ ALIVE ☐ DEAD ☐
403	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u> or did you want <u>no (more)</u> children at all?	THEN....1 (SKIP TO 405) LATER....2 NO MORE....3 (SKIP TO 405)	THEN....1 (SKIP TO 405) LATER....2 NO MORE....3 (SKIP TO 405)	THEN....1 (SKIP TO 405) LATER....2 NO MORE....3 (SKIP TO 405)
404	How much longer would you like to have waited?	MONTHS....1 ☐☐ YEARS....2 ☐☐ DK....998	MONTHS....1 ☐☐ YEARS....2 ☐☐ DK....998	MONTHS....1 ☐☐ YEARS....2 ☐☐ DK....998
405	When you were pregnant with (NAME), did you see anyone for prenatal care for this pregnancy? IF YES, Whom did you see? Anyone else? RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR....A NURSE....B MIDWIFE....C OTHER PERSON TRAINED HILOT....D UNTRAINED HILOT....E OTHER ______ F (SPECIFY) NO ONE....G (SKIP TO 409)	HEALTH PROFESSIONAL DOCTOR....A NURSE....B MIDWIFE....C OTHER PERSON TRAINED HILOT....D UNTRAINED HILOT....E OTHER ______ F (SPECIFY) NO ONE....G (SKIP TO 409)	HEALTH PROFESSIONAL DOCTOR....A NURSE....B MIDWIFE....C OTHER PERSON TRAINED HILOT....D UNTRAINED HILOT....E OTHER ______ F (SPECIFY) NO ONE....G (SKIP TO 409)
406	Were you given a prenatal card for this pregnancy?	YES....1 NO....2 DK....8	YES....1 NO....2 DK....8	YES....1 NO....2 DK....8
407	How many months pregnant were you when you first saw someone for a prenatal check on this pregnancy?	MONTHS.... ☐☐ DK....98	MONTHS.... ☐☐ DK....98	MONTHS.... ☐☐ DK....98
408	How many prenatal visits did you have during this pregnancy?	NO. OF VISITS.... ☐☐ DK....98	NO. OF VISITS.... ☐☐ DK....98	NO. OF VISITS.... ☐☐ DK....98
409	*When you were pregnant* with (NAME) were you given any of the following: Iron tablet/capsule? Iodine capsule? Tetanus toxoid, an injection to prevent the baby from getting tetanus, that is, convulsions after birth?	YES NO DK IRON TAB/CAP....1 2 8 IODINE CAP....1 2 8 TETANUS TOXOID...1 2 8 (SKIP TO 411)	YES NO DK IRON TAB/CAP....1 2 8 IODINE CAP....1 2 8 TETANUS TOXOID...1 2 8 (SKIP TO 411)	YES NO DK IRON TAB/CAP....1 2 8 IODINE CAP....1 2 8 TETANUS TOXOID...1 2 8 (SKIP TO 411)
410	During this pregnancy how many times did you get Tetanus Toxoid injection?	TIMES.... ☐ DK....8	TIMES.... ☐ DK....8	TIMES.... ☐ DK....8

		LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
411	Where did you give birth to (NAME)?	HOME OWN HOME...............11 OTHER HOME.............12 PUBLIC SECTOR GVT. HOSPITAL..........21 GVT. HEALTH CENTER.....22 GVT. HEALTH POST.......23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER ________ 41 (SPECIFY)	HOME OWN HOME...............11 OTHER HOME.............12 PUBLIC SECTOR GVT. HOSPITAL..........21 GVT. HEALTH CENTER.....22 GVT. HEALTH POST.......23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER ________ 41 (SPECIFY)	HOME OWN HOME...............11 OTHER HOME.............12 PUBLIC SECTOR GVT. HOSPITAL..........21 GVT. HEALTH CENTER.....22 GVT. HEALTH POST.......23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER ________ 41 (SPECIFY)
412	Who assisted in the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR..................A NURSE...................B MIDWIFE.................C OTHER PERSON TRAINED HILOT...........D UNTRAINED HILOT.........E RELATIVE................F OTHER ________ G (SPECIFY) NO ONE..................H	HEALTH PROFESSIONAL DOCTOR..................A NURSE...................B MIDWIFE.................C OTHER PERSON TRAINED HILOT...........D UNTRAINED HILOT.........E RELATIVE................F OTHER ________ G (SPECIFY) NO ONE..................H	HEALTH PROFESSIONAL DOCTOR..................A NURSE...................B MIDWIFE.................C OTHER PERSON TRAINED HILOT...........D UNTRAINED HILOT.........E RELATIVE................F OTHER ________ G (SPECIFY) NO ONE..................H
413	Was (NAME) born on time or prematurely?	ON TIME.................1 PREMATURELY.............2 DK......................8	ON TIME.................1 PREMATURELY.............2 DK......................8	ON TIME.................1 PREMATURELY.............2 DK......................8
414	Was (NAME) delivered by caesarian section?	YES.....................1 NO......................2	YES.....................1 NO......................2	YES.....................1 NO......................2
415	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE..............1 LARGER THAN AVERAGE......2 AVERAGE.................3 SMALLER THAN AVERAGE.....4 VERY SMALL..............5 DK......................8	VERY LARGE..............1 LARGER THAN AVERAGE......2 AVERAGE.................3 SMALLER THAN AVERAGE.....4 VERY SMALL..............5 DK......................8	VERY LARGE..............1 LARGER THAN AVERAGE......2 AVERAGE.................3 SMALLER THAN AVERAGE.....4 VERY SMALL..............5 DK......................8
416	Was (NAME) weighed at birth? IF YES, how much did (NAME) weigh?	YES, WEIGHT IN POUNDS [ ][ ] AND OUNCES [ ][ ] YES, WEIGHT UNKNOWN...9998 NOT WEIGHED...........9992	YES, WEIGHT IN POUNDS [ ][ ] AND OUNCES [ ][ ] YES, WEIGHT UNKNOWN...9998 NOT WEIGHED...........9992	YES, WEIGHT IN POUNDS [ ][ ] AND OUNCES [ ][ ] YES, WEIGHT UNKNOWN...9998 NOT WEIGHED...........9992
417	Did you see anyone for postnatal check-up after the birth of (LAST CHILD)? IF YES, Whom did you see? Anyone else? RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR..................A NURSE...................B MIDWIFE.................C OTHER PERSON TRAINED HILOT...........D UNTRAINED HILOT.........E OTHER ________ F (SPECIFY) NO ONE..................G (SKIP TO 420)←		
418	How many days/weeks after the birth of (LAST CHILD) did you get postnatal check-up?	DAYS.............1 [ ][ ] WEEKS............2 [ ][ ] DK..................998		

		LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______
419	What services did you receive during your postnatal check-up? RECORD ALL SERVICES RECEIVED.	CHECK-UP OF BABY.........A CHECK-UP OF MOTHER.......B INSTRUCTIONS ON BREASTFEEDING/ FORMULA FEEDING........C FAMILY PLANNING ADVICE/ SERVICE................D OTHER ______ E (SPECIFY)		
420	Has your period returned since the birth of (NAME)?	YES ....1 (SKIP TO 422) NO...................... 2		
421	ENTER "X" IN COL.3 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH (OR TO CURRENT PREGNANCY)	(SKIP TO 423)		
422	For how many months after the birth of (NAME) did you not have a period?	ENTER "X" IN COL.3 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT A PERIOD, STARTING IN THE MONTH AFTER BIRTH. IF LESS THAN ONE MONTH WITHOUT A PERIOD, ENTER "0" IN COL.3 IN MONTH AFTER BIRTH.		
423	CHECK 233: RESPONDENT PREGNANT?	NOT PREGNANT ☐ PREGNANT OR UNSURE ☐ (SKIP TO 426)		
424	Have you resumed sexual relations since the birth of (NAME)?	YES......................1 (SKIP TO 426) NO.......................2		
425	ENTER "X" IN COL.4 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH.	(SKIP TO 427)		
426	For how many months after the birth of (NAME) did you not have sexual relations?	ENTER "X" IN COL.4 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT SEXUAL RELATIONS, STARTING IN THE MONTH AFTER BIRTH. IF LESS THAN ONE MONTH WITHOUT SEXUAL RELATIONS, ENTER "0" IN COL.4 OF CALENDAR IN THE MONTH AFTER BIRTH.		
427	Did you ever breastfeed (NAME)?	YES......................1 (SKIP TO 430) NO.......................2	YES......................1 (SKIP TO 430) NO.......................2	YES......................1 (SKIP TO 430) NO.......................2
428	ENTER "N" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH			
429	Why did you not breastfeed (NAME)?	MOTHER ILL/WEAK.........01 CHILD ILL/WEAK..........02 CHILD DIED.............03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.......05 MOTHER WORKING..........06 CHILD REFUSED...........07 OTHER ______ 08 (SPECIFY) (SKIP TO 439)	MOTHER ILL/WEAK.........01 CHILD ILL/WEAK..........02 CHILD DIED.............03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.......05 MOTHER WORKING..........06 CHILD REFUSED...........07 OTHER ______ 08 (SPECIFY) (SKIP TO 439)	MOTHER ILL/WEAK.........01 CHILD ILL/WEAK..........02 CHILD DIED.............03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.......05 MOTHER WORKING..........06 CHILD REFUSED...........07 OTHER ______ 08 (SPECIFY) (SKIP TO 439)
430	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD NO. OF HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY............000 HOURS..............1 ☐☐ DAYS...............2 ☐☐	IMMEDIATELY............000 HOURS..............1 ☐☐ DAYS...............2 ☐☐ (SKIP TO 437)	IMMEDIATELY............000 HOURS..............1 ☐☐ DAYS...............2 ☐☐ (SKIP TO 437)
431	CHECK 221: CHILD ALIVE?	ALIVE ☐ DEAD ☐ (SKIP TO 437)		

		LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______
432	Are you still breast-feeding (NAME)?	YES....................1 NO.....................2 (SKIP TO 437)		
433	ENTER "X" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH			
434	How many times did you breastfeed (NAME) last night between sunset and sunrise? How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF NIGHTTIME FEEDINGS [ ][ ] NUMBER OF DAYLIGHT FEEDINGS [ ][ ]		
435	At any time yesterday or last night was (NAME) given any of the following?: Plain water? Sugar water? Rice water (am)? Juice? Herbal tea? Baby formula? Fresh milk? Tinned or powdered milk? Other liquids? Any solid or mushy food?	YES NO PLAIN WATER..........1 2 SUGAR WATER..........1 2 RICE WATER (AM)......1 2 JUICE................1 2 HERBAL TEA...........1 2 BABY FORMULA.........1 2 FRESH MILK...........1 2 TINNED/POWDERED MILK.1 2 OTHER LIQUIDS........1 2 SOLID/MUSHY FOOD.....1 2		
436	CHECK 435: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE [ ] (SKIP TO 441) "NO" TO ALL [ ] (SKIP TO 440)		
437	For how many months did you breastfeed (NAME)?	ENTER "X" IN COL.5 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS OF BREASTFEEDING, STARTING IN THE MONTH AFTER BIRTH. IF BREASTFED LESS THAN ONE MONTH, ENTER "O" IN COL.5 IN MONTH AFTER BIRTH.		
438	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.........01 CHILD ILL/WEAK..........02 CHILD DIED..............03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.......05 MOTHER WORKING..........06 CHILD REFUSED...........07 WEANING AGE.............08 BECAME PREGNANT.........09 STARTED USING CONTRACEPTION..........10 OTHER______ (SPECIFY) 11	MOTHER ILL/WEAK.........01 CHILD ILL/WEAK..........02 CHILD DIED..............03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.......05 MOTHER WORKING..........06 CHILD REFUSED...........07 WEANING AGE.............08 BECAME PREGNANT.........09 STARTED USING CONTRACEPTION..........10 OTHER______ (SPECIFY) 11	MOTHER ILL/WEAK.........01 CHILD ILL/WEAK..........02 CHILD DIED..............03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.......05 MOTHER WORKING..........06 CHILD REFUSED...........07 WEANING AGE.............08 BECAME PREGNANT.........09 STARTED USING CONTRACEPTION..........10 OTHER______ (SPECIFY) 11
439	CHECK 221: CHILD ALIVE?	ALIVE [ ] (SKIP TO 441) DEAD [ ]	ALIVE [ ] (SKIP TO 441) DEAD [ ]	ALIVE [ ] (SKIP TO 441) DEAD [ ]
440	Was (NAME) ever given water or anything else to drink or eat (other than breastmilk)?	YES....................1 NO.....................2 (SKIP TO 444)	YES....................1 NO.....................2 (SKIP TO 444)	YES....................1 NO.....................2 (SKIP TO 444)

		LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
441	How many months old was (NAME) when you started giving the following on a regular basis?:			
	Formula or milk other than breastmilk?	AGE IN MONTHS....... [ ][ ] NOT GIVEN..............96	AGE IN MONTHS....... [ ][ ] NOT GIVEN..............96	AGE IN MONTHS....... [ ][ ] NOT GIVEN..............96
	Plain water?	AGE IN MONTHS....... [ ][ ] NOT GIVEN..............96	AGE IN MONTHS....... [ ][ ] NOT GIVEN..............96	AGE IN MONTHS....... [ ][ ] NOT GIVEN..............96
	Other liquids?	AGE IN MONTHS....... [ ][ ] NOT GIVEN..............96	AGE IN MONTHS....... [ ][ ] NOT GIVEN..............96	AGE IN MONTHS....... [ ][ ] NOT GIVEN..............96
	Any solid or mushy food?	AGE IN MONTHS....... [ ][ ] NOT GIVEN..............96	AGE IN MONTHS....... [ ][ ] NOT GIVEN..............96	AGE IN MONTHS....... [ ][ ] NOT GIVEN..............96
	IF LESS THAN 1 MONTH, RECORD '00'.			
442	CHECK 221: CHILD ALIVE?	ALIVE [ ] DEAD [ ] (SKIP TO 444)	ALIVE [ ] DEAD [ ] (SKIP TO 444)	ALIVE [ ] DEAD [ ] (SKIP TO 444)
443	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....................1 NO......................2 DK......................8	YES.....................1 NO......................2 DK......................8	YES.....................1 NO......................2 DK......................8
444	GO BACK TO 403 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 445.			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
445	CHECK 220: ANY BIRTH IN 1985, 1986, OR 1987? YES [ ] NAME OF LAST BIRTH PRIOR TO 1988: ________ (NAME)	NO [ ]	449
446	Did you ever breastfeed (NAME)? IF YES, how many months did you breastfeed (NAME)?	YES, NUMBER OF MONTHS...... [ ][ ] NO...........................92	
447	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS.................... [ ][ ] HAS NOT RETURNED/ DID NOT RETURN................96	
448	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS.................... [ ][ ] NOT RESUMED...................96	
449	CHECK 401: ONE OR MORE BIRTHS SINCE JAN. 1988 [ ] (SKIP TO 451)	NO BIRTHS SINCE JAN. 1988 [ ]	501

451 ENTER THE LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1988 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
	LINE NUMBER FROM Q. 214	☐☐	☐☐	☐☐
	FROM Q. 218 AND Q. 221	NAME _____ ALIVE ☐ DEAD ☐	NAME _____ ALIVE ☐ DEAD ☐	NAME _____ ALIVE ☐ DEAD ☐
452	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it, please?	YES, SEEN.....1 (SKIP TO 454) YES, NOT SEEN.....2 (SKIP TO 456) NO CARD.....3	YES, SEEN.....1 (SKIP TO 454) YES, NOT SEEN.....2 (SKIP TO 456) NO CARD.....3	YES, SEEN.....1 (SKIP TO 454) YES, NOT SEEN.....2 (SKIP TO 456) NO CARD.....3
453	Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 456) NO.....2	YES.....1 (SKIP TO 456) NO.....2	YES.....1 (SKIP TO 456) NO.....2
454	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE RECORDED. BCG DPT 1 DPT 2 DPT 3 POLIO 1 POLIO 2 POLIO 3 MEASLES	DAY MO YR BCG D1 D2 D3 P1 P2 P3 MEA	DAY MO YR BCG D1 D2 D3 P1 P2 P3 MEA	DAY MO YR BCG D1 D2 D3 P1 P2 P3 MEA
455	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 1-3 AND/OR MEASLES VACCINE(S).	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 454 AND GO TO 458) NO.....2 DK.....8 (SKIP TO 458)	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 454 AND GO TO 458) NO.....2 DK.....8 (SKIP TO 458)	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 454 AND GO TO 458) NO.....2 DK.....8 (SKIP TO 458)
456	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 458) DK.....8	YES.....1 NO.....2 (SKIP TO 458) DK.....8	YES.....1 NO.....2 (SKIP TO 458) DK.....8
457	Please tell me if (NAME) received any of the following vaccinations:			
	A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	A DPT vaccination against diptheria, pertussis and tetanus, that is, an injection in the thigh? IF YES: How many times?	YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... ☐	YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... ☐	YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... ☐
	Polio vaccine, that is, drops in the mouth? IF YES: How many times?	YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... ☐	YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... ☐	YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... ☐
	An injection against measles?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8

		LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
458	CHECK 221: CHILD ALIVE?	ALIVE ☐ DEAD ☐ (SKIP TO 460)	ALIVE ☐ DEAD ☐ (SKIP TO 460)	ALIVE ☐ DEAD ☐ (SKIP TO 460)
459	GO BACK TO 452 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 491.			
460	At any time during the last six months, did (NAME) receive any of the following: Vitamin A capsule? Iodine capsule? Iron drops/syrup?	YES NO VITAMIN A CAPSULE....1 2 IODINE CAPSULE.......1 2 IRON DROPS/SYRUP.....1 2	YES NO VITAMIN A CAPSULE....1 2 IODINE CAPSULE.......1 2 IRON DROPS/SYRUP.....1 2	YES NO VITAMIN A CAPSULE....1 2 IODINE CAPSULE.......1 2 IRON DROPS/SYRUP.....1 2
461	Has (NAME) ever had measles?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
462	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
463	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 467) DK.....8	YES.....1 NO.....2 (SKIP TO 467) DK.....8	YES.....1 NO.....2 (SKIP TO 467) DK.....8
464	Has (NAME) been ill with a cough in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
465	For how many days (has the cough lasted/did the cough last)? IF LESS THAN 1 DAY, RECORD '00'	DAYS..... ☐☐	DAYS..... ☐☐	DAYS..... ☐☐
466	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
467	CHECK 462 AND 463: FEVER OR COUGH?	"YES" IN EITHER 462 OR 463 ☐ "NO" OR "DK" IN 462 AND 463 ☐ (SKIP TO 472)	"YES" IN EITHER 462 OR 463 ☐ "NO" OR "DK" IN 462 AND 463 ☐ (SKIP TO 472)	"YES" IN EITHER 462 OR 463 ☐ "NO" OR "DK" IN 462 AND 463 ☐ (SKIP TO 472)
468	Was anything given to treat the fever/cough?	YES.....1 NO.....2 (SKIP TO 470) DK.....8	YES.....1 NO.....2 (SKIP TO 470) DK.....8	YES.....1 NO.....2 (SKIP TO 470) DK.....8
469	What was given to treat the fever/cough? Anything else? RECORD ALL MENTIONED.	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP....F HOME REMEDY/ HERBAL MEDICINE.....G OTHER ________ H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP....F HOME REMEDY/ HERBAL MEDICINE.....G OTHER ________ H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP....F HOME REMEDY/ HERBAL MEDICINE.....G OTHER ________ H (SPECIFY)
470	Did you seek advice or treatment for the fever/cough?	YES.....1 NO.....2 (SKIP TO 472)	YES.....1 NO.....2 (SKIP TO 472)	YES.....1 NO.....2 (SKIP TO 472)

		LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______
471	Where did you seek advice or treatment for the fever/cough? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSP/CLINIC/CHHC...A RURAL HEALTH UNIT(RHU)..B BGY HEALTH STATION(BHS).C MOBILE CLINIC..........D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....F PHARMACY................G PRIVATE DOCTOR..........H MOBILE CLINIC...........I COMMUNITY HEALTH WORKER.J OTHER PRIVATE SECTOR STORE...................K HILOT/HERBOLARIO........L OTHER ______ M (SPECIFY)	PUBLIC SECTOR GVT. HOSP/CLINIC/CHHC...A RURAL HEALTH UNIT(RHU)..B BGY HEALTH STATION(BHS).C MOBILE CLINIC..........D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....F PHARMACY................G PRIVATE DOCTOR..........H MOBILE CLINIC...........I COMMUNITY HEALTH WORKER.J OTHER PRIVATE SECTOR STORE...................K HILOT/HERBOLARIO........L OTHER ______ M (SPECIFY)	PUBLIC SECTOR GVT. HOSP/CLINIC/CHHC...A RURAL HEALTH UNIT(RHU)..B BGY HEALTH STATION(BHS).C MOBILE CLINIC..........D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....F PHARMACY................G PRIVATE DOCTOR..........H MOBILE CLINIC...........I COMMUNITY HEALTH WORKER.J OTHER PRIVATE SECTOR STORE...................K HILOT/HERBOLARIO........L OTHER ______ M (SPECIFY)
472	Has (NAME) had diarrhea in the last two weeks?	YES.....................1 (SKIP TO 474) NO......................2 DK......................8	YES.....................1 (SKIP TO 474) NO......................2 DK......................8	YES.....................1 (SKIP TO 474) NO......................2 DK......................8
473	GO BACK TO 452 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 491			
474	Has (NAME) had diarrhea in the last 24 hours?	YES.....................1 NO......................2 DK......................8	YES.....................1 NO......................2 DK......................8	YES.....................1 NO......................2 DK......................8
475	For how many days has the diarrhea lasted/did the diarrhea last? IF LESS THAN 1 DAY, RECORD '00'.	DAYS............... ☐☐	DAYS............... ☐☐	DAYS............... ☐☐
476	Was there any blood in the stools?	YES.....................1 NO......................2 DK......................8	YES.....................1 NO......................2 DK......................8 (SKIP TO 479)	YES.....................1 NO......................2 DK......................8 (SKIP TO 479)
477	CHECK 427/432: LAST CHILD STILL BREASTFED?	YES ☐ NO ☐ (SKIP TO 479)		
478	During (NAME)'s diarrhea, did you maintain the same number of breastfeeds or did you increase or reduce them or or did you stop completely?	MAINTAINED THE SAME......1 INCREASED...............2 REDUCED.................3 STOPPED COMPLETELY.......4		
479	(Aside from breastmilk), was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME....................1 MORE....................2 LESS....................3 DK......................8	SAME....................1 MORE....................2 LESS....................3 DK......................8	SAME....................1 MORE....................2 LESS....................3 DK......................8
480	Was anything given to treat the diarrhea?	YES.....................1 NO......................2 (SKIP TO 482) DK......................8	YES.....................1 NO......................2 (SKIP TO 482) DK......................8	YES.....................1 NO......................2 (SKIP TO 482) DK......................8
481	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	FLUID FROM ORS PACKET....A RICE WATER/"AM"..........B ANTIBIOTIC (PILL OR SYRUP).........C OTHER PILL OR SYRUP...................D INJECTION...............E (I.V.) INTRAVENOUS.......F HOME REMEDY/ HERBAL MEDICINES........G OTHER ______ H (SPECIFY)	FLUID FROM ORS PACKET....A RICE WATER/"AM"..........B ANTIBIOTIC (PILL OR SYRUP).........C OTHER PILL OR SYRUP...................D INJECTION...............E (I.V.) INTRAVENOUS.......F HOME REMEDY/ HERBAL MEDICINES........G OTHER ______ H (SPECIFY)	FLUID FROM ORS PACKET....A RICE WATER/"AM"..........B ANTIBIOTIC (PILL OR SYRUP).........C OTHER PILL OR SYRUP...................D INJECTION...............E (I.V.) INTRAVENOUS.......F HOME REMEDY/ HERBAL MEDICINES........G OTHER ______ H (SPECIFY)
482	Did you seek advice or treatment for the diarrhea?	YES.....................1 NO......................2 (SKIP TO 484)	YES.....................1 NO......................2 (SKIP TO 484)	YES.....................1 NO......................2 (SKIP TO 484)

		LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______
483	Where did you seek advice or treatment? Where else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSP/CLINIC/CHHC...A RURAL HEALTH UNIT(RHU)..B BGY HEALTH STATION(BHS).C MOBILE CLINIC...........D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....F PHARMACY................G PRIVATE DOCTOR..........H MOBILE CLINIC...........I COMMUNITY HEALTH WORKER.J OTHER PRIVATE SECTOR STORE...................K HILOT/HERBOLARIO........L OTHER ______ M (SPECIFY)	PUBLIC SECTOR GVT. HOSP/CLINIC/CHHC...A RURAL HEALTH UNIT(RHU)..B BGY HEALTH STATION(BHS).C MOBILE CLINIC...........D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....F PHARMACY................G PRIVATE DOCTOR..........H MOBILE CLINIC...........I COMMUNITY HEALTH WORKER.J OTHER PRIVATE SECTOR STORE...................K HILOT/HERBOLARIO........L OTHER ______ M (SPECIFY)	PUBLIC SECTOR GVT. HOSP/CLINIC/CHHC...A RURAL HEALTH UNIT(RHU)..B BGY HEALTH STATION(BHS).C MOBILE CLINIC...........D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....F PHARMACY................G PRIVATE DOCTOR..........H MOBILE CLINIC...........I COMMUNITY HEALTH WORKER.J OTHER PRIVATE SECTOR STORE...................K HILOT/HERBOLARIO........L OTHER ______ M (SPECIFY)
484	CHECK 481: ORS FLUID FROM PACKET MENTIONED?	NO, ORS FLUID NOT MENTIONED [ ] YES, ORS FLUID MENTIONED [ ] (SKIP TO 486)	NO, ORS FLUID NOT MENTIONED [ ] YES, ORS FLUID MENTIONED [ ] (SKIP TO 486)	NO, ORS FLUID NOT MENTIONED [ ] YES, ORS FLUID MENTIONED [ ] (SKIP TO 486)
485	Was (NAME) given ORESOL when he/she had the diarrhea?	YES.....................1 NO......................2 (SKIP TO 487) DK......................8	YES.....................1 NO......................2 (SKIP TO 487) DK......................8	YES.....................1 NO......................2 (SKIP TO 487) DK......................8
486	For how many days was (NAME) given ORESOL? IF LESS THAN 1 DAY, RECORD '00'.	DAYS............... [ ][ ] DK.....................98	DAYS............... [ ][ ] DK.....................98	DAYS............... [ ][ ] DK.....................98
487	CHECK 481: RICE WATER/"AM" MENTIONED?	NO, RICE WATER/"AM" NOT MENTIONED [ ] YES, RICE WATER/"AM" MENTIONED [ ] (SKIP TO 489)	NO, RICE WATER/"AM" NOT MENTIONED [ ] YES, RICE WATER/"AM" MENTIONED [ ] (SKIP TO 489)	NO, RICE WATER/"AM" NOT MENTIONED [ ] YES, RICE WATER/"AM" MENTIONED [ ] (SKIP TO 489)
488	Was (NAME) given rice water/ "am" when he/she had the diarrhea?	YES.....................1 NO......................2 (SKIP TO 490) DK......................8	YES.....................1 NO......................2 (SKIP TO 490) DK......................8	YES.....................1 NO......................2 (SKIP TO 490) DK......................8
489	For how many days was (NAME) given rice water/"am"? IF LESS THAN 1 DAY, RECORD '00'.	DAYS............... [ ][ ] DK.....................98	DAYS............... [ ][ ] DK.....................98	DAYS............... [ ][ ] DK.....................98
490	GO BACK TO 452 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 491			

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
491	CHECK 481 AND 485 (ALL COLUMNS): ORS FLUID FROM PACKET GIVEN TO ANY CHILD → ☐ → 495 ORS FLUID FROM PACKET NOT GIVEN TO ANY CHILD OR 481 AND 485 NOT ASKED → ☐		
492	Have you ever heard of a special product called ORESOL which you can get for the treatment of diarrhea?	YES.....1 NO.....2	494
493	Have you ever seen a packet like this before? SHOW PACKET.	YES.....1 NO.....2	498
494	Have you ever prepared a solution with one of these packets for yourself or someone else to treat diarrhea? SHOW PACKET.	YES.....1 NO.....2	497
495	The last time you prepared the ORESOL solution, did you use the whole packet at once or only part of the packet?	WHOLE PACKET AT ONCE.....1 PART OF PACKET.....2	497
496	How much water did you use to prepare ORESOL the last time you made it?	1/2 LITER.....01 1 LITER.....02 1 1/2 LITERS.....03 2 LITERS.....04 FOLLOWED PACKAGE INSTRUCTIONS..05 OTHER_____ (SPECIFY) 06 DK.....98	
497	Where can you get the ORESOL packet? PROBE: Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL/CLINIC/CHHC.....A RURAL HEALTH UNIT (RHU).....B BGY HEALTH STATION (BHS).....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.....E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.....F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER.....J OTHER PRIVATE SECTOR STORE.....K HILOT/HERBOLARIO.....L OTHER_____ (SPECIFY) M	
498	CHECK 481 AND 488 (ALL COLUMNS): RICE WATER/"AM" GIVEN TO ANY CHILD → ☐ RICE WATER/"AM" NOT GIVEN TO ANY CHILD OR 481 and 488 NOT ASKED → ☐		501
499	Where did you learn to prepare the recommended home fluid made from rice water given to (NAME) when he/she had diarrhea?	PUBLIC SECTOR GVT. HOSPITAL/CLINIC/CHHC.....11 RURAL HEALTH UNIT (RHU).....12 BGY HEALTH STATION (BHS).....13 MOBILE CLINIC.....14 COMMUNITY HEALTH WORKER.....15 MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.....21 PHARMACY.....22 PRIVATE DOCTOR.....23 MOBILE CLINIC.....24 COMMUNITY HEALTH WORKER.....25 OTHER PRIVATE SECTOR STORE.....31 HILOT/HERBOLARIO.....32 OTHER_____ (SPECIFY) 33	

SECTION 5. NUPTIALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Have you ever been married or lived with a man?	YES.....1 NO.....2	→504
502	ENTER "0" IN COLUMN 6 OF CALENDAR IN MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 1988.		
503	IF NEVER BEEN MARRIED OR LIVED WITH A MAN: Have you ever had sexual intercourse?	YES.....1 NO.....2	→518 →523
504	Are you now married or living with a man, or are you now widowed, divorced, or no longer living together?	MARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED.....4 NO LONGER LIVING TOGETHER.....5	→507
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER.....1 STAYING ELSEWHERE.....2	→507
506	Where does your husband live?	IN COUNTRY.....1 OVERSEAS.....2	
507	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2	
508	In what month and year did you start living with your (first) husband/partner?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	
509	How old were you when you started living with him?	AGE..... DK AGE.....98	
510	CHECK 507: MARRIED OR LIVED WITH A MAN ONLY ONCE → SKIP TO 513 MARRIED OR LIVED WITH A MAN MORE THAN ONCE ↓		
511	In what month and year did you start living with your current/last husband/partner?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	
512	How old were you when you started living with him?	AGE..... DK AGE.....98	
513	How old was your current/last husband/partner when you started living with him?	AGE..... DK AGE.....98	
514	CHECK 508 AND 509: YEAR AND AGE GIVEN? YES ↓ NO →		→516

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
515	CHECK CONSISTENCY OF 508 AND 509: YEAR OF BIRTH (103) ☐☐ PLUS + AGE AT MARRIAGE (509) ☐☐ = CALCULATED YEAR OF MARRIAGE ☐☐ IF YEAR OF BIRTH UNKNOWN, CALCULATE YEAR OF BIRTH: CURRENT YEAR 9 3 MINUS - CURRENT AGE (104) ☐☐ = CALCULATED YEAR OF BIRTH ☐☐ IS THE CALCULATED YEAR OF MARRIAGE WITHIN ONE YEAR OF THE REPORTED YEAR OF MARRIAGE (508)? YES ☐ → NO ☐ → PROBE AND CORRECT 508 AND 509.		
516	DETERMINE MONTHS MARRIED OR IN UNION SINCE JANUARY 1988. ENTER "X" IN COLUMN 6 OF CALENDAR FOR EACH MONTH MARRIED OR IN UNION, AND ENTER "0" FOR EACH MONTH NOT MARRIED/NOT IN UNION, SINCE JANUARY 1988. FOR WOMEN NOT CURRENTLY IN UNION OR WITH MORE THAN ONE UNION: PROBE FOR DATE COUPLE STOPPED LIVING TOGETHER OR DATE WIDOWED, AND FOR STARTING DATE OF ANY SUBSEQUENT UNION.		
517	During the last four weeks, how many days were you and your husband/partner apart?	DAYS..... ☐☐	
518	Now we need some details about your sexual activity in order to get a better understanding of family planning and fertility. How many times did you have sexual intercourse in the last four weeks?	TIMES..... ☐☐	
519	How many times in a month do you usually have sexual intercourse?	TIMES..... ☐☐	
520	When was the last time you had sexual intercourse?	DAYS AGO.....1 ☐☐ WEEKS AGO.....2 ☐ MONTHS AGO.....3 ☐ YEARS AGO.....4 ☐ BEFORE LAST BIRTH.....996	
521	How old were you when you first had sexual intercourse?	AGE..... ☐☐ FIRST TIME WHEN MARRIED.....96	
522	How old were you in years and months when you had your first menstrual period?	AGE IN YEARS..... ☐☐ AND MONTHS..... ☐☐	
523	PRESENCE OF OTHERS AT THIS POINT.	YES NO CHILDREN UNDER 10.....1 2 HUSBAND.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	CHECK 317: WOMAN AND PARTNER NOT STERILIZED ☐ → (continue) WOMAN OR PARTNER STERILIZED ☐		→607
602	CHECK 504: CURRENTLY MARRIED OR LIVING TOGETHER ☐ → (continue) NOT MARRIED/ NOT LIVING TOGETHER ☐		→612
603	CHECK 233: NOT PREGNANT OR UNSURE ☐ → Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children? PREGNANT ☐ → Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children?	HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED OR DK.....8	→610
604	CHECK 233: NOT PREGNANT OR UNSURE ☐ → How long would you like to wait from now before the birth of (a/another) child? PREGNANT ☐ → How long would you like to wait after the birth of the child you are expecting before the birth of another child?	MONTHS.....1 ☐☐ YEARS.....2 ☐☐ SOON/NOW.....994 SAYS SHE CAN'T GET PREGNANT...995 OTHER _____ 996 (SPECIFY) DK.....998	→610
605	CHECK 221 AND 233: HAS LIVING CHILD(REN) OR PREGNANT? YES ☐ → (continue) NO ☐		→610
606	CHECK 233: NOT PREGNANT OR UNSURE ☐ → How old would you like your youngest child to be when your next child is born? PREGNANT ☐ → How old would you like the child you are expecting to be when your next child is born?	AGE OF CHILD YEARS..... ☐☐ DK.....98	→610
607	Given your present circumstances, if you had to do it over again, do you think (you/your husband) would make the same decision to have an operation not to have any more children?	YES.....1 NO.....2	
608	Do you regret that (you/your husband) had the operation not to have any (more) children?	YES.....1 NO.....2	→610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
609	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILD..1 PARTNER WANTS ANOTHER CHILD.....2 SIDE EFFECTS.....3 OTHER REASON_____ (SPECIFY) 4	
610	Have you and your husband/partner ever discussed the number of children you would like to have?	YES.....1 NO.....2	
611	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than what you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DK.....8	
612	CHECK 221: HAS LIVING CHILD(REN) → If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILD(REN) → If you could choose exactly the number of children to have in your whole life, how many would that be? RECORD SINGLE NUMBER OR OTHER ANSWER.	NUMBER..... ☐☐ OTHER ANSWER_____ (SPECIFY) 96	
613	What do you think is the best number of months or years between the birth of one child and the birth of the next child?	MONTHS.....1 ☐☐ YEARS.....2 OTHER_____ (SPECIFY) 996	
614	When you get old, do you expect to live with one or more children?	YES.....1 NO.....2	
615	Where do you expect to live?	RESPONDENT'S HOUSE.....1 CHILD(REN)'S HOUSE.....2 OTHER_____ (SPECIFY) 3	
616	Do you expect to receive financial or material support from your children/relatives when you get old?	YES.....1 NO.....2 DEPENDS ON CHILDREN.....3 OTHER_____ (SPECIFY) 4	

7. HUSBAND'S BACKGROUND, RESIDENCE AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	CHECK 501: EVER MARRIED OR LIVED TOGETHER ☐ → ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER. NEVER MARRIED/ NEVER LIVED TOGETHER ☐		→707
702	Did your (last) husband/partner ever attend school?	YES.....1 NO.....2	→705
703	What is/was the highest level of school he attended?	PRESCHOOL.....0 ELEMENTARY.....1 HIGH SCHOOL.....2 COLLEGE OR HIGHER.....3 DK.....8	→705
704	What is/was the highest grade/year he completed?	CODE..... ☐☐ DK.....98	
705	What kind of work does (did) your (last) husband/partner mainly do?	_____ ☐☐ _____ _____	
706	CHECK 705: WORKS (WORKED) IN A FARM ☐ → DOES (DID) NOT WORK IN A FARM ☐		→708
707	(Does/did) your husband/partner work mainly on his own land or family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	
708	Have you lived in this barangay since January 1988?	YES.....1 NO.....2	→710
709	ENTER (IN COLUMN 7 OF CALENDAR) THE APPROPRIATE CODE ("1" CITY, "2" TOWN, "3" BARRIO/RURAL AREA) BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JAN. 1988.		→711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
710	In what month and year did you move to this barangay? ENTER (IN COL.7 OF CALENDAR) "X" IN THE MONTH AND YEAR OF THE MOVE, AND IN THE SUBSEQUENT MONTHS ENTER THE APPROPRIATE CODE ("1" CITY, "2" TOWN, "3" BARRIO/RURAL AREA). CONTINUE PROBING FOR OTHER BARANGAYS OF RESIDENCE AND RECORD MOVES AND TYPES ACCORDINGLY. ILLUSTRATIVE QUESTIONS - Where did you live before.....? - In what month and year did you arrive there? - Is that place in a city, a town, or in a barrio/rural area?		
711	REFER TO PLACE OF RESIDENCE IN JANUARY 1988: When did you move to (PLACE OF RESIDENCE IN JANUARY 1988)? TIME SHOULD BE PRIOR TO JANUARY 1988	LIVED THERE SINCE BIRTH.....96 MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	→713
712	Was the place you moved from a city, a town, or a barrio/rural area?	CITY.....1 TOWN.....2 BARRIO/RURAL AREA.....3	
713	I would like to ask you some questions about working. Aside from your own housework, are you currently working?	YES.....1 NO.....2	→717
714	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES.....1 NO.....2	→717
715	Have you ever worked since January 1988?	YES.....1 NO.....2	→717
716	ENTER "0" IN COLUMN 8 OF CALENDAR IN EACH MONTH FROM JANUARY 1988 TO CURRENT MONTH.		→721
717	What is (was) your (most recent) occupation? That is, what kind of work do (did) you do?	_____ _____ _____	
718	USE CALENDAR TO PROBE FOR ALL PERIODS OF WORK, STARTING WITH CURRENT OR MOST RECENT WORK, BACK TO JANUARY 1988. ENTER CODE FOR NO WORK OR FOR TYPE OF WORK IN COLUMN 8. ILLUSTRATIVE QUESTIONS - When did this job begin (and when did it end)? - What did you do before that? - How long did you work at that time? - Were you self-employed or an employee? - Were you paid for this work? - Did you work at home or away from home?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO
719	CHECK COLUMN 8 OF CALENDAR: WORKED IN JANUARY 1988 ☐ ↓ DID NOT WORK IN JANUARY 1988 ☐		→721
720	I see that you were working in January 1988. When did you start that job? STARTING DATE SHOULD BE PRIOR TO JANUARY 1988	MONTH..... ☐☐ DK MONTH.....98 YEAR..... ☐☐ DK YEAR.....98	→723
721	I see that you were not working in January 1988. Did you ever work prior to January 1988?	YES.....1 NO.....2	→723
722	When did your last job prior to January 1988 end? END DATE SHOULD BE PRIOR TO JANUARY 1988	MONTH..... ☐☐ DK MONTH.....98 YEAR..... ☐☐ DK YEAR.....98	
723	CHECK 220/223: WITH A CHILD BORN SINCE JAN. 1988 AND LIVING WITH RESPONDENT YES ☐ ↓	NO ☐	→727
724	CHECK 713 AND 714: CURRENTLY WORKING? YES ☐ ↓	NO ☐	→727
725	While you are working, do you <u>usually</u> have (NAME OF YOUNGEST CHILD AT HOME) with you, <u>sometimes</u> have him/her with you, or <u>never</u> have him/her with you?	USUALLY.....1 SOMETIMES.....2 NEVER.....3	→727
726	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	HUSBAND/PARTNER.....01 OLDER CHILD(REN).....02 ELDERLY RELATIVES.....03 OTHER RELATIVES.....04 NEIGHBORS/FRIENDS.....05 SERVANTS/HIRED HELP.....06 CHILD IS IN SCHOOL.....07 INSTITUTIONAL CHILDCARE.....08 OTHER_____ (SPECIFY) 09	
727	Does any other family member need to be cared for? IF YES: Who are they? RECORD ALL MENTIONED.	OTHER YOUNG CHILDREN.....A ELDERLY PARENTS OF RESPONDENT...B ELDERLY PARENTS OF HUSBAND.....C OTHER ELDERLY RELATIVES.....D OTHER_____ (SPECIFY) .E NO ONE.....F	

SECTION 8. MATERNAL MORTALITY

801 Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your own mother, including those who are living with you, those living elsewhere, and those who have died.

How many children did your mother give birth to, including yourself?

NUMBER OF BIRTHS TO OWN MOTHER..... ☐☐

802 CHECK 801:

TWO OR MORE BIRTHS ☐ → ONLY ONE BIRTH (RESPONDENT ONLY) ☐ → SKIP TO 818

803 How many of these births did your mother have before you were born?

NUMBER OF PRECEDING BIRTHS..... ☐☐

		[1]	[2]	[3]	[4]	[5]
804	Please give me the names of all your brothers and sisters born to your own mother, starting with the eldest.					
805	Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
806	Is (NAME) still alive?	YES.....1 NO.....2 SKIP TO 808 DK.....8 GO TO [2]	YES.....1 NO.....2 SKIP TO 808 DK.....8 GO TO [3]	YES.....1 NO.....2 SKIP TO 808 DK.....8 GO TO [4]	YES.....1 NO.....2 SKIP TO 808 DK.....8 GO TO [5]	YES.....1 NO.....2 SKIP TO 808 DK.....8 GO TO [6]
807	How old is (NAME) as of his/her last birthday?	☐☐ GO TO [2]	☐☐ GO TO [3]	☐☐ GO TO [4]	☐☐ GO TO [5]	☐☐ GO TO [6]
808	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐
809	How old was (NAME) when she/he died?	☐☐ IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [2]	☐☐ IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [3]	☐☐ IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [4]	☐☐ IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [5]	☐☐ IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [6]
810	Has (NAME) ever been pregnant?	YES.....1 NO.....2 GO TO [2]	YES.....1 NO.....2 GO TO [3]	YES.....1 NO.....2 GO TO [4]	YES.....1 NO.....2 GO TO [5]	YES.....1 NO.....2 GO TO [6]
811	Was (NAME) pregnant when she died?	YES.....1 SKIP TO 814 NO.....2	YES.....1 SKIP TO 814 NO.....2	YES.....1 SKIP TO 814 NO.....2	YES.....1 SKIP TO 814 NO.....2	YES.....1 SKIP TO 814 NO.....2
812	Did (NAME) die during childbirth?	YES.....1 SKIP TO 815 NO.....2	YES.....1 SKIP TO 815 NO.....2	YES.....1 SKIP TO 815 NO.....2	YES.....1 SKIP TO 815 NO.....2	YES.....1 SKIP TO 815 NO.....2
813	How long after giving birth to her last child did (NAME) die? (Days if <90, months if <12, else years).	DY..1 ☐☐ MO..2 ☐☐ YR..3 ☐☐	DY..1 ☐☐ MO..2 ☐☐ YR..3 ☐☐	DY..1 ☐☐ MO..2 ☐☐ YR..3 ☐☐	DY..1 ☐☐ MO..2 ☐☐ YR..3 ☐☐	DY..1 ☐☐ MO..2 ☐☐ YR..3 ☐☐
814	Was the death related to pregnancy or complications of pregnancy or delivery?	YES.....1 SKIP TO 816 NO.....2 DK.....8	YES.....1 SKIP TO 816 NO.....2 DK.....8	YES.....1 SKIP TO 816 NO.....2 DK.....8	YES.....1 SKIP TO 816 NO.....2 DK.....8	YES.....1 SKIP TO 816 NO.....2 DK.....8
815	CHECK 808 AND 809: DEATH IN THE PAST 20 YEARS AND AGE AT DEATH BETWEEN 15 AND 50	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
816	How many children has (NAME) given birth to before that pregnancy?	☐☐	☐☐	☐☐	☐☐	☐☐

817 GO BACK TO 804 FOR NEXT BROTHER/SISTER; OR IF NO MORE BROTHER/SISTER → SKIP TO 818

		[6]	[7]	[8]	[9]	[10]
804	Please give me the names of all your brothers and sisters born to your own mother, starting with the eldest.					
805	Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
806	Is (NAME) still alive?	YES.....1 NO.....2 SKIP TO 808 DK.....8 GO TO [7]	YES.....1 NO.....2 SKIP TO 808 DK.....8 GO TO [8]	YES.....1 NO.....2 SKIP TO 808 DK.....8 GO TO [9]	YES.....1 NO.....2 SKIP TO 808 DK.....8 GO TO [10]	YES.....1 NO.....2 SKIP TO 808 DK.....8 GO TO [11]
807	How old is (NAME) as of his/her last birthday?	GO TO [7]	GO TO [8]	GO TO [9]	GO TO [10]	GO TO [11]
808	How many years ago did (NAME) die?					
809	How old was (NAME) when she/he died?	IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [7]	IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [8]	IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [9]	IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [10]	IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [11]
810	Has (NAME) ever been pregnant?	YES.....1 NO.....2 GO TO [7]	YES.....1 NO.....2 GO TO [8]	YES.....1 NO.....2 GO TO [9]	YES.....1 NO.....2 GO TO [10]	YES.....1 NO.....2 GO TO [11]
811	Was (NAME) pregnant when she died?	YES.....1 SKIP TO 814 NO.....2	YES.....1 SKIP TO 814 NO.....2	YES.....1 SKIP TO 814 NO.....2	YES.....1 SKIP TO 814 NO.....2	YES.....1 SKIP TO 814 NO.....2
812	Did (NAME) die during childbirth?	YES.....1 SKIP TO 815 NO.....2	YES.....1 SKIP TO 815 NO.....2	YES.....1 SKIP TO 815 NO.....2	YES.....1 SKIP TO 815 NO.....2	YES.....1 SKIP TO 815 NO.....2
813	How long after giving birth to her last child did (NAME) die? (Days if <90, months if <12, else years).	DY..1 MO..2 YR..3	DY..1 MO..2 YR..3	DY..1 MO..2 YR..3	DY..1 MO..2 YR..3	DY..1 MO..2 YR..3
814	Was the death related to pregnancy or complications of pregnancy or delivery?	YES.....1 SKIP TO 816 NO.....2 DK.....8	YES.....1 SKIP TO 816 NO.....2 DK.....8	YES.....1 SKIP TO 816 NO.....2 DK.....8	YES.....1 SKIP TO 816 NO.....2 DK.....8	YES.....1 SKIP TO 816 NO.....2 DK.....8
815	CHECK 808 AND 809: DEATH IN THE PAST 20 YEARS AND AGE AT DEATH BETWEEN 15 AND 50	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
816	How many children has (NAME) given birth to before that pregnancy?					
817	GO BACK TO 804 FOR NEXT BROTHER/SISTER; OR IF NO MORE BROTHER/SISTER → SKIP TO 818					

		[11]	[12]	[13]	[14]	[15]
804	Please give me the names of all your brothers and sisters born to your own mother, starting with the eldest.					
805	Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
806	Is (NAME) still alive?	YES.....1 NO.....2 SKIP TO 808 DK.....8 GO TO [12]	YES.....1 NO.....2 SKIP TO 808 DK.....8 GO TO [13]	YES.....1 NO.....2 SKIP TO 808 DK.....8 GO TO [14]	YES.....1 NO.....2 SKIP TO 808 DK.....8 GO TO [15]	YES.....1 NO.....2 SKIP TO 808 DK.....8 SKIP TO 818
807	How old is (NAME) as of his/her last birthday?	GO TO [12]	GO TO [13]	GO TO [14]	GO TO [15]	SKIP TO 818
808	How many years ago did (NAME) die?					
809	How old was (NAME) when she/he died?	IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [12]	IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [13]	IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [14]	IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [15]	IF MALE OR DIED BEFORE 10 YEARS OF AGE SKIP TO 818
810	Has (NAME) ever been pregnant?	YES.....1 NO.....2 GO TO [12]	YES.....1 NO.....2 GO TO [13]	YES.....1 NO.....2 GO TO [14]	YES.....1 NO.....2 GO TO [15]	YES.....1 NO.....2 SKIP TO 818
811	Was (NAME) pregnant when she died?	YES.....1 SKIP TO 814 NO.....2	YES.....1 SKIP TO 814 NO.....2	YES.....1 SKIP TO 814 NO.....2	YES.....1 SKIP TO 814 NO.....2	YES.....1 SKIP TO 814 NO.....2
812	Did (NAME) die during childbirth?	YES.....1 SKIP TO 815 NO.....2	YES.....1 SKIP TO 815 NO.....2	YES.....1 SKIP TO 815 NO.....2	YES.....1 SKIP TO 815 NO.....2	YES.....1 SKIP TO 815 NO.....2
813	How long after giving birth to her last child did (NAME) die? (Days if <90, months if <12, else years).	DY..1 MO..2 YR..3	DY..1 MO..2 YR..3	DY..1 MO..2 YR..3	DY..1 MO..2 YR..3	DY..1 MO..2 YR..3
814	Was the death related to pregnancy or complications of pregnancy or delivery?	YES.....1 SKIP TO 816 NO.....2 DK.....8	YES.....1 SKIP TO 816 NO.....2 DK.....8	YES.....1 SKIP TO 816 NO.....2 DK.....8	YES.....1 SKIP TO 816 NO.....2 DK.....8	YES.....1 SKIP TO 816 NO.....2 DK.....8
815	CHECK 808 AND 809: DEATH IN THE PAST 20 YEARS AND AGE AT DEATH BETWEEN 15 AND 50	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
816	How many children has (NAME) given birth to before that pregnancy?					

817	GO BACK TO 804 FOR NEXT BROTHER/SISTER; OR IF NO MORE BROTHER/SISTER → SKIP TO 818	
818	RECORD THE TIME.	HOUR..... MINUTES.....

INSTRUCTIONS: ONLY ONE CODE SHOULD APPEAR IN ANY BOX. FOR COLUMNS 1, 6, 7, AND 8 ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: Births, Pregnancies, Contraceptive Use
- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 PILL
- 2 IUD
- 3 INJECTIONS
- 4 DIAPHRAGM/FOAM/JELLY
- 5 CONDOM
- 6 FEMALE STERILIZATION
- 7 MALE STERILIZATION
- 8 PERIODIC ABSTINENCE
- 9 WITHDRAWAL
- W OTHER_____ (SPECIFY)

COL.2: Discontinuation of Contraceptive Use
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 SIDE EFFECTS
- 5 HEALTH CONCERNS
- 6 INACCESSIBLE/UNAVAILABLE
- 7 WANTED MORE EFFECTIVE METHOD
- 8 INCONVENIENT TO USE
- 9 INFREQUENT SEX/HUSBAND AWAY/OLD/ DIFFICULT TO GET PREGNANT
- C COST TOO MUCH
- F FATALISTIC
- A MENOPAUSE/HAD HYSTERECTOMY
- D MARITAL DISSOLUTION/SEPARATION
- W OTHER_____ (SPECIFY)
- K DON'T KNOW

COL.3: Postpartum Amenorrhea
- X PERIOD DID NOT RETURN
- 0 LESS THAN ONE MONTH

COL.4: Postpartum Abstinence
- X NO SEXUAL RELATIONS
- 0 LESS THAN ONE MONTH

COL.5: Breastfeeding
- X BREASTFEEDING
- 0 LESS THAN ONE MONTH
- N NEVER BREASTFED

COL.6: Marriage/Union
- X IN UNION (MARRIED OR LIVING TOGETHER)
- 0 NOT IN UNION

COL.7: Moves and Types of Communities
- X CHANGE OF COMMUNITY
- 1 CITY
- 2 TOWN
- 3 BARRIO/RURAL AREA

COL.8: Type of Employment
- 0 DID NOT WORK
- 1 PAID EMPLOYEE, AWAY FROM HOME
- 2 *PAID EMPLOYEE, AT HOME*
- 3 SELF-EMPLOYED, AWAY FROM HOME
- 4 SELF-EMPLOYED, AT HOME
- 5 UNPAID WORKER, AWAY FROM HOME
- 6 UNPAID WORKER, AT HOME

				1	2	3	4	5	6	7	8		
	12	DEC	01									01	DEC
	11	NOV	02									02	NOV
	10	OCT	03									03	OCT
	09	SEP	04									04	SEP
1	08	AUG	05									05	AUG 1
9	07	JUL	06									06	JUL 9
9	06	JUN	07									07	JUN 9
3	05	MAY	08									08	MAY 3
	04	APR	09									09	APR
	03	MAR	10									10	MAR
	02	FEB	11									11	FEB
	01	JAN	12									12	JAN
	12	DEC	13									13	DEC
	11	NOV	14									14	NOV
	10	OCT	15									15	OCT
	09	SEP	16									16	SEP
1	08	AUG	17									17	AUG 1
9	07	JUL	18									18	JUL 9
9	06	JUN	19									19	JUN 9
2	05	MAY	20									20	MAY 2
	04	APR	21									21	APR
	03	MAR	22									22	MAR
	02	FEB	23									23	FEB
	01	JAN	24									24	JAN
	12	DEC	25									25	DEC
	11	NOV	26									26	NOV
	10	OCT	27									27	OCT
	09	SEP	28									28	SEP
1	08	AUG	29									29	AUG 1
9	07	JUL	30									30	JUL 9
9	06	JUN	31									31	JUN 9
1	05	MAY	32									32	MAY 1
	04	APR	33									33	APR
	03	MAR	34									34	MAR
	02	FEB	35									35	FEB
	01	JAN	36									36	JAN
	12	DEC	37									37	DEC
	11	NOV	38									38	NOV
	10	OCT	39									39	OCT
	09	SEP	40									40	SEP
1	08	AUG	41									41	AUG 1
9	07	JUL	42									42	JUL 9
9	06	JUN	43									43	JUN 9
0	05	MAY	44									44	MAY 0
	04	APR	45									45	APR
	03	MAR	46									46	MAR
	02	FEB	47									47	FEB
	01	JAN	48									48	JAN
	12	DEC	49									49	DEC
	11	NOV	50									50	NOV
	10	OCT	51									51	OCT
	09	SEP	52									52	SEP
1	08	AUG	53									53	AUG 1
9	07	JUL	54									54	JUL 9
8	06	JUN	55									55	JUN 8
9	05	MAY	56									56	MAY 9
	04	APR	57									57	APR
	03	MAR	58									58	MAR
	02	FEB	59									59	FEB
	01	JAN	60									60	JAN
	12	DEC	61									61	DEC
	11	NOV	62									62	NOV
	10	OCT	63									63	OCT
	09	SEP	64									64	SEP
1	08	AUG	65									65	AUG 1
9	07	JUL	66									66	JUL 9
8	06	JUN	67									67	JUN 8
8	05	MAY	68									68	MAY 8
	04	APR	69									69	APR
	03	MAR	70									70	MAR
	02	FEB	71									71	FEB
	01	JAN	72									72	JAN

LAST CHILD BORN PRIOR TO JAN. 1988

NAME: _____

MONTH... | | |

YEAR... | | |

39

OBSERVATION SHEET

Interviewer's Observations

Name of Interviewer : _____ Date: _____

Supervisor's Observations

Name of Supervisor : _____ Date: _____

Editor's Observations

Name of Editor : _____ Date: _____

NDS FORM 3
NSCB CLEARANCE No. A0447-R013 HN
(Expires January 31, 1994)

Republic of the Philippines
NATIONAL STATISTICS OFFICE

1993 NATIONAL DEMOGRAPHIC SURVEY

HEALTH SERVICE AVAILABILITY QUESTIONNAIRE

IDENTIFICATION

PROVINCE _____ ☐☐

CITY/MUNICIPALITY _____

BARANGAY _____

CLUSTER NUMBER ..... ☐☐☐

URBAN/RURAL (Urban = 1, Rural = 2) ..... ☐

INTERVIEWER'S NAME _____ ☐☐☐

DATE OF VISIT: ..... DAY ☐☐

MONTH ☐☐

	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
NAME				☐☐
DATE				

SECTION 1A. COMMUNITY CHARACTERISTICS

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
	QUESTIONS 101 TO 104 ARE TO BE ANSWERED BY THE SUPERVISOR UPON ARRIVAL AT THE CLUSTER.		
101	Is the barangay part of a city, town, barrio/rural area?	CITY.....1 TOWN.....2 BARRIO/RURAL AREA.....3	
102	Is the barangay part of an urban center/poblacion?	YES.....1 NO.....2	→ 109
103	NUMBER OF INHABITANTS IN BARANGAY	☐☐☐☐☐ If > 20,000	→ 109
104	DENSITY OF BARANGAY	COMPACT.....1 SCATTERED.....2	
	THE REMAINING QUESTIONS IN SECTIONS ONE AND TWO ARE TO BE ANSWERED BY ANY BARANGAY OFFICIAL.		
105	What is the name of the nearest urban center/poblacion?	_____ ☐☐	
106	How far is it in kilometers to the nearest urban center/ poblacion?	KILOMETER TO THE NEAREST URBAN CENTER..... ☐☐	
107	What are the commonly used types of transportation to go to the nearest urban center? (CIRCLE ALL APPLICABLE)	WALKING.....A PERSONAL VEHICLE/CART.....B HIRED VEHICLE/CART.....C PUBLIC TRANSPORTATION.....D OTHER_____E (SPECIFY)	
108	What is the main access route to this barangay?	ALL WEATHER ROAD.....1 SEASONAL ROAD.....2 OTHER (RIVER/RAILWAY).....3 TRAIL/PATH/ALLEY.....4	
109	What is the main source of drinking water in the barangay?	COMMUNITY WATER SYSTEM.....1 TUBED/PIPED WELL.....2 OPEN DUG WELL.....3 DEVELOPED SPRING.....4 RAINWATER.....5 OTHER_____6 (SPECIFY)	
110	Is there electricity in this barangay?	YES.....1 NO.....2	
111	Is there a sewer system in this barangay?	YES.....1 NO.....2	
112	What type of toilet facilities are used by most households in this barangay?	FLUSH/WATER-SEALED.....1 SANITARY PIT/ANTIPOLO.....2 OPEN PRIVY.....3 DROP TYPE/OVERHANG TYPE.....4 NO FACILITY/BUSH/FIELD.....5 OTHER_____...6 (SPECIFY)	
113	What is the major economic activity of the barangay inhabitants? (CIRCLE ONE)	FARMING.....1 FISHING.....2 TRADE/MARKETING.....3 MANUFACTURING.....4 MINING/QUARRYING.....5 SERVICES.....6 OTHER_____7 (SPECIFY)	

SECTION 18. AVAILABILITY OF SERVICE FACILITIES/CENTERS NEAREST TO OR WITHIN THE BARANGAY.

INTERVIEWER: Now I would like to ask you about the nearest available schools and service facilities/centers. How do you usually go there and how long does it take to get there from here?

SERVICE FACILITY/CENTER	114 DISTANCE TO SERVICE FACILITY/ CENTER (IN KM.)	115 MOST COMMON TYPE OF TRANSPORT	116 TRAVEL TIME TO GET THERE
A. EDUCATION			
1. Elementary	☐☐ IF '00' →	☐	HR. 1 ☐☐☐ MIN. 2
2. High School	☐☐ IF '00' →	☐	HR. 1 ☐☐☐ MIN. 2
3. College/University	☐☐ IF '00' →	☐	HR. 1 ☐☐☐ MIN. 2
B. GENERAL SERVICES			
1. Barangay hall	☐☐ IF '00' →	☐	HR. 1 ☐☐☐ MIN. 2
2. Postal service	☐☐ IF '00' →	☐	HR. 1 ☐☐☐ MIN. 2
3. Church/chapel/mosque with a service at least once a month	☐☐ IF '00' →	☐	HR. 1 ☐☐☐ MIN. 2
4. Market place where trading activities are carried on at least once a week	☐☐ IF '00' →	☐	HR. 1 ☐☐☐ MIN. 2
5. Public library	☐☐ IF '00' →	☐	HR. 1 ☐☐☐ MIN. 2
6. Cinema	☐☐ IF '00' →	☐	HR. 1 ☐☐☐ MIN. 2
7. Public transportation	☐☐ IF '00' → 201	☐	HR. 1 ☐☐☐ MIN. 2

CODES:
Q. 114: 97 km or more.....97; Less than 1 km/located w/in barangay.....00; No known facility.....98
Q. 115: Walking.....1; Private Vehicle/ Cart.....2; Hired Vehicle/ Cart.....3; Public Transport.4; Other.....5
Q. 116: RECORD IN MINUTES IF LESS THAN 2 HOURS AND IN HOURS IF 2 HOURS OR MORE.

SECTION 2. HEALTH AND FAMILY PLANNING SERVICES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	What is the nearest health facility that provides health or family planning services to (NAME OF BARANGAY)?	GOVT HOSPITAL.....1 RHU/PUERICULTURE CENTER.....2 BGY HEALTH STATION.....3 PRIVATE HOSPITAL.....4 PRIVATE CLINIC.....5 OTHER _____ 6 (SPECIFY)	
202	How far is the facility from here in kilometers? RECORD '00' IF LESS THAN 1 KM OR WITHIN THE BGY, IF 97 KM OR MORE RECORD '97', IF UNKNOWN RECORD '98'	KILOMETERS..... ☐☐	
203	How do most persons in this barangay get from here to (HEALTH FACILITY) ?	WALKING.....1 PERSONAL VEHICLE/CART.....2 HIRED VEHICLE/CART.....3 PUBLIC TRANSPORTATION.....4 OTHER _____ 5 (SPECIFY)	1,2,3 → 206 5 → 206
204	CHECK 102: IF NOT PART OF AN URBAN CENTER/POBLACION, How often per week is public transport available to residents to go to the facility?	NO. OF TIMES PER WEEK..... ☐☐	
205	How long does it take to get from here to (HEALTH FACILITY) using (MEANS MENTIONED IN 203)? RECORD IN MINUTES IF LESS THAN 2 HOURS AND IN HOURS IF 2 HOURS OR MORE.	HOURS.....1 0☐☐ MINUTES.....2 ☐☐☐	
206	Does (HEALTH FACILITY) provide: prenatal care? delivery care? child immunization? family planning services? postnatal care?	YES NO DK PRENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 CHILD IMMUNIZATION.....1 2 8 FAMILY PLANNING.....1 2 8 POSTNATAL CARE.....1 2 8	
207	CHECK Q. 206: IF "YES" IN FAMILY PLANNING SERVICES, Are the following methods available from (HEALTH FACILITY)? Pill? IUD? Injections? Condom? Female sterilization? Male sterilization?	YES NO DK PILL.....1 2 8 IUD.....1 2 8 INJECTIONS.....1 2 8 CONDOM.....1 2 8 FEMALE STERILIZATION...1 2 8 MALE STERILIZATION.....1 2 8	
208	CHECK 201: IS THE NEAREST FACILITY A HOSPITAL?	NO ☐ → ∨ YES ☐ → 216	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
209	What is the nearest hospital that provides health or family planning services to (NAME OF BARANGAY)	GOV'T HOSPITAL.....1 PRIVATE HOSPITAL.....2 OTHER _____ (SPECIFY) 3	
210	How far is the hospital from here (in kilometers)? RECORD '00' IF LESS THAN 1 KM, IF 97 KM OR MORE RECORD '97', IF UNKNOWN RECORD '98'	KILOMETERS..... ☐☐	
211	How do most persons in this community get from here to (HOSPITAL) ?	WALKING.....1 PERSONAL VEHICLE/CART.....2 HIRED VEHICLE/CART.....3 PUBLIC TRANSPORTATION.....4 OTHER _____ (SPECIFY) 5	214 214
212	CHECK 102: IF NOT PART OF AN URBAN CENTER/POBLACION, How often per week is public transport available to residents to go to the hospital? RECORD '00' IF LESS THAN ONCE PER WEEK. IF UNKNOWN RECORD '98'.	NO. OF TIMES PER WEEK..... ☐☐	
213	How long does it take to get from here to the hospital using (MEANS MENTIONED IN 211) ? RECORD IN MINUTES IF LESS THAN 2 HOURS AND IN HOURS IF 2 HOURS OR MORE.	HOURS.....1 0☐☐ MINUTES.....2 ☐☐☐	
214	Does the hospital provide: prenatal care? delivery care? child immunization? family planning services? postnatal care?	YES NO DK PRENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 CHILD IMMUNIZATION.....1 2 8 FAMILY PLANNING.....1 2 8 POSTNATAL CARE.....1 2 8	
215	CHECK Q. 214: IF "YES" IN FAMILY PLANNING SERVICES, Are the following methods available from the hospital? Pill? IUD? Injections? Condom? Female sterilization? Male sterilization?	YES NO DK PILL.....1 2 8 IUD.....1 2 8 INJECTIONS.....1 2 8 CONDOM.....1 2 8 FEMALE STERILIZATION...1 2 8 MALE STERILIZATION.....1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
216	Is (NAME OF BARANGAY) served by mobile outreach, that is, by a health unit that arrives regularly nearby to provide health services to persons in this community? IF YES: What is the name of the outreach point? _____ (NAME) IF NO: RECORD '000'.	☐☐☐ NO MOBILE OUTREACH.....000	→END
217	Under what authority is this service operated? CIRCLE ALL THAT APPLIES.	NATIONAL GOV'T.....A LOCAL GOV'T.....B CHURCH/RELIGIOUS GROUPS.....C CIVIC GROUPS/NGOS.....D PRIVATE FIRMS.....E OTHER _____ (SPECIFY) F	
218	How far is the outreach point from here (in kilometers)? RECORD '00' IF LESS THAN 1 KM, IF 97 KM OR MORE RECORD '97', IF UNKNOWN RECORD '98'	KILOMETERS..... ☐☐	
219	How many times per quarter does the mobile outreach come to provide services ? RECORD '00' IF LESS THAN 1 TIME PER QUARTER. IF UNKNOWN, RECORD '98'	TIMES PER QUARTER..... ☐☐	
220	How do most persons in this community get from here to the outreach point?	WALKING.....1 PERSONAL VEHICLE/CART.....2 HIRED VEHICLE/CART.....3 PUBLIC TRANSPORTATION.....4 OTHER _____ (SPECIFY) 5	1,2,3 →223 5 →223
221	CHECK 102: IF NOT PART OF AN URBAN CENTER/POBLACION, How often per week is public transport available to residents to go to the outreach point? RECORD '00' IF LESS THAN ONCE PER WEEK. IF UNKNOWN RECORD '98'.	NO. OF TIMES PER WEEK..... ☐☐	
222	How long does it take to get from here to (NAME OF OUTREACH POINT) using (MEANS MENTIONED IN 220)? RECORD IN MINUTES IF LESS THAN 2 HOURS AND IN HOURS IF 2 HOURS OR MORE.	HOURS.....1 0☐☐ MINUTES.....2 ☐☐☐	

223	Does the outreach post provide: prenatal care? child immunization? family planning services?		YES	NO	DK
		PRENATAL CARE.....	1	2	8
		CHILD IMMUNIZATION.....	1	2	8
		FAMILY PLANNING.....	1	2	8

224	CHECK Q. 223: IF "YES" IN FAMILY PLANNING SERVICES, Are the following methods available from (HEALTH FACILITY NAME)? Pill? IUD? Injections? Condom?		YES	NO	DK
		PILL.....	1	2	8
		IUD.....	1	2	8
		INJECTIONS.....	1	2	8
		CONDOM.....	1	2	8