Republic of the Philippines
NATIONAL STATISTICS OFFICE
1998 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

Set _____ of _____ sets

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

IDENTIFICATION

PROVINCE _____

CITY /MUNICIPALITY_____

BARANGAY_____

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

NDS SAMPLE NUMBER ....

HOUSEHOLD CONTROL NUMBER ....

NDHS HOUSEHOLD SEQUENTIAL NUMBER....................................

NAME OF HOUSEHOLD HEAD _____

ADDRESS _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR 1 9 9 8
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE
RESULT*	_____	_____	_____	RESULT*
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS
TIME	_____	_____		

*RESULT CODES :
- 01 COMPLETED, ORIGINAL HOUSEHOLD
- 02 COMPLETED, PRESENT OCCUPANT OF DWELLING
- 03 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
- 04 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
- 05 POSTPONED
- 06 REFUSED
- 07 DWELLING VACANT OR ADDRESS NOT A DWELLING
- 08 DWELLING DESTROYED
- 09 DWELLING NOT FOUND
- 10 OTHER _____
(SPECIFY)

TOTAL HH MEMBERS

TOTAL ELIGIBLE WOMEN

LINE NO. OF RESP. IN HOUSEHOLD SCHEDULE

LANGUAGE OF QUESTIONNAIRE: ENGLISH

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

HOUSEHOLD SCHEDULE

Now I would like to ask you 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 THE HOUSEHOLD*	RESIDENCE		SEX		AGE
	Please give me the names of the persons who usually live in your household and guests of the household who slept here last night, starting with the head of the household	What is the relationship of (NAME) to the head of the household?	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)	(5)	(6)		(7)
			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	☐☐

TICK HERE IF CONTINUATION SET IS USED ☐

Just to make sure that I have e complete listing:

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

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?   YES ☐ → ENTER EACH IN TABLE   NO ☐

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed?   YES ☐ → ENTER EACH IN TABLE   NO ☐

*CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 = HEAD
02 = WIFE OR HUSBAND

03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW

08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/STEP CHILD
11 = NOT RELATED
98 = DON'T KNOW

EDUCATION				RESIDENCE		ELIGIBI-LITY
				MOTHER'S USUAL RESIDENCE AT PERSON'S BIRTH	IF AGE IS 5 YEARS OR OLDER RESIDENCE IN JANUARY 1993	
IF AGE IS 6 YEARS OR OLDER				At the time (NAME) was born, where was his/her mother's province of usual residence? ***	In what province did (NAME) reside in January 1993? ***	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49
Has (NAME) ever been to school?	IF ATTENDED SCHOOL					
	What is the highest grade/year (NAME) completed?**	IF AGE IS LESS THAN 25 YEARS Is (NAME) still in school?				
(8)	(9)	(10)		(11)	(12)	(13)
YES 1 NO 2	GRADE/YEAR	YES 1	NO 2			01
1 2		1	2			02
1 2		1	2			03
1 2		1	2			04
1 2		1	2			05
1 2		1	2			06
1 2		1	2			07
1 2		1	2			08
1 2		1	2			09
1 2		1	2			10
1 2		1	2			11
1 2		1	2			12
1 2		1	2			13
1 2		1	2			14

**CODES FOR Q.9
GRADE/YEAR

00 = NO GRADE COMPLETED
11 = ELEMENTARY GRADE 1
12 = ELEMENTARY GRADE 2
13 = ELEMENTARY GRADE 3
14 = ELEMENTARY GRADE 4
15 = ELEMENTARY GRADE 5
16 = ELEMENTARY GRADE 6
17 = ELEMENTARY GRADE 7

21 = HIGH SCHOOL YEAR 1
22 = HIGH SCHOOL YEAR 2
23 = HIGH SCHOOL YEAR 3
24 = HIGH SCHOOL YEAR 4
25 = HIGH SCHOOL GRADUATE

31 = POSTSECONDARY YEAR 1
32 = POSTSECONDARY YEAR 2 OR MORE

41 = COLLEGE YEAR 1
42 = COLLEGE YEAR 2
43 = COLLEGE YEAR 3
44 = COLLEGE YEAR 4

45 = COLLEGE YEAR 5
46 = COLLEGE YEAR 6 OR HIGHER
47 = COLLEGE GRADUATE

51 = POST-BACCALAUREATE
98 = DON'T KNOW

***CODES FOR QS. 11 AND 12
RESIDENCE

96 = SAME PROVINCE
97 = FOREIGN COUNTRY
98 = DON'T KNOW
SPECIFY IF ANOTHER PROVINCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

14	What is the main source of drinking water for members of your household?	COMMUNITY WATER SYSTEM
		PIPED INTO
		    DWELLING 11
		    YARD/PLOT 12
		    PUBLIC TAP 13
		POINT SOURCE
		    PROTECTED WELL 21
		    UNPROTECTED (OPEN
		    DUG WELL)..22
		    DEVELOPED SPRING 31
		    UNDEVELOPED SPRING 32
		    RIVER/STREAM 33
		    POND/LAKE 34
		    DAM 35
		    RAINWATER 41
		TANKER TRUCK/PEDDLER.....................51
		BOTTLED WATER 61
		OTHER, SPECIFY _____ 96
			▶ 16
			
			▶ 16

15	How long does it take you to go there, get water, and come back?	MINUTES .... [ ][ ][ ] ON PREMISES 996	
16	How do you treat your drinking water? PROBE: Anything else? CIRCLE ALL RESPONSES.	BOILING ....A CHLORINATION ....B FILTERING EQUIPMENT ....C OTHER, SPECIFY _____ X NONE ....Y	

17	What kind of toilet facility does your household use?	FLUSH TOILET
		    OWN TOILET 11
		    SHARED FLUSH TOILET 12
		PIT TOILET/LATRINE
		    CLOSED PIT 21
		    OPEN PIT 22
		DROP/OVERHANG 31
		NO FACILITY/FIELD 41
		OTHER, SPECIFY_____ 96	

18	Does your household have:
	    Electricity?
	    A radio/radio cassette?
	    A television?
	    A telephone/cellular phone?
	    A refrigerator/freezer?
		YES NO
		ELECTRICITY 1 2
		RADIO/RADIO CASSETTE 1 2
		TELEVISION 1 2
		TELEPHONE/CELL PHONE 1 2
		REFRIGERATOR/FREEZER 1 2	

19	How many rooms are used for sleeping by your household?	ROOMS.................................... [ ][ ]	

20	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, SPECIFY_____ 96	

21	Does any member of your household own:
	    A bicycle?
	    A motorcycle?
	    A car/jeep/van?
	    A motorized banca/boat?
	    A tractor?
		YES NO
		BICYCLE 1 2
		MOTORCYCLE 1 2
		CAR/JEEP/VAN 1 2
		BOAT 1 2
		TRACTOR 1 2	

22	What type of salt is usually used for cooking in your household?	PACKED
		    IODIZED 11
		    NOT IODIZED 12
		NOT PACKED
		    ROCK/COARSE 21
		    REFINED 22
		OTHER, SPECIFY _____ 96	

23	May I see a sample of the salt used to cook the viand eaten by members of your household last night? TEST THE SALT AND WRITE THE RESULT	IODINE READING (PPM) [ ][ ] NOT TESTED/NOT SEEN 98	