

Republic of the Philippines
 NATIONAL STATISTICS OFFICE

1993 NATIONAL DEMOGRAPHIC SURVEY
 HEALTH SERVICE AVAILABILITY QUESTIONNAIRE

IDENTIFICATION												
PROVINCE	_____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> </table>										
CITY/MUNICIPALITY	_____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> </table>										
BARANGAY	_____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>										
CLUSTER NUMBER	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>										
URBAN/RURAL (Urban = 1, Rural = 2)	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> </table>										
INTERVIEWER'S NAME _____		<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> <tr><td></td><td></td><td></td></tr> </table>										
DATE OF VISIT:		DAY	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> </table>									
		MONTH	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> </table>									
NAME DATE	FIELD EDITED BY _____ _____	OFFICE EDITED BY _____ _____	KEYED BY _____ _____	KEYED BY <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> </table>								

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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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?	_____ <input type="text"/> <input type="text"/>	
106	How far is it in kilometers to the nearest urban center/poblacion?	KILOMETER TO THE NEAREST URBAN CENTER..... <input type="text"/> <input type="text"/>	
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 1B. 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	<input type="text"/> IF '00'	<input type="checkbox"/>	HR. 1 <input type="text"/> MIN. 2 <input type="text"/>
2. High School	<input type="text"/> IF '00'	<input type="checkbox"/>	HR. 1 <input type="text"/> MIN. 2 <input type="text"/>
3. College/University	<input type="text"/> IF '00'	<input type="checkbox"/>	HR. 1 <input type="text"/> MIN. 2 <input type="text"/>
B. GENERAL SERVICES			
1. Barangay hall	<input type="text"/> IF '00'	<input type="checkbox"/>	HR. 1 <input type="text"/> MIN. 2 <input type="text"/>
2. Postal service	<input type="text"/> IF '00'	<input type="checkbox"/>	HR. 1 <input type="text"/> MIN. 2 <input type="text"/>
3. Church/chapel/mosque with a service at least once a month	<input type="text"/> IF '00'	<input type="checkbox"/>	HR. 1 <input type="text"/> MIN. 2 <input type="text"/>
4. Market place where trading activities are carried on at least once a week	<input type="text"/> IF '00'	<input type="checkbox"/>	HR. 1 <input type="text"/> MIN. 2 <input type="text"/>
5. Public library	<input type="text"/> IF '00'	<input type="checkbox"/>	HR. 1 <input type="text"/> MIN. 2 <input type="text"/>
6. Cinema	<input type="text"/> IF '00'	<input type="checkbox"/>	HR. 1 <input type="text"/> MIN. 2 <input type="text"/>
7. Public transportation	<input type="text"/> IF '00'	<input type="checkbox"/>	HR. 1 <input type="text"/> MIN. 2 <input type="text"/>

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

SKIP TO

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..... <input type="text"/> <input type="text"/>																													
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)	} →206 } →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..... <input type="text"/> <input type="text"/>																													
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 <input type="text"/> <input type="text"/> <input type="text"/> MINUTES.....2 <input type="text"/> <input type="text"/> <input type="text"/>																													
206	Does (HEALTH FACILITY) provide: prenatal care? delivery care? child immunization? family planning services? postnatal care?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PRENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FAMILY PLANNING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>POSTNATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		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						
	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?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PILL.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>IUD.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>INJECTIONS.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CONDOM.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FEMALE STERILIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>MALE STERILIZATION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		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		
	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 <input type="checkbox"/> YES <input type="checkbox"/>	→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 _____ 3 (SPECIFY)																													
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..... <input type="text"/>																													
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 _____ 5 (SPECIFY)	} 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..... <input type="text"/>																													
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 <input type="text"/> <input type="text"/> <input type="text"/> MINUTES.....2 <input type="text"/> <input type="text"/> <input type="text"/>																													
214	Does the hospital provide: prenatal care? delivery care? child immunization? family planning services? postnatal care?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PRENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FAMILY PLANNING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>POSTNATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		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						
	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?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PILL.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>IUD.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>INJECTIONS.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CONDOM.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FEMALE STERILIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>MALE STERILIZATION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		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		
	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	<p>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?</p> <p>IF YES: What is the name of the outreach point?</p> <p>_____ (NAME)</p> <p>IF NO: RECORD '000'.</p>	<div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <p>NO MOBILE OUTREACH.....000 → END</p>	→ END																				
217	<p>Under what authority is this service operated?</p> <p>CIRCLE ALL THAT APPLIES.</p>	<p>NATIONAL GOV'T.....A</p> <p>LOCAL GOV'T.....B</p> <p>CHURCH/RELIGIOUS GROUPS.....C</p> <p>CIVIC GROUPS/NGOS.....D</p> <p>PRIVATE FIRMS.....E</p> <p>OTHER _____ F</p> <p style="text-align: center;">(SPECIFY)</p>																					
218	<p>How far is the outreach point from here (in kilometers)?</p> <p>RECORD '00' IF LESS THAN 1 KM, IF 97 KM OR MORE RECORD '97', IF UNKNOWN RECORD '98'</p>	<p>KILOMETERS..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>																					
219	<p>How many times per quarter does the mobile outreach come to provide services ?</p> <p>RECORD '00' IF LESS THAN 1 TIME PER QUARTER. IF UNKNOWN, RECORD '98'</p>	<p>TIMES PER QUARTER..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>																					
220	<p>How do most persons in this community get from here to the outreach point?</p>	<p>WALKING.....1</p> <p>PERSONAL VEHICLE/CART.....2</p> <p>HIRED VEHICLE/CART.....3</p> <p>PUBLIC TRANSPORTATION.....4</p> <p>OTHER _____ 5</p> <p style="text-align: center;">(SPECIFY)</p>	<p>→ 223</p> <p>→ 223</p>																				
221	<p>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?</p> <p>RECORD '00' IF LESS THAN ONCE PER WEEK. IF UNKNOWN RECORD '98'.</p>	<p>NO. OF TIMES PER WEEK..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>																					
222	<p>How long does it take to get from here to (NAME OF OUTREACH POINT) using (MEANS MENTIONED IN 220)?</p> <p>RECORD IN MINUTES IF LESS THAN 2 HOURS AND IN HOURS IF 2 HOURS OR MORE.</p>	<p>HOURS.....1 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 0 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>MINUTES.....2 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>																					
223	<p>Does the outreach post provide:</p> <p>prenatal care?</p> <p>child immunization?</p> <p>family planning services?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PRENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FAMILY PLANNING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	PRENATAL CARE.....1	2	8		CHILD IMMUNIZATION.....1	2	8		FAMILY PLANNING.....1	2	8						
	YES	NO	DK																				
PRENATAL CARE.....1	2	8																					
CHILD IMMUNIZATION.....1	2	8																					
FAMILY PLANNING.....1	2	8																					
224	<p>CHECK Q. 223: IF "YES" IN FAMILY PLANNING SERVICES, Are the following methods available from (HEALTH FACILITY NAME)?</p> <p>Pill?</p> <p>IUD?</p> <p>Injections?</p> <p>Condom?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PILL.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>IUD.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>INJECTIONS.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CONDOM.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	PILL.....1	2	8		IUD.....1	2	8		INJECTIONS.....1	2	8		CONDOM.....1	2	8		
	YES	NO	DK																				
PILL.....1	2	8																					
IUD.....1	2	8																					
INJECTIONS.....1	2	8																					
CONDOM.....1	2	8																					