Republic of the Philippines
NATIONAL STATISTICS OFFICE
1998 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY
INDIVIDUAL 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 ....

ADDRESS_____

NAME AND LINE NUMBER OF ELIGIBLE WOMAN_____

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 :

1	COMPLETED	4	REFUSED	7	OTHER _____
2	NOT AT HOME	5	PARTLY COMPLETED		(SPECIFY)
3	POSTPONED	6	RESPONDENT INCAPACITATED		

LANGUAGE OF QUESTIONNAIRE** [7]   LANGUAGE OF INTERVIEW** [ ]

LOCAL LANGUAGE OF RESPONDENT** [ ]   TRANSLATOR USED   YES . . . 1
                                                            NO . . . 2

**LANGUAGE CODES

1 TAGALOG	3 ILOCANO	5 HILIGAYNON	7 ENGLISH
2 CEBUANO	4 BICOL	6 WARAY	8 OTHER _____

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

AGE - BIRTH DATE CONSISTENCY CHART

Current Age	Year of Birth		Current Age	Year of Birth	
	Has not had birthday in 1998	Has already had birthday in 1998		Has not had birthday in 1998	Has already had birthday in 1998
	Don't Know			Don't Know	
0	1997	--	30	1967	1968
1	1996	1997	31	1966	1967
2	1995	1996	32	1965	1966
3	1994	1995	33	1964	1965
4	1993	1994	34	1963	1964
5	1992	1993	35	1962	1963
6	1991	1992	36	1961	1962
7	1990	1991	37	1960	1961
8	1989	1990	38	1959	1960
9	1988	1989	39	1958	1959
10	1987	1988	40	1957	1958
11	1986	1987	41	1956	1957
12	1985	1986	42	1955	1956
13	1984	1985	43	1954	1955
14	1983	1984	44	1953	1954
15	1982	1983	45	1952	1953
16	1981	1982	46	1951	1952
17	1980	1981	47	1950	1951
18	1979	1980	48	1949	1950
19	1978	1979	49	1948	1949
20	1977	1978	50	1947	1948
21	1976	1977	51	1946	1947
22	1975	1976	52	1945	1946
23	1974	1975	53	1944	1945
24	1973	1974	54	1943	1944
25	1972	1973	55	1942	1943
26	1971	1972	56	1941	1942
27	1970	1971	57	1940	1941
28	1969	1970	58	1939	1940
29	1968	1969	59	1938	1939

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME STARTED.	HOUR ☐☐ MINUTES ☐☐	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	NUMBER OF YEARS ☐☐ ALWAYS ....95 VISITOR 96	→ 104
103	Just before you moved here, did you live in a large city, small city, town/poblacion or barrio/rural area?	LARGE CITY ....1 SMALL CITY ....2 TOWN/POBLACION ....3 BARRIO/RURAL AREA 4	
104	In what month and year were you born?	MONTH ☐☐ DON'T KNOW MONTH ....98 YEAR ☐☐☐☐ DON'T KNOW YEAR 9998	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
106	Have you ever attended school?	YES ....1 NO 2	→ 112
107	What is the highest grade/year you completed?	NO GRADE COMPLETED ....00 ELEMENTARY GRADE 1 ....11 ELEMENTARY GRADE 2 ....12 ELEMENTARY GRADE 3 ....13 ELEMENTARY GRADE 4 ....14 ELEMENTARY GRADE 5 ....15 ELEMENTARY GRADE 6 ....16 ELEMENTARY GRADE 7 ....17 HIGH SCHOOL YEAR 1 ....21 HIGH SCHOOL YEAR 2 ....22 HIGH SCHOOL YEAR 3 ....23 HIGH SCHOOL YEAR 4 ....24 HIGH SCHOOL GRADUATE ....25 POSTSECONDARY YEAR 1 ....31 POSTSECONDARY YEAR 2 　　　OR MORE ....32 COLLEGE YEAR 1 ....41 COLLEGE YEAR 2 ....42 COLLEGE YEAR 3 ....43 COLLEGE YEAR 4 ....44 COLLEGE YEAR 5 ....45 COLLEGE YEAR 6 　　　OR HIGHER ....46 COLLEGE GRADUATE ....47 POST-BACCALAUREATE ....51 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	CHECK 105: AGE 24 ☐ AGE 25 ☐ OR BELOW OR ABOVE		→ 111
109	Are you currently attending school?	YES ....1 → NO 2	→ 111

110	What was the main reason you stopped attending school?	GOT PREGNANT 01
		GOT MARRIED 02
		TOOK CARE YOUNGER
		    CHILDREN 03
		FAMILY NEEDED HELP ON FARM
		    OR IN BUSINESS 04
		COULD NOT PAY SCHOOL 05
		NEEDED TO EARN MONEY 06
		GRADUATED/HAD ENOUGH
		    SCHOOLING. 07
		DID NOT PASS ENTRANCE EXAMS ...08
		DID NOT LIKE SCHOOL 09
		SCHOOL NOT ACCESSIBLE/
		    TOO FAR 10
		
		OTHER _____ 96
		    (SPECIFY)
		DON'T KNOW 98	

111	CHECK 107: ELEMENTARY ☐ HIGH SCHOOL ☐ GRADE 7 YEAR 1 OR OR LOWER HIGHER		→ 113
112	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 →	→ 114
113	Do you usually read a newspaper or magazine at least once a week?	YES ....1 NO 2	
114	Do you usually listen to a radio everyday?	YES ....1 NO 2	
115	Do you usually watch television at least once a week?	YES ....1 NO 2	
116	What is your religion?	ROMAN CATHOLIC ....1 PROTESTANT ....2 IGLESIA NI KRISTO ....3 AGLIPAY ....4 ISLAM ....5 OTHER _____ 6 (SPECIFY) NONE 7	
117	How do you classify yourself? Are you a Tagalog, Cebuano, Ilocano, Ilonggo, Bicolano, Waray, Kapampangan, or something else?	TAGALOG ....1 CEBUANO ....2 ILOCANO ....3 ILONGGO ....4 BICOLANO ....5 WARAY ....6 KAPAMPANGAN ....7 OTHER _____ 8 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	→ 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	→ 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 alive but do not live with you?	YES ....1 NO ....2 → 206	→ 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 girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES ....1 NO ....2 → 208	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD "00".	BOYS DEAD .... ☐☐ GIRLS DEAD .... ☐☐	
208	Some pregnancies end in non-live births 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	→ 210
209	In all, how many such pregnancies have there been?	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 (CHECK 203 AND 205) _____ children who have died (CHECK 207) _____ pregnancies that did not result in a live birth (CHECK 209). Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT 201-210 AS NECESSARY		

212	CHECK 210:
	        ONE OR MORE ☐ NO PREGNANCIES ☐ ──────────────→ 236
	        PREGNANCIES
			→ 236

213	Now I would like to ask 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 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 225)	YES...1 NO....2 ↓ 225	(NAME)	BOY...1 GIRL_2	MONTH........ YEAR.	YES..1 NO....2 ↓ 224
02	SINGLE....1 MULTIPLE_2	BORN ALIVE......1 (SKIP TO 218) BORN DEAD......2 LOST BEFORE FULL TERM...3 (SKIP TO 225)	YES...1 NO....2 ↓ 225	(NAME)	BOY...1 GIRL_2	MONTH........ YEAR.	YES..1 NO....2 ↓ 224
03	SINGLE....1 MULTIPLE_2	BORN ALIVE......1 (SKIP TO 218) BORN DEAD......2 LOST BEFORE FULL TERM...3 (SKIP TO 225)	YES...1 NO..2 ↓ 225	(NAME)	BOY...1 GIRL_2	MONTH........ YEAR.	YES..1 NO....2 ↓ 224
04	SINGLE....1 MULTIPLE_2	BORN ALIVE......1 (SKIP TO 218) BORN DEAD......2 LOST BEFORE FULL TERM...3 (SKIP TO 225)	YES...1 NO....2 ↓ 225	(NAME)	BOY...1 GIRL_2	MONTH........ YEAR.	YES..1 NO....2 ↓ 224
05	SINGLE....1 MULTIPLE_2	BORN ALIVE......1 (SKIP TO 218) BORN DEAD......2 LOST BEFORE FULL TERM...3 (SKIP TO 225)	YES...1 NO....2 ↓ 225	(NAME)	BOY...1 GIRL_2	MONTH........ YEAR.	YES..1 NO....2 ↓ 224
06	SINGLE....1 MULTIPLE_2	BORN ALIVE......1 (SKIP TO 218) BORN DEAD......2 LOST BEFORE FULL TERM...3 (SKIP TO 225)	YES...1 NO....2 ↓ 225	(NAME)	BOY...1 GIRL_2	MONTH........ YEAR.	YES..1 NO....2 ↓ 224
07	SINGLE....1 MULTIPLE_2	BORN ALIVE......1 (SKIP TO 218) BORN DEAD......2 LOST BEFORE FULL TERM...3 (SKIP TO 225)	YES...1 NO....2 ↓ 225	(NAME)	BOY...1 GIRL_2	MONTH........ YEAR.	YES..1 NO....2 ↓ 224
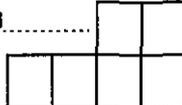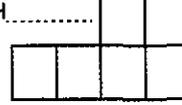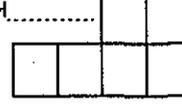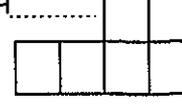
IF BORN ALIVE AND STILL LIVING:		IF BORN ALIVE BUT NOW DEAD:	IF BORN DEAD OR LOST BEFORE FULL TERM:				
222 How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	223 Is (NAME) living with you?	224 How old was (NAME) when he/she died? IF "1 YR.", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OTHERWISE, ENTER YEARS.	225 In what month and year did this pregnancy end?	226 How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	227 Did you or a doctor or someone else do anything to end this pregnancy?	228 FROM YEAR OF THIS PREGNANCY SUBTRACT YEAR OF PREVIOUS PREGNANCY. IS THE DIFFERENCE 4 OR MORE YEARS?	229 Were there any other pregnancies between the previous pregnancy mentioned and this pregnancy?
01 AGE IN YEARS ☐☐	YES...1 NO....2 (NEXT PREG.)	DAYS..........1 ☐☐ MONTHS......2 ☐☐ YEARS.........3 ☐☐ (SKIP TO NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES.......1 NO.......2		
02 AGE IN YEARS ☐☐	YES...1 NO....2 (GO TO 228)	DAYS..........1 ☐☐ MONTHS......2 ☐☐ YEARS.........3 ☐☐ (SKIP TO 228)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES.......1 NO.......2	YES.......1 NO.........2 (NEXT PREGNANCY)	YES.......1 NO.........2
03 AGE IN YEARS ☐☐	YES...1 NO....2 (GO TO 228)	DAYS..........1 ☐☐ MONTHS......2 ☐☐ YEARS.........3 ☐☐ (SKIP TO 228)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES.......1 NO.......2	YES.......1 NO.........2 (NEXT PREGNANCY)	YES.......1 NO.........2
04 AGE IN YEARS ☐☐	YES...1 NO....2 (GO TO 228)	DAYS..........1 ☐☐ MONTHS......2 ☐☐ YEARS.........3 ☐☐ (SKIP TO 228)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES.......1 NO.......2	YES.......1 NO.........2 (NEXT PREGNANCY)	YES.......1 NO.........2
05 AGE IN YEARS ☐☐	YES...1 NO....2 (GO TO 228)	DAYS..........1 ☐☐ MONTHS......2 ☐☐ YEARS.........3 ☐☐ (SKIP TO 228)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES.......1 NO.......2	YES.......1 NO.........2 (NEXT PREGNANCY)	YES.......1 NO.........2
06 AGE IN YEARS ☐☐	YES...1 NO....2 (GO TO 228)	DAYS..........1 ☐☐ MONTHS......2 ☐☐ YEARS.........3 ☐☐ (SKIP TO 228)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES.......1 NO.......2	YES.......1 NO.........2 (NEXT PREGNANCY)	YES.......1 NO.........2
07 AGE IN YEARS ☐☐	YES...1 NO....2 (GO TO 228)	DAYS..........1 ☐☐ MONTHS......2 ☐☐ YEARS.........3 ☐☐ (SKIP TO 228)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES.......1 NO.......2	YES.......1 NO.........2 (NEXT PREGNANCY)	YES.......1 NO.........2

225

214 Think back to the time of your next pregnancy.	215 Was that a single or 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?
08	SINGLE....1 MULTIPLE_2	BORN ALIVE.........1 (SKIP TO 218)◄──┘ BORN DEAD........2 LOST BEFORE FULL TERM...3 (SKIP TO 225)◄──┘	YES...1 NO....2 ↓ 225	_____ (NAME)	BOY...1 GIRL_2	MONTH............☐☐ YEAR.☐☐☐☐	YES..1 NO....2 ↓ 224
09	SINGLE....1 MULTIPLE_2	BORN ALIVE.........1 (SKIP TO 218)◄──┘ BORN DEAD........2 LOST BEFORE FULL TERM...3 (SKIP TO 225)◄──┘	YES...1 NO....2 ↓ 225	_____ (NAME)	BOY...1 GIRL_2	MONTH............☐☐ YEAR.☐☐☐☐	YES..1 NO....2 ↓ 224
10	SINGLE....1 MULTIPLE_2	BORN ALIVE.........1 (SKIP TO 218)◄──┘ BORN DEAD........2 LOST BEFORE FULL TERM...3 (SKIP TO 225)◄──┘	YES...1 NO....2 ↓ 225	_____ (NAME)	BOY...1 GIRL_2	MONTH............☐☐ YEAR.☐☐☐☐	YES..1 NO....2 ↓ 224
11	SINGLE....1 MULTIPLE_2	BORN ALIVE.........1 (SKIP TO 218)◄──┘ BORN DEAD........2 LOST BEFORE FULL TERM...3 (SKIP TO 225)◄──┘	YES...1 NO....2 ↓ 225	_____ (NAME)	BOY...1 GIRL_2	MONTH............☐☐ YEAR.☐☐☐☐	YES..1 NO....2 ↓ 224
12	SINGLE....1 MULTIPLE_2	BORN ALIVE.........1 (SKIP TO 218)◄──┘ BORN DEAD........2 LOST BEFORE FULL TERM...3 (SKIP TO 225)◄──┘	YES...1 NO....2 ↓ 225	_____ (NAME)	BOY...1 GIRL_2	MONTH............☐☐ YEAR.☐☐☐☐	YES..1 NO....2 ↓ 224
13	SINGLE....1 MULTIPLE_2	BORN ALIVE.........1 (SKIP TO 218)◄──┘ BORN DEAD........2 LOST BEFORE FULL TERM...3 (SKIP TO 225)◄──┘	YES...1 NO....2 ↓ 225	_____ (NAME)	BOY...1 GIRL_2	MONTH............☐☐ YEAR.☐☐☐☐	YES..1 NO....2 ↓ 224
14	SINGLE....1 MULTIPLE_2	BORN ALIVE.........1 (SKIP TO 218)◄──┘ BORN DEAD........2 LOST BEFORE FULL TERM...3 (SKIP TO 225)◄──┘	YES...1 NO....2 ↓ 225	_____ (NAME)	BOY...1 GIRL_2	MONTH............☐☐ YEAR.☐☐☐☐	YES..1 NO....2 ↓ 224

8

IF BORN ALIVE AND STILL LIVING:		IF BORN ALIVE BUT NOW DEAD:	IF BORN DEAD OR LOST BEFORE FULL TERM:				
222 How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	223 Is (NAME) living with you?	224 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.	225 In what month and year did this pregnancy end?	226 How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	227 Did you or a doctor or someone else do anything to end this pregnancy?	228 FROM YEAR OF THIS PREGNANCY SUBTRACT YEAR OF PREVIOUS PREGNANCY. IS THE DIFFERENCE 4 OR MORE YEARS?	229 Were there any other pregnancies between the previous pregnancy mentioned and this pregnancy?
08 AGE IN YEARS	YES...1 NO.....2 (GO TO 228)	DAYS..........1 MONTHS.....2 YEARS.........3 (SKIP TO 228)	MONTH......... YEAR	MONTHS	YES.....1 NO........2	YES........1 NO........2 (NEXT PREGNANCY)	YES.......1 NO........2
09 AGE IN YEARS	YES...1 NO.....2 (GO TO 228)	DAYS..........1 MONTHS.....2 YEARS.........3 (SKIP TO 228)	MONTH......... YEAR	MONTHS	YES.....1 NO........2	YES........1 NO........2 (NEXT PREGNANCY)	YES.......1 NO........2
10 AGE IN YEARS	YES...1 NO.....2 (GO TO 228)	DAYS..........1 MONTHS.....2 YEARS.........3 (SKIP TO 228)	MONTH......... YEAR	MONTHS	YES.....1 NO........2	YES........1 NO........2 (NEXT PREGNANCY)	YES.......1 NO........2
11 AGE IN YEARS	YES...1 NO.....2 (GO TO 228)	DAYS..........1 MONTHS.....2 YEARS.........3 (SKIP TO 228)	MONTH......... YEAR	MONTHS	YES.....1 NO........2	YES........1 NO........2 (NEXT PREGNANCY)	YES.......1 NO........2
12 AGE IN YEARS	YES...1 NO.....2 (GO TO 228)	DAYS..........1 MONTHS.....2 YEARS.........3 (SKIP TO 228)	MONTH......... YEAR	MONTHS	YES.....1 NO........2	YES........1 NO........2 (NEXT PREGNANCY)	YES.......1 NO........2
13 AGE IN YEARS	YES...1 NO.....2 (GO TO 228)	DAYS..........1 MONTHS.....2 YEARS.........3 (SKIP TO 228)	MONTH......... YEAR	MONTHS	YES.....1 NO........2	YES........1 NO........2 (NEXT PREGNANCY)	YES.......1 NO........2
14 AGE IN YEARS	YES...1 NO.....2 (GO TO 228)	DAYS..........1 MONTHS.....2 YEARS.........3 (SKIP TO 228)	MONTH......... YEAR	MONTHS	YES.....1 NO........2	YES........1 NO........2 (NEXT PREGNANCY)	YES.......1 NO........2

227

230	FROM YEAR OF INTERVIEW (1998), SUBTRACT YEAR OF LAST PREGNANCY IS THE DIFFERENCE 4 YEARS OR MORE?	YES.....1 NO.....2 → 232
231	Have you had any pregnancies since (YEAR OF LAST PREGNANCY)? IF "YES", PROBE AND CORRECT 203 TO 229.	YES.....1 NO.....2

232	COMPARE 210 WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK

NUMBERS ARE SAME ☐   NUMBERS ARE DIFFERENT ☐ → PROBE AND RECONCILE

CHECK: FOR EACH PREGNANCY: YEAR IS RECORDED IN 220 OR 225 . . . . ☐

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

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN 224 . . . . ☐

FOR EACH PREGNANCY LOSS: DURATION IS RECORDED IN 226 . . . . ☐

FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT
     NUMBER OF MONTHS IN 224 . . . . ☐

233	CHECK 220 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1993. IF NONE, RECORD "0".	☐

233A	CHECK 233:
	     BIRTHS = 0? YES ☐ NO ☐
	     (SKIP TO 235) ←

234	CHECK 220: FOR EACH BIRTH SINCE JANUARY 1993 ENTER "B" IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR AND "P" IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME TO THE LEFT OF THE "B" CODE.
235	CHECK 225 AND 226: FOR EACH NON-LIVE BIRTH SINCE 1993, ENTER "T" IN THE MONTH OF PREGNANCY TERMINATION IN COLUMN 1 OF THE CALENDAR AND "P" IN EACH PRECEDING MONTH OF PREGNANCY.

236	Are you pregnant?	YES...........1 NO............2 ⌐ UNSURE.......8 → 239
237	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER "Ps" IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR EACH COMPLETED MONTH OF PREGNANCY.	MONTHS.......... ☐☐
238	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?	THEN............1 LATER...........2 NOT AT ALL......3
239	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO........1 ☐☐ WEEKS AGO.......2 MONTHS AGO......3 YEARS AGO.......4 IN MENOPAUSE........994 BEFORE LAST BIRTH...995 NEVER MENSTRUATED...996
240	Are there certain days during the woman's menstrual cycle when she has a greater chance of becoming pregnant than other days?	YES...........1 NO............2 ⌐ DON'T KNOW......8 → 301

241	During which days of the monthly 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_____6
		     (SPECIFY)
		 DON'T KNOW...............8

	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. CIRCLE CODE "1" IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE "2" IF METHOD IS RECOGNIZED, AND CODE "3" IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE "1" OR "2" CIRCLED IN 301 OR 302, ASK 303 AND 304.					
301	Which ways or methods have you heard about?		302 Have you ever heard of (METHOD)?		303 Have you ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
		SPONTANEOUS YES	PROBED YES	NO		
01	PILL Women can take a pill every day.		1	2	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 them by a doctor or a nurse.		1	2	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.		1	2	3⌐▼	YES............1 NO............2	YES, SAME BARANGAY............1 YES, ANOTHER BARANGAY........2 NO...................................3
04	CONDOM Men can put a rubber sheath on their penis during sexual intercourse.		1	2	3⌐▼	YES............1 NO............2	YES, SAME BARANGAY............1 YES, ANOTHER BARANGAY........2 NO...................................3
05	LIGATION/FEMALE STERILIZATION Women can have an operation to avoid having any more children.		1	2	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
06	VASECTOMY/MALE STERILIZATION Men can have an operation to avoid having any more children.		1	2	3⌐▼	Have you ever had a partner who had an operation to avoid having any more children? YES............1 NO............2	YES, SAME BARANGAY............1 YES, ANOTHER BARANGAY........2 NO...................................3
07	CALENDAR, RHYTHM, PERIODIC ABSTINENCE Every month that women are sexually active they can avoid having sexual intercourse on the days of the month they are most likely to get pregnant.		1	2	3⌐▼	YES............1 NO............2	Do you know where a person can obtain advice on how to use this method? YES, SAME BARANGAY............1 YES, ANOTHER BARANGAY........2 NO...................................3
08	MUCUS, BILLINGS, OVULATION Women can monitor cervical mucus to determine the days of the month they are most likely to get pregnant.		1	2	3⌐▼	YES............1 NO............2	Do you know where a person can obtain advice on how to use this method? YES, SAME BARANGAY............1 YES, ANOTHER BARANGAY........2 NO...................................3

301	Which ways or methods have you heard about?	302 Have you ever heard of (METHOD)?			303 Have you ever used (METHOD)?	304 Do you know where a person can obtain advice on how to use this method?
		SPONTANEOUS YES	PROBED YES	NO		
09	BASAL BODY TEMPERATURE Women can monitor the body temperature to determine the days of the month they are most likely to get pregnant.	1	2	3 ⌐→	YES.............1 NO.............2	YES, SAME BARANGAY.............1 YES, ANOTHER BARANGAY........2 NO..3
10	SYMPTOTHERMAL Women can monitor both cervical mucus and basal body temperature to determine the days of the month they are most likely to get pregnant.	1	2	3 ⌐→	YES.............1 NO.............2	YES, SAME BARANGAY.............1 YES, ANOTHER BARANGAY........2 NO..3
11	LACTATIONAL AMENORRHEA METHOD (LAM) Method used by women with less than 6 month old baby, whose period has not returned and are breastfeeding the baby day and night without supplementation to avoid pregnancy.	1	2	3 ⌐→	YES.............1 NO.............2	YES, SAME BARANGAY.............1 YES, ANOTHER BARANGAY........2 NO..3
12	BREASTFEEDING Women breastfeed the child to avoid pregnancy.	1	2	3 ⌐→	YES.............1 NO.............2	
13	WITHDRAWAL Men can be careful and pull out before climax	1	2	3 ⌐→	YES.............1 NO.............2	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	2	3 ⌐→		
			_____ (SPECIFY)		YES.............1 NO.............2	
			_____ (SPECIFY)		YES.............1 NO.............2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	CHECK 303: NOT A SINGLE "YES" (NEVER USED) ☐ ↓ AT LEAST ONE "YES" (EVER USED) ☐ ————————————→		309
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. ——————————————————→		344
308	What have you used or done? CORRECT 303 TO 305 (AND 302 IF NECESSARY).		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

309	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.
	
	What was the first method you ever used?
	
	IF WOMAN MENTIONS LAM, PROBE IF AT THE TIME SHE WAS USING LAM SHE HAD A BABY LESS THAN 6 MONTHS OLD, HER PERIOD DID NOT RETURN THEN, AND SHE WAS BREASTFEEDING THE BABY DAY AND NIGHT WITHOUT SUPPLEMENTATION TO AVOID PREGNANCY. IF THE RESPONDENT DOES NOT QUALIFY FOR LAM, ENCIRCLE CODE "12" - BREASTFEEDING.
		PILL ___01
		IUD ___02
		INJECTIONS ___03
		CONDOM ___04
		FEMALE STERILIZATION ___05
		MALE STERILIZATION ___06
		CALENDAR, RHYTHM, PERIODIC
		   ABSTINENCE ___07
		MUCUS, BILLINGS, OVULATION ___08
		BASAL BODY TEMPERATURE ___09
		SYMPTOTHERMAL ___10
		LACTATIONAL AMENORRHEA
		   METHOD (LAM) ___11
		BREASTFEEDING ___12
		WITHDRAWAL ___13
		OTHER _____96
		    (SPECIFY)	

310	How many living children did you have at that time, if any? IF NONE, RECORD "00".	NUMBER OF CHILDREN ___ [ ][ ]	
311	In what month and year did you first start using a method of family planning?	MONTH ___ [ ][ ] DON'T KNOW ___98 YEAR ___ [ ][ ][ ][ ] → 313 DON'T KNOW ___9998	
312	How old were you when you first started using a method of family planning?	AGE ___ [ ][ ]	
313	CHECK 303: WOMAN NOT STERILIZED [ ] WOMAN STERILIZED [ ] ⟶		316A
314	CHECK 236: NOT PREGNANT OR UNSURE [ ] PREGNANT [ ] ⟶		331
315	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ___1 NO ___2	→ 331

316	Which method are you currently using?
	
	   • CIRCLE ONLY ONE CODE.
	   • IF FEMALE STERILIZATION IS USED IN COMBINATION WITH ANY OTHER METHOD, CIRCLE "05" FOR FEMALE STERILIZATION.
	   • IF USING ANY METHOD WHICH REQUIRES SUPPLY/SERVICE ("01" TO "06") AND ANY METHOD WHICH DOES NOT REQUIRE SUPPLY/SERVICE ("07" TO "13" AND "96"), CIRCLE THE CODE FOR THE METHOD WHICH REQUIRE SUPPLY/ SERVICE ("01" TO "06").
	   • IF WOMEN IS STERILIZED/USING IUD AND HUSBAND/ PARTNER HAD STERILIZATION, CIRCLE THE CODE FOR THE CURRENT METHOD USED BY THE WOMAN.
	   • IF THE ABOVE CONDITIONS ARE NOT SATISFIED, CIRCLE THE CODE FOR THE METHOD USED OFTEN.
		PILL ___01
		IUD ___02
		INJECTIONS ___03
		CONDOM ___04
		FEMALE STERILIZATION ___05
		MALE STERILIZATION ___06
		CALENDAR, RHYTHM, PERIODIC
		   ABSTINENCE ___07
		MUCUS, BILLINGS, OVULATION ___08
		BASAL BODY TEMPERATURE ___09
		SYMPTOTHERMAL ___10
		LACTATIONAL AMENORRHEA
		   METHOD (LAM) ___11
		BREASTFEEDING ___12
		WITHDRAWAL ___13
		
		OTHER _____96
		    (SPECIFY)
			→ 323
			
			→ 325
			
			→ 330

316A	CIRCLE "05" FOR FEMALE STERILIZATION.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	At the time you first started using the pill, did you consult a doctor, nurse or midwife?	YES .... 1 NO 2	
318	At the time you last got the pill, did you consult a doctor, nurse or midwife?	YES .... 1 NO 2	
319	May I see the package of pills you are now using? RECORD NAME OF BRAND IF PACKAGE IS SEEN.	PACKAGE SEEN .... 1 BRAND NAME ☐☐ _____ PACKAGE NOT SEEN 2	→ 321
320	What is the brand name of the pills you are using now? RECORD NAME OF BRAND.	BRAND NAME ☐☐ _____ DON'T KNOW 98	
321	How much (in cash) does one packet (cycle) of pills cost you?	PESO .... ☐☐☐ FREE .... 996 DON'T KNOW 998	

322	How much would you be willing to pay for the packet of pills?
	     P 10?
	     P 25?
	     P 50? IF YES, CONTINUE WITH THE
	     P 75? NEXT AMOUNT.
	     P 100? IF "NO", SKIP TO 330.
	     P 150?
	     P 200?
	     P 300?
	     More than P 300?
		YES NO
		 P 10 .... 1 2
		 P 25 .... 1 2
		 P 50 .... 1 2
		 P 75 .... 1 2
		 P 100 .... 1 2
		 P 150 .... 1 2
		 P 200 .... 1 2
		 P 300 .... 1 2
		 More than P 300 ..... 1 2
			→ 330

323	On your last visit, how much (in cash) did you actually pay for (METHOD in 316)? PROBE FOR COST PER IUD DEVICE PLUS INSERTION, PER INJECTION, PER PACKET OF CONDOM, AS APPROPRIATE.	PESO .... ☐☐☐ FREE .... 996 DON'T KNOW 998	

324	How much would you be willing to pay for (METHOD in 316), (including all costs):
	
	     P 10?
	     P 20?
	     P 30? IF "YES", CONTINUE WITH THE
	     P 50? NEXT AMOUNT.
	     P 100? IF "NO", SKIP TO 330.
	     P 250?
	     P 500?
	     P 750?
	     P 1000?
	     More than P 1000?
		YES NO
		 P 10? 1 2
		 P 20? 1 2
		 P 30? 1 2
		 P 50? 1 2
		 P 100? 1 2
		 P 250? 1 2
		 P 500? 1 2
		 P 750? 1 2
		 P 1000? 1 2
		 More than P 1000? 1 2
			→ 330

325	Do you regret that you (your husband/partner) had the operation not to have any (more) children?	YES .... 1 NO 2	→ 327

326	Why do you regret the operation?	RESPONDENT WANTS
		     ANOTHER CHILD 1
		 HUSBAND/PARTNER WANTS
		     ANOTHER CHILD 2
		 SIDE EFFECTS 3
		 CHILD DIED 4
		 OTHER _____ 6
		         (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	In what month and year was the sterilization performed?	MONTH.......................... ☐☐ YEAR................. ☐☐☐☐	
328	How much (in cash) did the sterilization operation cost you?	PESO.......... ☐☐☐☐☐ FREE...99996 DON'T KNOW............................99998	

329	CHECK 327:

STERILIZED BEFORE JANUARY 1993 ☐   STERILIZED IN/ AFTER JAN. 1993 ☐

ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1993.

THEN SKIP TO ⟶ 332

ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION

THEN SKIP TO ⟶ 331

| 330 | ENTER METHOD CODE FROM 316 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING 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? | |

| 331 | I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.

USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NON-USE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1993.

USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.

IN COLUMN 1, ENTER CODE IN EACH MONTH OF METHOD USE OR "0" FOR NON-USE.
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?

IN COLUMN 2, ENTER CODES FOR REASON FOR DISCONTINUATION IN THE LAST MONTH THE METHOD WAS USED.
NUMBER OF CODES IN COLUMN 2 MUST BE THE SAME AS THE NUMBER OF INTERRUPTIONS OF METHOD 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 2:   • Why did you stop using the (METHOD)?
                     • Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you 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
332	CHECK 316: CIRCLE METHOD CODE:	**NO ENTRY** .... 00 ─────► 344 PILL .... 01 IUD .... 02 INJECTIONS .... 03 CONDOM .... 04 FEMALE STERILIZATION .... 05 MALE STERILIZATION .... 06 CALENDAR, RHYTHM, PERIODIC ABSTINENCE .... 07 ─────► 346 MUCUS, BILLINGS, OVULATION ...... 08 BASAL BODY TEMPERATURE .... 09 SYMPTOTHERMAL .... 10 LACTATIONAL AMENORRHEA METHOD (LAM) .... 11 BREASTFEEDING .... 12 WITHDRAWAL .... 13 ─────► 346 OTHER METHOD 96	
333	Where did you obtain/learn about (METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL .... 11 RURAL/URBAN HEALTH CENTER .... 12 BARANGAY HEALTH STATION .... 13 BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW .... 14 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC .... 21 PRIVATE DOCTOR .... 22 PRIVATE NURSE/MIDWIFE .... 23 PHARMACY .... 24 STORE .... 25 NGO .... 27 INDUSTRY-BASED CLINIC .... 28 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE PUERICULTURE CENTER .... 31 CHURCH .... 32 FRIEND/RELATIVE .... 33 OTHER _____ 36 (SPECIFY) DON'T KNOW 98	
334	How long did it take to travel from your home to (NAME OF SOURCE)? IF LESS THAN 2 HOURS, RECORD IN MINUTES. ELSE, RECORD IN HOURS.	MINUTES .... 1 HOURS .... 2 `[0][ ][ ]` DON'T KNOW 9998	
335	Is it easy or difficult to get to (NAME OF SOURCE)?	EASY .... 1 DIFFICULT .... 2 DON'T KNOW 8	
336	Were you satisfied with the service at (NAME OF SOURCE)?	YES .... 1 ─────► 338 NO .... 2 DON'T KNOW .... 8 ─────► 338	
337	What is the reason you were not satisfied with the service at (NAME OF SOURCE)? PROBE: Any other reason? CIRCLE ALL RESPONSES.	COST TOO MUCH .... A NOT EASILY ACCESSIBLE .... B TIME OPEN NOT CONVENIENT .... C DAYS OPEN NOT CONVENIENT .... D STAFF NOT PLEASANT/FRIENDLY .... E METHOD NOT AVAILABLE .... F SERVICE TAKES TOO MUCH TIME .... G OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

338	Who referred you to (NAME OF SOURCE)?	PUBLIC SECTOR
		  BARANGAY SERVICE POINT
		    OFFICER 11
		  BARANGAY HEALTH WORKER......12
		  BARANGAY NUTRITION SCHOLAR 13
		  OTHER PUBLIC _____16
		      (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  COMMUNITY HEALTH WORKER....21
		  VOLUNTARY HEALTH WORKER....22
		  NGO CLINIC OUTREACH WORKER 23
		  OTHER PRIVATE
		    MEDICAL _____26
		      (SPECIFY)
		OTHER SOURCE
		  FRIEND/RELATIVE.................31
		  OTHER _____36
		      (SPECIFY)
		NO ONE...............................41
		DON'T KNOW.........................98	

339	Are you having any problem with using (NAME OF METHOD)?	YES ....1 NO 2	→341
340	What is your main problem with using (NAME OF METHOD)?	HUSBAND DISAPPROVES.............1 SIDE EFFECTS.......................2 HEALTH CONCERNS.................3 DIFFICULT TO OBTAIN..............4 COSTS TOO MUCH..................5 INCONVENIENT TO USE.............7 OTHER_____6 (SPECIFY)	

341	CHECK 316:
	
	         FEMALE/MALE STERILIZATION ☐ ————————
	                OTHER METHODS ☐ ————————
			→342A
			
			→342

342	Do you know another place where you could have obtained/learned about (METHOD) the last time?	YES ....1 NO 2	→343 →348
342A	At the time of the sterilization operation, did you know another place where you could have received the operation?	YES ....1 NO 2	→348

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

343	People select the place where they get family planning services for various reasons.
	
	What was the main reason you went to (NAME OF PLACE IN 333) instead of some other place you know about?
	
	RECORD RESPONSE AND CIRCLE CODE.
	
	_____
		ACCESS-RELATED REASONS
		    CLOSER TO HOME .... 11 ⌐
		    CLOSER TO MARKET/WORK 12
		    AVAILABILITY OF TRANSPORT 13
		SERVICE-RELATED REASONS
		    STAFF MORE COMPETENT/
		        FRIENDLY 21
		    CLEANER FACILITY 22
		    OFFERS MORE PRIVACY 23
		    SHORTER WAITING TIME 24
		    LONGER HOURS OF SERVICE 25
		    USE OTHER SERVICES AT THE
		        FACILITY 26
		LOWER COST/CHEAPER 31
		WANTED ANONYMITY 41
		OTHER _____ 96
		        (SPECIFY)
		DON'T KNOW 98
			348

344	**CHECK 236:**
	    NOT PREGNANT OR ☐ PREGNANT ☐
	    UNSURE
			346

345	What is the main reason you are not using a method of contraception to avoid pregnancy?
	
	RECORD RESPONSE AND CIRCLE CODE.
	
	_____
		NOT MARRIED 11
		
		FERTILITY-RELATED REASONS
		  NOT HAVING SEX 21
		  INFREQUENT SEX/
		    HUSBAND AWAY 22
		  MENOPAUSAL/HYSTERECTOMY ... 23
		  SUBFECUND/INFECUND 24
		  POSTPARTUM/BREASTFEEDING ... 25
		  WANTS (MORE) CHILDREN 26
		  MIGHT BE PREGNANT 27
		
		OPPOSITION TO USE
		  RESPONDENT OPPOSED 31
		  HUSBAND OPPOSED 32
		  OTHERS OPPOSED 33
		  RELIGIOUS PROHIBITION 34
		  FATALISTIC 35
		
		LACK OF KNOWLEDGE
		  KNOWS NO METHOD 41
		  KNOWS NO SOURCE 42
		
		METHOD-RELATED REASONS
		  HEALTH CONCERNS 51
		  FEAR OF SIDE EFFECTS 52
		  LACK OF ACCESS/TOO FAR 53
		  COST TOO MUCH 54
		  INCONVENIENT TO USE 55
		  INTERFERES WITH BODY'S
		    NATURAL PROCESSES 56
		
		OTHER _____ 96
		        (SPECIFY)
		DON'T KNOW 98
			348

346	Do you know of a place where you can obtain a method of family planning?	YES .... 1 NO 2	348

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
347	Where is that? PROBE: Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL............A RURAL/URBAN HEALTH CENTER.............................B BARANGAY HEALTH STATION......C BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW ....D OTHER PUBLIC _____E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ....F PRIVATE DOCTOR ....G PRIVATE NURSE/MIDWIFE ....H PHARMACY ....I STORE ....J NGO......................................K INDUSTRY-BASED CLINIC ....L OTHER PRIVATE MEDICAL ——————— M (SPECIFY) OTHER SOURCE PUERICULTURE CENTER ....N CHURCH ....O FRIEND/RELATIVE ....P OTHER _____ X (SPECIFY) DON'T KNOW ....Z	
348	Were you visited by a family planning program worker in the last 12 months?	YES.............................1 NO..............................2	
349	Have you visited a health facility for any reason in the last 12 months?	YES.............................1 NO..............................2 ——► 351	351
350	Did any staff member at the health facility speak to you about family planning methods?	YES.............................1 NO..............................2	
351	Have you had a pap smear within the past 5 years?	YES.............................1 NO..............................2 DON'T KNOW PAP SMEAR............8	
352	Have you examined your breast for any sign of a mass within the last month?	YES.............................1 NO..............................2	

REMARKS:

401	CHECK 233:		SKIP TO 479
	ONE OR MORE BIRTHS SINCE JAN. 1993 ☐ ▼	NO BIRTHS SINCE JAN. 1993 ☐ ───────────────────────────►	

402	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1993 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRE). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about one child at a time.)

403		LAST BIRTH	NEXT-TO-LAST BIRTH
	LINE NUMBER FROM 214	LINE NUMBER............ ☐☐	LINE NUMBER............ ☐☐

404	FROM 218 AND 221	NAME_____ ALIVE ☐ DEAD ☐ ▼ ▼	NAME_____ ALIVE ☐ DEAD ☐ ▼ ▼

405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you want no (no more) children at all?	THEN............1 (SKIP TO 407)◄──┘ LATER............2 NO/NO MORE............3 (SKIP TO 407)◄──┘	THEN............1 (SKIP TO 407)◄──┘ LATER............2 NO/NO MORE............3 (SKIP TO 407)◄──┘
406	How much longer would you like to have waited?	MONTHS............1 ☐☐ YEARS............2 DON'T KNOW............998	MONTHS............1 ☐☐ YEARS............2 DON'T KNOW............998
407	When you were pregnant with (NAME), did you see anyone for prenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR............A NURSE............B MIDWIFE............C HILOT............D OTHER_____X (SPECIFY) NO ONE............Y (SKIP TO 413)◄──┘	HEALTH PROFESSIONAL DOCTOR............A NURSE............B MIDWIFE............C HILOT............D OTHER_____X (SPECIFY) NO ONE............Y (SKIP TO 413)◄──┘
408	Whom did you see first for prenatal care?	HEALTH PROFESSIONAL DOCTOR............1 NURSE............2 MIDWIFE............3 HILOT............4 OTHER_____6 (SPECIFY)	HEALTH PROFESSIONAL DOCTOR............1 NURSE............2 MIDWIFE............3 HILOT............4 OTHER_____6 (SPECIFY)
409	How many months pregnant were you when you first received prenatal care?	MONTHS............ ☐☐ DON'T KNOW............98	MONTHS............ ☐☐ DON'T KNOW............98
410	How many times did you receive prenatal care during this pregnancy?	NO. OF TIMES............ ☐☐ DON'T KNOW............98	NO. OF TIMES............ ☐☐ DON'T KNOW............98
411	During any of your prenatal visits, were you informed about symptoms or conditions which may occur during pregnancy that may be dangerous to you or to your baby?	YES............1 NO............2┐ DON'T KNOW............8┘ (SKIP TO 413)◄──	YES............1 NO............2┐ DON'T KNOW............8┘ (SKIP TO 413)◄──

20

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

412	What symptoms or conditions can you remember? PROBE: Anything else?	VAGINAL BLEEDING................A
		HEADACHE, DIZZINESS, BLURRED
		    VISION.................B
		SWOLLEN FACE AND/OR
		    HANDS.................C
		 PALE OR ANEMIC.................D
		 CAN'T REMEMBER.................E
		 OTHER _____ X
		(SPECIFY)
			VAGINAL BLEEDING................A
			HEADACHE, DIZZINESS, BLURRED
			    VISION.................B
			SWOLLEN FACE AND/OR
			    HANDS.................C
			 PALE OR ANEMIC.................D
			 CAN'T REMEMBER.................E
			 OTHER _____ X
			(SPECIFY)

413	When you were pregnant with (NAME) were you given any of the following: Iron tablets/capsules? Iodine capsule? Tetanus toxoid, an injection in the arm 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 415A)	YES NO DK IRON TAB/CAP................1 2 8 IODINE CAP................1 2 8 TETANUS TOXOID..........1 2 8 (SKIP TO 415A)
414	During this pregnancy, how many times did you receive a tetanus toxoid injection?	NO. OF TIMES.................. [ ] DON'T KNOW.................8	NO. OF TIMES.................. [ ] DON'T KNOW.................8
415A	Did you receive any tetanus toxoid injections during your previous pregnancies or during the National Immunization Day or Oplan Alis Disease?	YES.................1 NO.................2 (SKIP TO 416) ◄—————— DON'T KNOW.................8	YES.................1 NO.................2 (SKIP TO 416)◄—————— DON'T KNOW.................8
415B	How many times?	NUMBER OF TIMES............. [ ]	NUMBER OF TIMES............. [ ]

416	Where did you give birth to (NAME)?	HOME
		    OWN HOME.................11
		    OTHER HOME.................12
		PUBLIC SECTOR
		    GOVT. HOSPITAL.................21
		    GOVT. HEALTH CENTER.........22
		    GOVT. HEALTH POST.............23
		    OTHER PUBLIC
		    _____26
		(SPECIFY)
		PRIVATE MEDICAL SECTOR
		    PVT. HOSPITAL/CLINIC.........31
		    OTHER PRIVATE MEDICAL
		    _____36
		(SPECIFY)
		OTHER _____96
		(SPECIFY)
			HOME
			    OWN HOME.................11
			    OTHER HOME.................12
			PUBLIC SECTOR
			    GOVT. HOSPITAL.................21
			    GOVT. HEALTH CENTER.........22
			    GOVT. HEALTH POST.............23
			    OTHER PUBLIC
			    _____26
			(SPECIFY)
			PRIVATE MEDICAL SECTOR
			    PVT. HOSPITAL/CLINIC.........31
			    OTHER PRIVATE MEDICAL
			    _____36
			(SPECIFY)
			OTHER _____96
			(SPECIFY)

417	Who assisted with 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
		HILOT.................D
		RELATIVE/FRIEND.................E
		
		OTHER_____X
		(SPECIFY)
		NO ONE.................Y
			HEALTH PROFESSIONAL
			    DOCTOR.................A
			    NURSE.................B
			    MIDWIFE.................C
			HILOT.................D
			RELATIVE/FRIEND.................E
			
			OTHER_____X
			(SPECIFY)
			NO ONE.................Y

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
417A	Around the time of the birth of (NAME), did you have any of the following problems? Long Labor, that is, your regular contractions last more than 12 hours? Excessive bleeding that you feared it was life threatening? A high fever with bad smelling vaginal diischarge? Convulsions not caused by a fever?	YES NO LABOR MORE THAN 12 HOURS ....1 2 EXCESSIVE BLEEDING ....1 2 FEVER WITH BAD SMELLING VAGINAL DISCHARGE ...... 1 2 CONVULSIONS 1 2	YES NO LABOR MORE THAN 12 HOURS ....1 2 EXCESSIVE BLEEDING ....1 2 FEVER WITH BAD SMELLING VAGINAL DISCHARGE ...... 1 2 CONVULSIONS 1 2
418	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 DON'T KNOW 8	VERY LARGE ....1 LARGER THAN AVERAGE ....2 AVERAGE ....3 SMALLER THAN AVERAGE ....4 VERY SMALL ....5 DON'T KNOW 8

419	Was (NAME) delivered by caesarian section?	YES 1
		NO 2
		    (SKIP TO 420) ◄──────┘
			YES 1
			NO 2
			    (SKIP TO 420) ◄──────┘

419A	What was the main reason for having a delivery by caesarian section?	HIGH BLOOD PRESSURE AND SWELLING OF FACE AND HAND W/O CONVULSION (PRE-ECLAMPSIA) 01
		
		CONVULSION, HIGH BLOOD PRESSURE AND SWELLING OF FACE AND HAND (ECLAMPSIA) 02
		
		BABY TOO BIG TO PASS MOTHER'S PELVIC BONE 03
		
		BREECH BIRTH, BABY'S HEAD NOT COMING OUT FIRST 04
		
		BABY MIGHT DIE INSIDE MOTHER'S WOMB (FETAL DISTRESS) 05
		
		UNUSUALLY PROLONGED LABOR (LABOR BEYOND 12 HOURS) 06
		
		EXCESSIVE WATERY VAGINAL DISCHARGE BEFORE THE ONSET OF LABOR 07
		
		EXCESSIVE BLEEDING 08
		
		OTHER_____09
		     (SPECIFY)
		
		DON'T KNOW 98
			HIGH BLOOD PRESSURE AND SWELLING OF FACE AND HAND W/O CONVULSION (PRE-ECLAMPSIA) 01
			
			CONVULSION, HIGH BLOOD PRESSURE AND SWELLING OF FACE AND HAND (ECLAMPSIA) 02
			
			BABY TOO BIG TO PASS MOTHER'S PELVIC BONE 03
			
			BREECH BIRTH, BABY'S HEAD NOT COMING OUT FIRST 04
			
			BABY MIGHT DIE INSIDE MOTHER'S WOMB (FETAL DISTRESS) 05
			
			UNUSUALLY PROLONGED LABOR (LABOR BEYOND 12 HOURS) 06
			
			EXCESSIVE WATERY VAGINAL DISCHARGE BEFORE THE ONSET OF LABOR 07
			
			EXCESSIVE BLEEDING 08
			
			OTHER_____09
			     (SPECIFY)
			
			DON'T KNOW 98

420	Was (NAME) weighed at birth?	YES 1
		NO 2
		    (SKIP TO 422) ◄──────┘
			YES 1
			NO 2
			    (SKIP TO 422) ◄──────┘

421	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	POUNDS OUNCES FROM CARD ....1 ☐☐ ☐☐ FROM RECALL ......2 ☐☐ ☐☐ DON'T KNOW 99998	POUNDS OUNCES FROM CARD ....1 ☐☐ ☐☐ FROM RECALL ......2 ☐☐ ☐☐ DON'T KNOW 99998

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____

422	Did you see anyone for a postnatal check-up after the birth of (NAME)?
	
	IF YES: Whom did you see?
	        Anyone else?
		HEALTH PROFESSIONAL
		        DOCTOR...................A
		        NURSE....................B
		        MIDWIFE..................C
		HILOT............................D
		RELATIVE/FRIEND.............E
		
		OTHER_____X
		            (SPECIFY)
		NO ONE.........................Y
		        (SKIP TO 425) ◄──
			HEALTH PROFESSIONAL
			        DOCTOR...................A
			        NURSE....................B
			        MIDWIFE..................C
			HILOT............................D
			RELATIVE/FRIEND.............E
			
			OTHER_____X
			            (SPECIFY)
			NO ONE.........................Y
			        (SKIP TO 426) ◄──

423	How many days after the birth of (NAME) did you get postnatal care?	DAYS...................1 ☐☐ WEEKS................2 DON'T KNOW.....................998	DAYS...................1 ☐☐ WEEKS................2 DON'T KNOW.....................998

424	Did you receive the following services during your postnatal check-up?
	        Abdominal examination?
	        Breast examination?
	        Internal examination?
	        Family planning advice?
	        Breastfeeding advice?
	        Baby care advice?
	        Check-up of baby?
	         Any other service?
		YES NO DK
		ABDOMINAL EXAM...........1 2 8
		BREAST EXAM.................1 2 8
		INTERNAL EXAM..............1 2 8
		FAMILY PLANNING ADVICE.1 2 8
		BREASTFEEDING ADVICE...1 2 8
		BABY CARE ADVICE..........1 2 8
		CHECK-UP OF BABY..........1 2 8
		OTHER_____1 2 8
		            (SPECIFY)
			YES NO DK
			ABDOMINAL EXAM...........1 2 8
			BREAST EXAM.................1 2 8
			INTERNAL EXAM..............1 2 8
			FAMILY PLANNING ADVICE.1 2 8
			BREASTFEEDING ADVICE...1 2 8
			BABY CARE ADVICE..........1 2 8
			CHECK-UP OF BABY..........1 2 8
			OTHER_____1 2 8
			            (SPECIFY)

425	Has your period returned since the birth of (NAME)?	YES.............................1
		        (SKIP TO 427) ◄──
		NO..............................2
		        (SKIP TO 428) ◄──	

426	Did your period return between the birth of (NAME) and your next pregnancy?		YES.............................1 NO..............................2 (SKIP TO 430) ◄──
427	For how many months after the birth of (NAME) did you not have your period?	MONTHS.................☐☐ DON'T KNOW...................98	MONTHS.................☐☐ DON'T KNOW...................98

428	CHECK 236:
	
	RESPONDENT PREGNANT?
		NOT ☐ PREG- ☐
		PREG- NANT
		NANT OR
		  ↓ UNSURE
		              ↓
		        (SKIP TO 430)	

429	Have you resumed sexual relations since the birth of (NAME)?	YES.............................1 NO..............................2 (SKIP TO 431) ◄──	
430	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS.................☐☐ DON'T KNOW...................98	MONTHS.................☐☐ DON'T KNOW...................98

431	Did you ever breastfeed (NAME)?	YES.............................1
		        (SKIP TO 433) ◄──
		NO..............................2
			YES.............................1
			        (SKIP TO 433) ◄──
			NO..............................2

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
432	Why did you not breastfeed (NAME)?	MOTHER ILL/WEAK ....1 CHILD ILL/WEAK ....2 CHILD DIED ....3 NIPPLE/BREAST PROBLEM ....4 NOT ENOUGH MILK ....5 MOTHER WORKING ....7 CHILD REFUSED ....8 OTHER _____6 (SPECIFY) (SKIP TO 443)	MOTHER ILL/WEAK ....1 CHILD ILL/WEAK ....2 CHILD DIED ....3 NIPPLE/BREAST PROBLEM ....4 NOT ENOUGH MILK ....5 MOTHER WORKING ....7 CHILD REFUSED ....8 OTHER _____6 (SPECIFY) (SKIP TO 443)
433	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 HOURS. OTHERWISE, RECORD DAYS	IMMEDIATELY ....000 HOURS ....1 ☐☐ DAYS 2	IMMEDIATELY ....000 HOURS ....1 ☐☐ DAYS 2
434	CHECK 404: CHILD ALIVE?	ALIVE ☐ DEAD ☐ ↓ (SKIP TO 436) ←	
435	Are you still breastfeeding (NAME)?	YES ....1 (SKIP TO 438) ← NO 2	
436	For how many months did you breastfeed (NAME)?	MONTHS ....☐☐ DON'T KNOW 98	MONTHS ....☐☐ STILL BREASTFEEDING ....70 (SKIP TO 441) ← DON'T KNOW 98

437	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK 01
		CHILD ILL/WEAK 02
		CHILD DIED 03
		NIPPLE/BREAST PROBLEM 04
		NOT ENOUGH MILK 05
		MOTHER WORKING 06
		CHILD REFUSED 07
		WEANING AGE/AGE TO STOP 08
		BECAME PREGNANT 09
		STARTED USING
		  CONTRACEPTION 10
		OTHER_____96
		(SPECIFY)
		(SKIP TO 440) ←
			MOTHER ILL/WEAK 01
			CHILD ILL/WEAK 02
			CHILD DIED 03
			NIPPLE/BREAST PROBLEM 04
			NOT ENOUGH MILK 05
			MOTHER WORKING 06
			CHILD REFUSED 07
			WEANING AGE/AGE TO STOP 08
			BECAME PREGNANT 09
			STARTED USING
			  CONTRACEPTION 10
			OTHER_____96
			(SPECIFY)
			(SKIP TO 442) ←

438	How many times did you breastfeed (NAME) last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME ....☐☐ FEEDINGS	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
439	How many times did you breastfeed (NAME) yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT.............. ☐☐ FEEDINGS	
440	CHECK 435:	"YES" OR NO ENTRY IN 435 ☐ "NO" IN 435 ☐ ↓ ↓ (SKIP TO 442)	
441	Was (NAME) ever given water or anything else to drink or eat other than breastmilk?	YES....................................1 NO.......................................2 (SKIP TO 448) ◄——┘	YES....................................1 NO.......................................2 (SKIP TO 448) ◄——┘
442	How many months old was (NAME) when you first started giving him/her any food or liquid other than breastmilk?	MONTHS.............. ☐☐	MONTHS.............. ☐☐
443	CHECK 404: CHILD ALIVE?	ALIVE ☐ DEAD ☐ ↓ ↓ (SKIP TO 448)	ALIVE ☐ DEAD ☐ ↓ ↓ (SKIP TO 445) (SKIP TO 448)
444	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES....................................1 NO.......................................2 DON'T KNOW........................8	

445	At any time yesterday or last night, was (NAME) given any of the following:
	
	Plain water?
	Sugar water?
	Juice/Herbal tea?
	Infant formula?
	Other milk?
	Any other liquid?
	Any food made from cereals (wheat, maize, rice,such as porridge, bread, or noodles)?
	Any food made from root crops (cassava, kamote or local tuber?
	Eggs, fish, poultry, or meat?
	
	Any other solid or semi-solid foods?
		YES NO DK
		PLAIN WATER............1 2 8
		SUGAR WATER...........1 2 8
		JUICE/HERBAL TEA.......1 2 8
		INFANT FORMULA.........1 2 8
		OTHER MILK...............1 2 8
		OTHER LIQUIDS...........1 2 8
		FOOD MADE FROM
		  CEREALS 1 2 8
		FOOD MADE FROM
		  ROOT CROPS...........1 2 8
		EGGS/FISH/POULTRY/
		  MEAT....................1 2 8
		OTHER SOLID/SEMI-
		  SOLID FOODS...........1 2 8
			YES NO DK
			PLAIN WATER............1 2 8
			SUGAR WATER...........1 2 8
			JUICE/HERBAL TEA.......1 2 8
			INFANT FORMULA.........1 2 8
			OTHER MILK...............1 2 8
			OTHER LIQUIDS...........1 2 8
			FOOD MADE FROM
			  CEREALS 1 2 8
			FOOD MADE FROM
			  ROOT CROPS...........1 2 8
			EGGS/FISH/POULTRY/
			  MEAT....................1 2 8
			OTHER SOLID/SEMI-
			  SOLID FOODS...........1 2 8

446	CHECK 445: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE/MORE ☐ "NO"/"DK" TO ALL ☐ ↓ ↓ (SKIP TO 448)	"YES" TO ONE/MORE ☐ "NO"/"DK" TO ALL ☐ ↓ ↓ (SKIP TO 448)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
447	(Aside from breastfeeding,) how many times did (NAME) eat and/or drink yesterday, including both meals and snacks? IF 7 OR MORE TIMES, RECORD "7".	NUMBER OF TIMES _____ ☐ DON'T KNOW _____8	NUMBER OF TIMES _____ ☐ DON'T KNOW _____8
448		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 449.	IF NO MORE BIRTHS, GO TO 449; OR IF WITH SECOND-TO-LAST BIRTH SINCE JANUARY 1993, USE ANOTHER QUESTIONNAIRE.

REMARKS:

449	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1993 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRE).

		LAST BIRTH	NEXT-TO-LAST BIRTH
450	LINE NUMBER FROM 214	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐
451	FROM 218 AND 221	NAME _____ ALIVE ☐ DEAD ☐ (GO TO 451 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 478.)	NAME _____ ALIVE ☐ DEAD ☐ (GO TO 451 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 478.)
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
453	Did you ever have a vaccination card for (NAME)?	YES .... 1 (SKIP TO 456) ← NO 2	YES .... 1 (SKIP TO 456) ← NO 2
454	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE "44" IN "MONTH" COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED BCG DPT 1 DPT 2 DPT 3 Polio 1 Polio 2 Polio 3 Measles	MONTH DAY YEAR BCG _____ D1 _____ D2 _____ D3 _____ P1 _____ P2 _____ P3 _____ MEASLES _____	MONTH DAY YEAR BCG _____ D1 _____ D2 _____ D3 _____ P1 _____ P2 _____ P3 _____ MEASLES _____
455	Has (NAME) received any vaccinations that was not recorded on this card? RECORD "YES" ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, AND/OR MEASLES VACCINE(S)	YES .... 1 (PROBE FOR VACCINATIONS AND WRITE "66" IN THE CORRESPONDING MONTH COLUMN IN 454) NO .... 2 DON'T KNOW .... 8 (SKIP TO 457L) ←	YES .... 1 (PROBE FOR VACCINATIONS AND WRITE "66" IN THE CORRESPONDING MONTH COLUMN IN 454) NO .... 2 DON'T KNOW .... 8 (SKIP TO 457L) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
456	CHECK 222: AGE OF CHILD = "00"?	YES ☐ NO ☐	YES ☐ NO ☐
456A	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES ....1 NO ....2 (SKIP TO 457P) ◄——— DON'T KNOW 8	YES ....1 NO ....2 (SKIP TO 457P) ◄——— DON'T KNOW 8
457	Please tell me if (NAME) received any of the following vaccinations:		
457A	A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?	YES ....1 NO ....2 (SKIP TO 457C) ◄——— DON'T KNOW 8	YES ....1 NO ....2 (SKIP TO 457C) ◄——— DON'T KNOW 8
457B	Did (NAME) receive this BCG vaccine before his/her first birthday? DO NOT ASK THIS QUESTION IF "YES" IN 456.	YES ....1 NO 2	YES ....1 NO 2
457C	Polio vaccine, that is, drops in the mouth ?	YES ....1 NO ....2 (SKIP TO 457F) ◄——— DON'T KNOW 8	YES ....1 NO ....2 (SKIP TO 457F) ◄——— DON'T KNOW 8
457D	How many times?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐
457E	Did (NAME) receive this third (last) polio vaccine before his/her first birthday? DO NOT ASK THIS QUESTION IF "YES" IN 456.	YES ....1 NO 2	YES ....1 NO 2
457F	DPT vaccination, that is, an injection in the thigh that is usually given at the same time as polio drops?	YES ....1 NO ....2 (SKIP TO 457J) ◄——— DON'T KNOW 8	YES ....1 NO ....2 (SKIP TO 457J) ◄——— DON'T KNOW 8
457G	How many times?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐
457H	Did (NAME) receive this third (last) DPT vaccine before his /her first birthday? DO NOT ASK THIS QUESTION IF "YES" IN 456.	YES ....1 NO 2	YES ....1 NO 2
457J	An injection to prevent measles?	YES ....1 NO ....2 (SKIP TO 457L) ◄——— DON'T KNOW 8	YES ....1 NO ....2 (SKIP TO 457L) ◄——— DON'T KNOW 8
457K	Did (NAME) receive this measles vaccine before his/her first birthday? DO NOT ASK THIS QUESTION IF "YES" IN 456.	YES ....1 NO 2	YES ....1 NO 2

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
457L	CHECK 456 (OR 222): AGE OF CHILD = "00"?	YES ☐ NO ☐ ↓ (SKIP TO 457T) ↓	YES ☐ NO ☐ ↓ (SKIP TO 457T) ↓

457M	CHECK 452:
	
	SEEN CARD?
		SEEN ☐ NOT SEEN/ ☐
		(CODE "1" NO CARD
		IN 452) (CODE "2"
		    OR "3"
		    IN 452)
		↓ (SKIP TO 457O) ↓
			SEEN ☐ NOT SEEN/ ☐
			(CODE "1" NO CARD
			IN 452) (CODE "2"
			    OR "3"
			    IN 452)
			↓ (SKIP TO 457O) ↓

457N	GO BACK TO 454, IF ALL ROWS FILLED UP ASK: Did (NAME) receive BCG, 3 doses of Polio and DPT and Measles Vaccines before his/her first birthday? OTHERWISE, DO NOT ASK THIS QUESTION, ENTER "X" FOR "NO" AND SKIP TO 457R.	YES ☐ NO ☐ ↓ ↓ (SKIP TO 457T) (SKIP TO 457R)	YES ☐ NO ☐ ↓ ↓ (SKIP TO 457T) (SKIP TO 457R)

457O	CHECK 457B:
	  457D: = "3" AND 457E = "YES"
	  457G: = "3" AND 457H = "YES"
	  457K:
	
	RECEIVED VACCINATION BEFORE FIRST BIRTHDAY?
		YES NO/NO ENTRY
		BCG ....1 2 ⌐
		Polio ....1 2 ⌐
		DPT ....1 2 ⌐
		Measles ....1 2 ⌐
		↓ ↓
		(SKIP TO 457T) (SKIP TO 457R)
			YES NO/NO ENTRY
			BCG ....1 2 ⌐
			Polio ....1 2 ⌐
			DPT ....1 2 ⌐
			Measles ....1 2 ⌐
			↓ ↓
			(SKIP TO 457T) (SKIP TO 457R)

457P	CHECK 456: AGE OF CHILD = "00"?	YES ☐ NO ☐ ↓ (SKIP TO 458) ↓	YES ☐ NO ☐ ↓ (SKIP TO 458) ↓
457R	What are the reasons why (NAME) did not complete (have any) vaccination before reaching his/her first birthday? RECORD ALL RESPONSES MENTIONED.	UNAWARE OF NEEDS FOR IMMUNIZATION ......A UNAWARE OF NEED TO RETURN FOR SECOND OR THIRD DOSE ......B FEAR OF SIDE REACTIONS, WRONG IDEAS ABOUT CONTRAINDICATIONS ......C POSTPONED UNTIL ANOTHER TIME ......D NO FAITH IN IMMUNIZATION ......E RUMORS ......F PLACE OF IMMUNIZATION TOO FAR ......G TIME FOR IMMUNIZATION INCONVENIENT ......H VACCINATOR ABSENT ......I MOTHER TOO BUSY ......J FAMILY PROBLEM, INCLUDING ILLNESS OF MOTHER ......K CHILD ILL-NOT BROUGHT ......L CHILD ILL-BROUGHT BUT NOT GIVEN IMMUNIZATION ......M LONG WAITING TIME ......N OTHER_____X (SPECIFY)	UNAWARE OF NEEDS FOR IMMUNIZATION ......A UNAWARE OF NEED TO RETURN FOR SECOND OR THIRD DOSE ......B FEAR OF SIDE REACTIONS, WRONG IDEAS ABOUT CONTRAINDICATIONS ......C POSTPONED UNTIL ANOTHER TIME ......D NO FAITH IN IMMUNIZATION ......E RUMORS ......F PLACE OF IMMUNIZATION TOO FAR ......G TIME FOR IMMUNIZATION INCONVENIENT ......H VACCINATOR ABSENT ......I MOTHER TOO BUSY ......J FAMILY PROBLEM, INCLUDING ILLNESS OF MOTHER ......K CHILD ILL-NOT BROUGHT ......L CHILD ILL-BROUGHT BUT NOT GIVEN IMMUNIZATION ......M LONG WAITING TIME ......N OTHER_____X (SPECIFY)

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____

457S	CHECK 456A: EVER RECEIVED VACCINATION?	YES/NO ENTRY ☐ NO ☐ (SKIP TO 458)	YES/NO ENTRY ☐ NO ☐ (SKIP TO 458)
457T	Did (NAME) receive an injection to prevent Hepatitis B?	YES......1 NO......2 (SKIP TO 458) ◄——┐ DON'T KNOW......8	YES......1 NO......2 (SKIP TO 458) ◄——┐ DON'T KNOW......8
457U	How many times?	NUMBER OF TIMES...... ☐	NUMBER OF TIMES...... ☐
458	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 DK VITAMIN A......1 2 8 IODINE......1 2 8 IRON......1 2 8	YES NO DK VITAMIN A......1 2 8 IODINE......1 2 8 IRON......1 2 8
459	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES......1 NO......2 DON'T KNOW......8	YES......1 NO......2 DON'T KNOW......8
460	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES......1 NO......2 (SKIP TO 465) ◄——┐ DON'T KNOW......8	YES......1 NO......2 (SKIP TO 465) ◄——┐ DON'T KNOW......8
461	When (NAME) was ill with a cough, did he/she breathe faster than usual with short, fast breaths?	YES......1 NO......2 DON'T KNOW......8	YES......1 NO......2 DON'T KNOW......8
462	Did you seek advice or treatment for the cough?	YES......1 NO......2 (SKIP TO 465) ◄——┘	YES......1 NO......2 (SKIP TO 465) ◄——┘

463	Where did you seek advice or treatment?
	
	Anywhere else?
	
	RECORD ALL MENTIONED.
		PUBLIC SECTOR
		  GOVT. HOSPITAL/CLINIC/CHHC...A
		  RURAL HEALTH UNIT/
		    URBAN HEALTH CENTER......B
		  BARANGAY HEALTH STATION...C
		  COMM. HEALTH WORKER......D
		  OTHER PUBLIC_____E
		     (SPECIFY)
		PRIVATE SECTOR
		  PVT. HOSPITAL/CLINIC......F
		  PHARMACY......G
		  PRIVATE DOCTOR/MIDWIFE/
		    NURSE......H
		  STORE......I
		  INDUSTRY-BASED CLINIC......J
		  BOY SCOUTS/GIRL SCOUTS......K
		  JAYCEES......L
		  OTHER PRIVATE_____M
		     (SPECIFY)
			PUBLIC SECTOR
			  GOVT. HOSPITAL/CLINIC/CHHC......A
			  RURAL HEALTH UNIT/
			    URBAN HEALTH CENTER......B
			  BARANGAY HEALTH STATION......C
			  COMM. HEALTH WORKER......D
			  OTHER PUBLIC_____E
			     (SPECIFY)
			PRIVATE SECTOR
			  PVT. HOSPITAL/CLINIC......F
			  PHARMACY......G
			  PRIVATE DOCTOR/MIDWIFE/
			    NURSE......H
			  STORE......I
			  INDUSTRY-BASED CLINIC......J
			  BOY SCOUTS/GIRL SCOUTS......K
			  JAYCEES......L
			  OTHER PRIVATE_____M
			     (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

464	What was given to treat the cough?	INJECTION............A
		ANTIBIOTIC (PILL OR SYRUP)........B
		COUGH SYRUP............C
		OTHER PILL OR SYRUP............D
		UNKNOWN PILL OR SYRUP..........E
		HOME REMEDY/HERBAL
		  MEDICINE............F
		
		OTHER_____X
		(SPECIFY)
		NOTHING GIVEN............Y
			INJECTION............A
			ANTIBIOTIC (PILL OR SYRUP)..........B
			COUGH SYRUP............C
			OTHER PILL OR SYRUP............D
			UNKNOWN PILL OR SYRUP..........E
			HOME REMEDY/HERBAL
			  MEDICINE............F
			
			OTHER_____X
			(SPECIFY)
			NOTHING GIVEN............Y

465	Has (NAME) had diarrhea in the last 2 weeks?	YES............1 NO............2 (SKIP TO 477) ← DON'T KNOW............8	YES............1 NO............2 (SKIP TO 477) ← DON'T KNOW............8
466	Was there any blood in the stools?	YES............1 NO............2 DON'T KNOW............8	YES............1 NO............2 DON'T KNOW............8
467	CHECK 435: LAST CHILD STILL BREASTFEED?	YES ☐ NO ☐ (SKIP TO 469)	
468	During (NAME'S) diarrhea, did you maintain the same number of breastfeeds, did you increase the number of breastfeeds, did you reduce the number of breastfeeds, or did you stop breastfeeding completely althogether?	MAINTAINED THE SAME............1 INCREASED............2 REDUCED............3 STOPPED............4	

469	On that worst day of the diarrhea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL
		  MOVEMENTS............ ☐☐
		
		DON'T KNOW............98
			NUMBER OF BOWEL
			  MOVEMENTS............ ☐☐
			
			DON'T KNOW............98

470	(Aside from breastfeeding), was (NAME) given the same amount to drink as before the diarrhea, or more, or less, or not given anything to drink at all?	SAME............1 MORE............2 LESS............3 NOTHING............4 DON'T KNOW............8	SAME............1 MORE............2 LESS............3 NOTHING............4 DON'T KNOW............8
471	Was (NAME) given the same amount of food to eat as before the diarrhea, or more, or less, or not given anything to eat at all?	SAME............1 MORE............2 LESS............3 NOTHING............4 DON'T KNOW............8	SAME............1 MORE............2 LESS............3 NOTHING............4 DON'T KNOW............8

		LAST BIRTH			NEXT-TO-LAST BIRTH		
		NAME _____			NAME _____		

472	When (NAME) had diarrhea, was he/she given any of the following to drink:		YES NO DK			YES NO DK	
	Fluid from ORS preparation (ORESOL/Hydrite)?	ORS PREPARATION.........1	2	8	ORS PREPARATION............1	2	8
	Rice water/'am'	RICE WATER/'AM'...........1	2	8	RICE WATER/'AM'.............1	2	8
	Home-made sugar-salt-water solution?	HOME-MADE SUGAR-SALT-WATER SOLUTION.........1	2	8	HOME-MADE SUGAR-SALT-WATER SOLUTION............1	2	8
	Tea/herbal drinks/softdrinks/softdrinks with starch?	TEA/HERBAL DRINKS/ SOFTDRINKS/SOFTDRINKS WITH STARCH............1	2	8	TEA/HERBAL DRINKS/ SOFTDRINKS/SOFTDRINKS WITH STARCH.................1	2	8
	Milk/infant formula?	MILK/INFANT FORMULA.....1	2	8	MILK/INFANT FORMULA.........1	2	8
	Rice/corn coffee?	RICE/CORN COFFEE........1	2	8	RICE/CORN COFFEE............1	2	8
	Coconut water/broth/soups?	COCONUT WATER/BROTH/ SOUPS...............1	2	8	COCONUT WATER/BROTH/ SOUPS..................1	2	8
	Water?	WATER.................1	2	8	WATER.................1	2	8
	Any other liquid?	OTHER LIQUID............1	2	8	OTHER LIQUID.............1	2	8
473	Was anything (else) given to treat the diarrhea?	YES............1 NO............2 (SKIP TO 475) ←┤ DON'T KNOW............8			YES............1 NO............2 (SKIP TO 475) ←┤ DON'T KNOW............8		
474	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	RECOMMENDED HOME FLUID.......A PILL OR SYRUP.............B INJECTION.............C (I.V.) INTRAVENOUS.............D HOME REMEDIES/ HERBAL MEDICINES............E OTHER _____ X (SPECIFY)			RECOMMENDED HOME FLUID..........A PILL OR SYRUP.............B INJECTION.............C (I.V.) INTRAVENOUS.............D HOME REMEDIES/ HERBAL MEDICINES.............E OTHER _____ X (SPECIFY)		
475	Did you seek advice or treatment for the diarrhea?	YES............1 NO............2 (SKIP TO 477) ←┘			YES............1 NO............2 (SKIP TO 477) ←┘		
476	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC/CHHC...A RURAL HEALTH UNIT/ URBAN HEALTH CENTER.......B BARANGAY HEALTH STATION....C COMM. HEALTH WORKER.........D OTHER PUBLIC _____ E (SPECIFY) PRIVATE SECTOR PVT. HOSPITAL/CLINIC............F PHARMACY.............G PRIVATE DOCTOR/MIDWIFE/ NURSE.............H STORE.............I INDUSTRY-BASED CLINIC.........J BOY SCOUTS/GIRL SCOUTS.......K JAYCEES.............L OTHER PRIVATE _____ M (SPECIFY)			PUBLIC SECTOR GOVT. HOSPITAL/CLINIC/CHHC...A RURAL HEALTH UNIT/ URBAN HEALTH CENTER.......B BARANGAY HEALTH STATION....C COMM. HEALTH WORKER.........D OTHER PUBLIC _____ E (SPECIFY) PRIVATE SECTOR PVT. HOSPITAL/CLINIC............F PHARMACY.............G PRIVATE DOCTOR/MIDWIFE/ NURSE.............H STORE.............I INDUSTRY-BASED CLINIC.........J BOY SCOUTS/GIRL SCOUTS.......K JAYCEES.............L OTHER PRIVATE _____ M (SPECIFY)		
477		GO BACK TO 451 IN NEXT COLUMN : OR, IF NO MORE BIRTHS, GO TO 478			GO BACK TO 451 IN NEXT COLUMN : OR, IF NO MORE BIRTHS, GO TO 478		

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
478	CHECK 472, ALL COLUMNS: NO CHILD RECEIVED ORS PREPARATION (ORESOL/HYDRITE) ☐	ANY CHILD RECEIVED ORS PREPARATION (ORESOL/HYDRITE) ☐	→481
479	Have you ever heard of a special product called ORESOL or HYDRITE you can get for the treatment of diarrhea?	YES _____ 1 NO _____ 2	→481
480	Have you ever seen packets like these before? SHOW ORESOL PACKET OR HYDRITE TABLET.	YES _____ 1 NO _____ 2	→485
481	Have you ever prepared a solution with one of these packets/tablets or any other ORS for yourself or someone else to treat diarrhea? SHOW ORESOL PACKET OR HYDRITE TABLET.	YES, ORESOL _____ 1 YES, HYDRITE OR OTHER ORS _____ 2 NO _____ 3	→484
482	The last time you prepared the ORESOL solution, did you use the whole packet at one time or only part of the packet?	WHOLE PACKET AT ONE TIME _____ 1 PART OF THE PACKET _____ 2	→484
483	How much water did you use to prepare ORESOL the last time you made it?	½ LITER _____ 1 1 LITER _____ 2 1 ½ LITERS _____ 3 2 LITERS _____ 4 FOLLOWED INSTRUCTIONS ON PACKAGE. _____ 5 OTHER ——————— 6 (SPECIFY) DON'T KNOW _____ 8	

484	Where can you get a packet/tablet of ORS like ORESOL, HYDRITE?
	
	PROBE: Anywhere else?
	
	RECORD ALL MENTIONED.
		PUBLIC SECTOR
		  GOVT. HOSPITAL/CLINIC/CHHC _____ A
		  RURAL HEALTH UNIT/
		    URBAN HEALTH CENTER _____ B
		  BARANGAY HEALTH STATION _____ C
		  COMM. HEALTH WORKER _____ D
		  OTHER PUBLIC ——————— E
		       (SPECIFY)
		
		PRIVATE SECTOR
		  PVT. HOSPITAL/CLINIC _____ F
		  PHARMACY _____ G
		  PRIVATE DOCTOR/MIDWIFE/
		    NURSE _____ H
		  STORE _____ I
		  INDUSTRY-BASED CLINIC _____ J
		  BOY SCOUTS/GIRL SCOUTS _____ K
		  JAYCEES _____ L
		  OTHER PRIVATE _____ M
		     (SPECIFY)	

485	When a child has diarrhea, should he/she be given the same amount to drink as before the diarrhea, or more, or less, or not given anything to drink at all?	SAME _____ 1 MORE _____ 2 LESS _____ 3 NOTHING _____ 4 DON'T KNOW _____ 8	
486	When a child has diarrhea, should he/she be given the same amount to eat as before the diarrhea, or more, or less, or not given any thing to eat at all?	SAME _____ 1 MORE _____ 2 LESS _____ 3 NOTHING _____ 4 DON'T KNOW _____ 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
487	When a child is sick with diarrhea, what signs of the illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.	REPEATED WATERY STOOLS........A ANY WATERY STOOLS...............B REPEATED VOMITING................C ANY VOMITING........................D BLOOD IN STOOLS...................E FEVER.................................F MARKED THIRST......................G NOT EATING/NOT DRINKING WELL...H GETTING SICKER/VERY SICK.........I NOT GETTING BETTER................J OTHER _____ X (SPECIFY) DON'T KNOW........................Z	
488	When a child is sick with a cough, what signs of the illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.	FAST BREATHING....................A DIFFICULT BREATHING...............B NOISY BREATHING...................C FEVER.................................D UNABLE TO DRINK...................E NOT EATING/NOT DRINKING WELL...F GETTING SICKER/VERY SICK........G PERSISTENT COUGH.................H NOT GETTING BETTER ....I OTHER _____ X (SPECIFY) DON'T KNOW........................Z	

REMARKS:

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	PRESENCE OF OTHERS AT THIS POINT.	YES NO CHILDREN UNDER 10..............1 2 HUSBAND/PARTNER..............1 2 OTHER MALES......................1 2 OTHER FEMALES 1 2	
502	Are you currently married or living with a man?	YES, CURRENTLY MARRIED............1 YES, LIVING WITH A MAN...............2 NO, NOT IN UNION......................3	507
503	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	REGULAR SEXUAL PARTNER..........1 OCCASIONAL SEXUAL PARTNER.....2 NO SEXUAL PARTNER...................3	
504	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED..............1 YES, LIVED WITH A MAN.................2 NO...3	▶506 ▶509
505	ENTER "0" IN COLUMN 3 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 1993 ——————————————————————		▶516
506	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED..................................1 DIVORCED.................................2 SEPARATED..............................3	▶509
507	Is your husband/partner staying with you now or is he staying elsewhere?	STAYING WITH HER........................1 STAYING ELSEWHERE...................2	
508	During the last four weeks, how many days were you and your husband/partner apart?	DAYS .... ☐☐	
509	Have you been married or lived with a man only once, or more than once?	ONCE..1 MORE THAN ONCE....................2	
510	In what month and year did you start living with your (first) husband/partner?	MONTH............................. ☐☐ DK MONTH.............................. 98 YEAR................. ☐☐☐☐ DK YEAR...............................9998	▶512
511	How old were you when you started living with him?	AGE............................... ☐☐	
512	CHECK 509: MARRIED OR LIVED WITH A ☐ MARRIED OR LIVED ☐ MAN MORE THAN ONCE WITH A MAN ONLY ONCE		▶515
513	In what month and year did you start living with your current/last husband/partner?	MONTH............................. ☐☐ DK MONTH.............................. 98 YEAR................. ☐☐☐☐ DK YEAR...............................9998	▶515
514	How old were you when you started living with him?	AGE............................... ☐☐	

515	DETERMINE MONTHS MARRIED OR IN UNION SINCE JANUARY 1993. ENTER "X" IN COLUMN 3 OF CALENDAR FOR EACH MONTH MARRIED OR IN UNION, AND ENTER "0" FOR EACH MONTH NOT MARRIED/NOT IN UNION, SINCE JANUARY 1993. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.	
516	Now I need to ask some details about your sexual activity (if ever) in order to gain a better understanding of some family planning issues. How many times (if ever) did you have sexual intercourse in the last four weeks?	TIMES .... ☐☐ NEVER HAD SEXUAL INTERCOURSE ....90 → 601
517	How many times in a month do you usually have sexual intercourse?	TIMES .... ☐☐
518	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
519	How old were you when you first had sexual intercourse?	AGE .... ☐☐ FIRST TIME WHEN MARRIED 96
520	How old were you when you had your first menstrual period?	AGE .... ☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 316: NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐		→ 614
602	CHECK 236: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ 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? Now I have some questions about the future. After the child you are expecting now, 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/DON'T KNOW 8	 → 604 → 606 → 604
603	CHECK 236: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ How long would you like to wait from now before the birth of (a/another) child? After the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ....1 ☐☐ YEARS ....2 ☐☐ SOON/NOW ....993 SAYS SHE CAN'T GET PREGNANT .994 AFTER MARRIAGE ....995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	 → 606
604	CHECK 236: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 607
605	If you became pregnant in the next few weeks, would you be <u>happy</u>, <u>unhappy</u>, or would it <u>not matter</u> very much?	HAPPY ....1 UNHAPPY ....2 WOULD NOT MATTER 3	
606	CHECK 315: USING A METHOD? NOT CURRENTLY USING ☐ CURRENTLY USING ☐ OR 315 NOT ASKED OR 315 ASKED		→ 614
607	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES ....1 NO ....2 DON'T KNOW 8	→ 609
608	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES ....1 NO ....2 DON'T KNOW 8	→ 612

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

609	Which method would you prefer to use?	PILL 01
		IUD 02
		INJECTIONS 03
		CONDOM 04
		FEMALE STERILIZATION 05
		MALE STERILIZATION 06
		CALENDAR/RHYTHM/PERIODIC
		   ABSTINENCE 07
		MUCUS/BILLINGS/OVULATION 08
		BASAL BODY TEMPERATURE 09
		SYMPTOTHERMAL 10
		LACTATIONAL AMENORRHEA
		   METHOD (LAM) 11
		BREASTFEEDING 12
		WITHDRAWAL 13
		OTHER _____ 96
		      (SPECIFY)
		UNSURE 98
			→ 614

610	Would you be willing to pay for (METHOD)?	YES .... 1 NO .... 2 DON'T KNOW 8	614

611	How much would you be willing to pay for (METHOD) (including all costs)?
	
	   P 10?
	   P 20?
	   P 25?
	   P 30?
	   P 50?
	   P 75?
	   P 100?
	   P 150?
	   P 200? IF "YES", CONTINUE WITH
	   P 300? THE NEXT AMOUNT.
	   P 500? IF "NO", SKIP TO 614.
	   P 750?
	   P 1000?
	   P 1500?
	   P 2000?
	   P 3000?
	   More than P3000?
		YES NO
		P10 .... 1 2
		P20 .... 1 2
		P25 .... 1 2
		P30 .... 1 2
		P50 .... 1 2
		P75 .... 1 2
		P100 .... 1 2
		P150 .... 1 2
		P200 .... 1 2
		P300 .... 1 2
		P500 .... 1 2
		P750 .... 1 2
		P1000 .... 1 2
		P1500 .... 1 2
		P2000 .... 1 2
		P3000 .... 1 2
		More than P3000 .... 1 2
			→ 614

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

612	What is the main reason that you think you will never use a method?	NOT CURRENTLY MARRIED............11
		
		FERTILITY-RELATED REASONS
		   INFREQUENT SEX...............21
		   MENOPAUSAL/HYSTERECTOMY..22
		   SUBFECUND/INFECUND............23
		   WANTS MORE CHILDREN...........24
		
		OPPOSITION TO USE
		   RESPONDENT OPPOSED............31
		   HUSBAND OPPOSED...............32
		   OTHERS OPPOSED.................33
		   RELIGIOUS PROHIBITION..........34
		
		LACK OF KNOWLEDGE
		   KNOWS NO METHOD..............41
		   KNOWS NO SOURCE.............42
		
		METHOD-RELATED REASONS
		   HEALTH CONCERNS................51
		   FEAR OF SIDE EFFECTS...........52
		   LACK OF ACCESS/TOO FAR.......53
		   COST TOO MUCH..................54
		   INCONVENIENT TO USE...........55
		   INTERFERES WITH BODY'S
		      NORMAL PROCESSES...........56
		
		OTHER_____96
		       (SPECIFY)
		DON'T KNOW...........................98
			►614

613	Would you ever use a method if you were married?	YES.................................1 NO..................................2 DON'T KNOW........................8	

614	CHECK 221:
	
	HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐
	
	      ↓ ↓
	
	If you could go back to the time you If you could choose exactly the
	you did not have any children and the number of children to have in
	could choose exactly the number of your whole life, how many would
	children to have in your whole life, that be?
	how many would that be?
	
	PROBE FOR A NUMERIC RESPONSE.
		NUMBER................... ☐☐
		
		OTHER_____96
		      (SPECIFY)
			► 616

615	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	BOYS
		NUMBER................... ☐☐
		OTHER_____96
		      (SPECIFY)
		              GIRLS
		NUMBER................... ☐☐
		OTHER_____96
		      (SPECIFY)
		             EITHER
		NUMBER................... ☐☐
		OTHER_____96
		      (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE................................1 DISAPPROVE..........................2 NO OPINION............................3	

617	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?		NOT		
			ACCEPT- ABLE	ACCEPT- ABLE	DK
		RADIO.....................1	2	8	
		TELEVISION.............1	2	8	

618	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?		YES	NO
		RADIO.................................1	2	
		TELEVISION........................1	2	
		NEWSPAPER OR MAGAZINE....1	2	
		POSTER..............................1	2	
		LEAFLETS OR BROCHURES.....1	2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619	Have you seen or heard the slogan "Kung sila'y mahal n'yo, magplano"?	YES...1 NO...2 → 621	→ 621
620	What does this slogan mean?	PRACTICE FAMILY PLANNING..........1 USE CONTRACEPTION..................2 OTHER _____ 6 (SPECIFY)	
621	In the last few months have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES...1 NO...2 → 623	→ 623
622	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNER.....................A MOTHER....................................B FATHER.....................................C SISTER(S)..................................D BROTHER(S)...............................E DAUGHTER.................................F MOTHER-IN-LAW..........................G FRIENDS/NEIGHBORS..................H OTHER _____ X (SPECIFY)	
623	CHECK 502: YES, CURRENTLY MARRIED ☐ YES, LIVING WITH A MAN ☐ NO, NOT IN UNION ☐		→ 701
624	Spouses/partners do not always agree on everything. Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES...............................1 DISAPPROVES..........................2 DON'T KNOW.............................8	
625	How often have you talked to your husband/partner about family planning in the past year?	NEVER.....................................1 ONCE OR TWICE.......................2 MORE OFTEN............................3	
626	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER..........................1 MORE CHILDREN.......................2 FEWER CHILDREN.....................3 DON'T KNOW.............................8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 502 AND 504: CURRENTLY ☐ FORMERLY ☐ MARRIED/ MARRIED/ LIVING WITH LIVED WITH A MAN A MAN NEVER MARRIED AND NEVER IN UNION ☐		→ 703 → 708
702	How old was your husband/partner on his last birthday?	AGE .... ☐☐	
703	Did your (last) husband/partner ever attend school?	YES ....1 NO 2	→705
704	What was the highest grade/year he completed?	NO GRADE COMPLETED ....00 ELEMENTARY GRADE 1 ....11 ELEMENTARY GRADE 2 ....12 ELEMENTARY GRADE 3 ....13 ELEMENTARY GRADE 4 ....14 ELEMENTARY GRADE 5 ....15 ELEMENTARY GRADE 6 ....16 ELEMENTARY GRADE 7 ....17 HIGH SCHOOL YEAR 1 ....21 HIGH SCHOOL YEAR 2 ....22 HIGH SCHOOL YEAR 3 ....23 HIGH SCHOOL YEAR 4 ....24 HIGH SCHOOL GRADUATE ....25 POSTSECONDARY YEAR 1 ....31 POSTSECONDARY YEAR 2 OR MORE ..32 COLLEGE YEAR 1 ....41 COLLEGE YEAR 2 ....42 COLLEGE YEAR 3 ....43 COLLEGE YEAR 4 ....44 COLLEGE YEAR 5 ....45 COLLEGE YEAR 6 OR HIGHER ......46 COLLEGE GRADUATE ....47 POST-BACCALAUREATE ....51 DON'T KNOW 98	
705	What (is/was) your (last) husband/partner's occupation? That is, what kind of work (does/did) he mainly do?	_____ ☐☐ _____ _____	
706	CHECK 705: WORKS (WORKED) ☐ DOES (DID) NOT WORK ☐ IN AGRICULTURE IN AGRICULTURE		→ 708
707	(Does/did) your husband/partner work mainly on his own land or on family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS LAND ....1 FAMILY LAND ....2 RENTED LAND ....3 SOMEONE ELSE'S LAND ....4 NOT APPLICABLE 5	
708	Now I would like to ask you some questions about your work. Aside from your own housework, are you currently working?	YES ....1 NO 2	→ 711
709	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	→ 711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
710	Have you done any work in the last 12 months?	YES...............................1 NO................................2	→ 726
711	What is your occupation, that is, what kind of work do (did) you mainly do?	_____ ☐☐ _____ _____	
712	CHECK 711: WORKS (WORKED) ☐ DOES (DID) NOT WORK ☐ IN AGRICULTURE IN AGRICULTURE ↓		→ 714
713	Do you work mainly on your own land or on family land, or do you rent land or work on someone else's land?	OWN LAND........................1 FAMILY LAND....................2 RENTED LAND...................3 SOMEONE ELSE'S LAND.........4 NOT APPLICABLE...............5	
714	Are you employed (as paid or unpaid worker) by a member of your family, or are you self-employed, or are you employed by someone else?	BY FAMILY MEMBER...............1 SELF-EMPLOYED.................2 BY SOMEONE ELSE..............3	
715	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.........1 SEASONALLY/PART OF THE YEAR....2 ONCE IN A WHILE................3	→ 717 → 718
716	During the last 12 months, how many months did you work?	NUMBER OF MONTHS........☐☐	
717	During the last 12 months, how many days a week did you usually work (in the months that you worked)?	NUMBER OF DAYS...............☐	→ 719
718	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS ☐☐☐	
719	Do you earn cash for your work? PROBE: Do you make money for working?	YES...............................1 NO................................2	→ 722
720	How much do you usually earn for this work? PROBE: Is this by the hour, by the day, by the week, by the month or by the year?	PER HOUR...1 ☐☐☐☐ PER DAY.....2 PER WEEK...3 PER MONTH.4 PER YEAR...5 OTHER _____ 999996 (SPECIFY)	
721	CHECK 502: YES, ☐ NO, ☐ CURRENTLY MARRIED NOT IN UNION YES, LIVING WITH A MAN ↓ ↓ Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, or someone else? Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES.............1 HUSBAND/PARTNER DECIDES........2 JOINTLY WITH HUSBAND/PARTNER..3 SOMEONE ELSE DECIDES...........4 JOINTLY WITH SOMEONE ELSE......5	
722	Do you usually work at home or away from home?	HOME..............................1	

AWAY 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
723	CHECK 222 AND 223: CHILD AGE 5 OR LESS LIVING AT HOME? YES ☐ NO ☐ ————————————→		726
724	CHECK 708 AND 709: CURRENTLY WORKING? YES ☐ NO ☐ ————————————→		726
725	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT ....01 HUSBAND/PARTNER ....02 OLDER FEMALE CHILD ....03 OLDER MALE CHILD ....04 OTHER RELATIVES ....05 NEIGHBORS ....06 FRIENDS ....07 SERVANTS/HIRED HELP ....08 CHILD IS IN SCHOOL ....09 INSTITUTIONAL CHILD CARE ....10 OTHER_____96 (SPECIFY)	
726	Have you lived in only one barangay or in more than one barangay since January 1993?	ONE BARANGAY ....1 MORE THAN ONE BARANGAY ....2 ——→	728
727	IN COLUMN 4 OF CALENDAR, ENTER THE APPROPRIATE CODE FOR CURRENT BARANGAY, ("1" CITY, "2" TOWN/POBLACION, "3" BARRIO/RURAL AREA). BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JANUARY 1993. THEN SKIP TO ————————————————————————→		801
728	In what month and year did you move to (NAME OF CURRENT BARANGAY)? IN COLUMN 4 OF CALENDAR, ENTER "X" IN THE MONTH AND YEAR OF THE MOVE. IN SUBSEQUENT MONTHS ENTER THE APPROPRIATE CODE FOR THE TYPE OF BARANGAY ("1" CITY, "2" TOWN/POBLACION, "3" BARRIO/RURAL AREA). CONTINUE PROBING FOR PREVIOUS BARANGAY, AND RECORD MOVES AND TYPE OF BARANGAY ACCORDINGLY. ILLUSTRATIVE QUESTIONS: • Where did you live before.....? • In what month and year did you arrive there? • Is that place a city, a town/poblacion, or barrio/rural area?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural 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 you?	NUMBER OF BIRTHS TO NATURAL MOTHER .... □□	
802	CHECK 801: TWO OR MORE BIRTHS □ ONLY ONE BIRTH (RESPONDENT) □ ———————→		816
803	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS .... □□	

REMARKS:

		[01]	[02]	[03]	[04]	[05]	[06]
804	What was the name given to your brother or sister from eldest to youngest?	___	___	___	___	___	___
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	MALE........1 FEMALE......2
806	Is (NAME) still alive?	YES........1 NO........2 GO TO 808 ← DK........8 GO TO [02] ←	YES........1 NO........2 GO TO 808 ← DK........8 GO TO [03] ←	YES........1 NO........2 GO TO 808 ← DK........8 GO TO [04] ←	YES........1 NO........2 GO TO 808 ← DK........8 GO TO [05] ←	YES........1 NO........2 GO TO 808 ← DK........8 GO TO [06] ←	YES........1 NO........2 GO TO 808 ← DK........8 GO TO [07] ←
807	How old is (NAME) on his/her last b-day?	☐☐ GO TO [02]	☐☐ GO TO [03]	☐☐ GO TO [04]	☐☐ GO TO [05]	☐☐ GO TO [06]	☐☐ GO TO [07]
808	In what year did (NAME) die?	☐☐☐☐ GO TO 810 ← DK........9998	☐☐☐☐ GO TO 810 ← DK........9998	☐☐☐☐ GO TO 810 ← DK........9998	☐☐☐☐ GO TO 810 ← DK........9998	☐☐☐☐ GO TO 810 ← DK........9998	☐☐☐☐ GO TO 810 ← DK........9998
809	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
810	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [02]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [03]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [04]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [05]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [06]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [07]
811	Was (NAME) pregnant when she died?	YES........1 GO TO 814 ← NO........2	YES........1 GO TO 814 ← NO........2	YES........1 GO TO 814 ← NO........2	YES........1 GO TO 814 ← NO........2	YES........1 GO TO 814 ← NO........2	YES........1 GO TO 814 ← NO........2
812	Did (NAME) die during childbirth?	YES........1 GO TO 815 ← NO........2	YES........1 GO TO 815 ← NO........2	YES........1 GO TO 815 ← NO........2	YES........1 GO TO 815 ← NO........2	YES........1 GO TO 815 ← NO........2	YES........1 GO TO 815 ← NO........2
813	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES........1 NO........2 GO TO 815 ←	YES........1 NO........2 GO TO 815 ←	YES........1 NO........2 GO TO 815 ←	YES........1 NO........2 GO TO 815 ←	YES........1 NO........2 GO TO 815 ←	YES........1 NO........2 GO TO 815 ←
814	Was her death due to complications of pregnancy or childbirth?	YES........1 NO........2 DK........8	YES........1 NO........2 DK........8	YES........1 NO........2 DK........8	YES........1 NO........2 DK........8	YES........1 NO........2 DK........8	YES........1 NO........2 DK........8
815	How many children did (NAME) give birth to during her lifetime?	☐☐ GO TO [02]	☐☐ GO TO [03]	☐☐ GO TO [04]	☐☐ GO TO [05]	☐☐ GO TO [06]	☐☐ GO TO [07]

IF NO MORE BROTHERS OR SISTERS, GO TO 816

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		[07]	[08]	[09]	[10]	[11]	[12]
804	What was the name given to your brother or sister from eldest to youngest?						
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	MALE.........1 FEMALE......2
806	Is (NAME) still alive?	YES............1 NO............2 GO TO 808◄┘ DK............8 GO TO [08]◄┘	YES............1 NO............2 GO TO 808◄┘ DK............8 GO TO [09]◄┘	YES............1 NO............2 GO TO 808◄┘ DK............8 GO TO [10]◄┘	YES............1 NO............2 GO TO 808◄┘ DK............8 GO TO [11]◄┘	YES............1 NO............2 GO TO 808◄┘ DK............8 GO TO [12]◄┘	YES............1 NO............2 GO TO 808◄┘ DK............8 GO TO [13]◄┘
807	How old is (NAME) on hi/her last birthday?	☐☐ GO TO [08]	☐☐ GO TO [09]	☐☐ GO TO [10]	☐☐ GO TO [11]	☐☐ GO TO [12]	☐☐ GO TO [13]
808	In what year did (NAME) die?	☐☐☐☐ GO TO 810 ◄┘ DK..........9998	☐☐☐☐ GO TO 810 ◄┘ DK..........9998	☐☐☐☐ GO TO 810 ◄┘ DK..........9998	☐☐☐☐ GO TO 810 ◄┘ DK..........9998	☐☐☐☐ GO TO 810 ◄┘ DK..........9998	☐☐☐☐ GO TO 810 ◄┘ DK..........9998
809	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
810	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [08]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [09]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]
811	Was (NAME) pregnant when she died?	YES............1 GO TO 814 ◄┘ NO............2	YES............1 GO TO 814 ◄┘ NO............2	YES............1 GO TO 814 ◄┘ NO............2	YES............1 GO TO 814 ◄┘ NO............2	YES............1 GO TO 814 ◄┘ NO............2	YES............1 GO TO 814 ◄┘ NO............2
812	Did (NAME) die during childbirth?	YES............1 GO TO 815 ◄┘ NO............2	YES............1 GO TO 815 ◄┘ NO............2	YES............1 GO TO 815 ◄┘ NO............2	YES............1 GO TO 815 ◄┘ NO............2	YES............1 GO TO 815 ◄┘ NO............2	YES............1 GO TO 815 ◄┘ NO............2
813	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES............1 NO............2 GO TO 815 ◄┘	YES............1 NO............2 GO TO 815 ◄┘	YES............1 NO............2 GO TO 815 ◄┘	YES............1 NO............2 GO TO 815 ◄┘	YES............1 NO............2 GO TO 815 ◄┘	YES............1 NO............2 GO TO 815 ◄┘
814	Was her death due to complications of pregnancy or childbirth?	YES............1 NO............2 DK............8	YES............1 NO............2 DK............8	YES............1 NO............2 DK............8	YES............1 NO............2 DK............8	YES............1 NO............2 DK............8	YES............1 NO............2 DK............8
815	How many children did (NAME) give birth to during her lifetime?	☐☐ GO TO [08]	☐☐ GO TO [09]	☐☐ GO TO [10]	☐☐ GO TO [11]	☐☐ GO TO [12]	☐☐ GO TO [13]

IF NO MORE BROTHERS OR SISTERS, GO TO 816

816	RECORD THE TIME ENDED.	HOUR............................ MINUTES........................ ☐☐

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1, 3, AND 4, 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   CONDOM
5   FEMALE STERILIZATION
6   MALE STERILIZATION
7   CALENDAR/RHYTHM/PERIODIC ABSTINENCE
8   MUCUS/BILLINGS/OVULATION
9   BASAL BODY TEMPERATURE
A   SYMPTOTHERMAL
B   *LACTATIONAL AMENORRHEA METHOD*
C   BREASTFEEDING
D   WITHDRAWAL
X   OTHER_____
               (SPECIFY)

COL.2:   Discontinuation of Contraceptive Use

0   INFREQUENT SEX/HUSBAND AWAY/OLD
1   BECAME PREGNANT WHILE USING
2   WANTED TO BECOME PREGNANT
3   HUSBAND DISAPPROVED
4   WANTED MORE EFFECTIVE METHOD
5   HEALTH CONCERNS
6   SIDE EFFECTS
7   INACCESSIBLE/UNAVAILABLE
8   COST TOO MUCH
9   INCONVENIENT TO USE
F   FATALISTIC
A   DIFFICULT TO GET PREGNANT/
     HYSTERECTOMY/MENOPAUSE
D   MARITAL DISSOLUTION/SEPARATION
X   OTHER_____
               (SPECIFY)
Z   DON'T KNOW

COL.3:   Marriage/Union

X   IN UNION (MARRIED OR LIVING TOGETHER)
0   *NOT IN UNION*

COL.4:   Moves and Types of Barangay

X   CHANGE OF BARANGAY
1   CITY
2   TOWN/POBLACION
3   BARRIO/RURAL AREA

Yr	Month	Code						Code	Month	Yr
	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
8	05 MAY	08						08	MAY	8
	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
7	05 MAY	20						20	MAY	7
	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
6	05 MAY	32						32	MAY	6
	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
5	05 MAY	44						44	MAY	5
	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
9	06 JUN	55						55	JUN	9
4	05 MAY	56						56	MAY	4
	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
9	06 JUN	67						67	JUN	9
3	05 MAY	68						68	MAY	3
	04 APR	69						69	APR	
	03 MAR	70						70	MAR	
	02 FEB	71						71	FEB	
	01 JAN	72						72	JAN	

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INTERVIEWER'S OBSERVATIONS
To be filled in after completing interview

Comments
about Respondent: _____

_____

_____

Comments on
Specific Questions: _____

_____

_____

Any other Comments: _____

_____

_____

SUPERVISOR'S OBSERVATIONS

_____

_____

_____

Name of Supervisor: _____   Date:_____

EDITOR'S OBSERVATIONS

_____

_____

_____

Name of Editor: _____Date:_____