

<b>AUTHORITY:</b> Commonwealth Act No. 591 authorizes this survey and the Philippines National Statistics Office to collect information on fertility, family planning and health.  <b>CONFIDENTIALITY:</b> Sec. 4 of CA No. 591 provides that all information furnished on this form is held <i>STRICTLY CONFIDENTIAL</i> .	PHILIPPINES NATIONAL STATISTICS OFFICE  <b>2003 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY</b>  INDIVIDUAL WOMAN'S QUESTIONNAIRE	NDHS Form 2 NSCB Approval No. NSO-0305-02 Expires March 31, 2004
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Set \_\_\_\_ of \_\_\_\_ sets

IDENTIFICATION				
PROVINCE _____ CITY/MUNICIPALITY _____ BARANGAY _____ URBAN/RURAL (URBAN=1, RURAL=2)..... REPLICATE..... PSU..... EA..... STRATUM..... HOUSEHOLD CONTROL NUMBER..... NDHS HOUSEHOLD SEQUENTIAL NUMBER..... NAME OF HOUSEHOLD HEAD..... NAME AND LINE NUMBER OF ELIGIBLE WOMAN..... ADDRESS.....	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 20px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 0; right: 20px; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 20px; right: 20px; width: 20px; height: 20px; border: 1px solid black;"></div> </div>			

INTERVIEW RECORD				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR <div style="display: inline-block; border: 1px solid black; padding: 2px;">2</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">0</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">0</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">3</div>
INTERVIEWER'S NAME				INTERVIEWER CODE RESULT*
NEXT VISIT: DATE TIME				TOTAL NO. OF VISITS <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div>

\*RESULT CODES :

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

LANGUAGE OF QUESTIONNAIRE** <div style="display: inline-block; border: 1px solid black; padding: 2px;">7</div>	LANGUAGE OF INTERVIEW** <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div>	TRANSLATOR USED YES 1 NO 2
LOCAL LANGUAGE OF RESPONDENT** <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div>		
**LANGUAGE CODES 1 TAGALOG                      3 ILOCANO                      5 HILIGAYNON                      7 ENGLISH 2 CEBUANO                      4 BICOL                          6 WARAY                          8 OTHER _____ (SPECIFY)		

<b>SUPERVISOR</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<b>FIELD EDITOR</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<b>OFFICE EDITOR</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<b>ENCODER</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>
_____ Name and Signature	_____ Name and Signature	_____ Name and Signature	_____ Name and Signature
_____ Date	_____ Date	_____ Date	_____ Date

# SECTION 1. RESPONDENT'S BACKGROUND

## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_ and I am working with the Philippines National Statistics Office. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Do you have any questions about the survey? May I begin the interview now?

SIGNATURE OF INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
101	RECORD THE TIME.	HOUR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
102	First I would like to ask some questions about you. For most of the time until you were 12 years old, did you live in a city, in a town/poblacion or in the barrio/rural area?	CITY ..... 1 TOWN/POBLACION ..... 2 BARRIO/RURAL AREA ..... 3									
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> SINCE BIRTH ..... 95 VISITOR ..... 96			<div style="border: 1px solid black; padding: 2px; display: inline-block;">           105         </div>						
104	Just before you moved here, did you live in a city, in a town/poblacion, or in the barrio/rural area?	CITY ..... 1 TOWN/POBLACION ..... 2 BARRIO/RURAL AREA ..... 3									
105	In what month and year were you born?	MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW MONTH ..... 98 YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW YEAR ..... 9998									
106	How old were you at your last birthday?  COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
107	Have you ever attended school?	YES ..... 1 NO ..... 2	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           110         </div>								



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	Do you read a newspaper or magazine daily, at least once a week, less than once a week or not at all?	DAILY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
114	Do you watch television daily, at least once a week, less than once a week or not at all?	DAILY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
115	Do you listen to the radio daily, at least once a week, less than once a week or not at all?	DAILY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
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

Now I would like to ask about all the pregnancies you have had during your life. By this I mean all the children born to you, whether they were born alive or dead, whether they are still living or not, whether they live with you or somewhere else, and all the pregnancies which you have had that did not result in a live birth. I understand that it is not easy to talk about children who have died or pregnancies that ended before full term, but it is important that you tell us about all of them, so that we can develop programs to improve children's health.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
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
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 ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
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 did not survive?	YES ..... 1 NO ..... 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> GIRLS DEAD ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
208	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end early, in a miscarriage or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES ..... 1 NO ..... 2	→ 210
209	In all, how many such pregnancies have there been?	PREGNANCY LOSSES ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
210	SUM ANSWERS TO 203, 205, 207, AND 209 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
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). You have had in TOTAL _____ pregnancies during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-210 AS NECESSARY.		
212	CHECK 210: ONE OR MORE PREGNANCIES <input type="checkbox"/> NO PREGNANCIES <input type="checkbox"/>		→ 234

213	Now I would like to record all your pregnancies, whether born alive, born dead, or lost before birth. Start with the first pregnancy you had. <b>RECORD ALL THE PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.</b>						
214	215	216	217	218	219	220	221
	Think back to the time of your first/next pregnancy. Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or lost before full term?	Did that baby cry, move, or breathe when it was born?	What name was given to that child?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?
01	SINGLE.....1 MULTIPLE.....2	BORN ALIVE.....1 (SKIP TO 218) ◀ BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226) ◀	YES.....1 NO.....2 ↓ 226	_____ (NAME)	BOY.....1 GIRL.....2	MONTH..... YEAR _____	YES.....1 NO.....2 ↓ 225
02	SINGLE.....1 MULTIPLE.....2	BORN ALIVE.....1 (SKIP TO 218) ◀ BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226) ◀	YES.....1 NO.....2 ↓ 226	_____ (NAME)	BOY.....1 GIRL.....2	MONTH..... YEAR _____	YES.....1 NO.....2 ↓ 225
03	SINGLE.....1 MULTIPLE.....2	BORN ALIVE.....1 (SKIP TO 218) ◀ BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226) ◀	YES.....1 NO.....2 ↓ 226	_____ (NAME)	BOY.....1 GIRL.....2	MONTH..... YEAR _____	YES.....1 NO.....2 ↓ 225
04	SINGLE.....1 MULTIPLE.....2	BORN ALIVE.....1 (SKIP TO 218) ◀ BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226) ◀	YES.....1 NO.....2 ↓ 226	_____ (NAME)	BOY.....1 GIRL.....2	MONTH..... YEAR _____	YES.....1 NO.....2 ↓ 225
05	SINGLE.....1 MULTIPLE.....2	BORN ALIVE.....1 (SKIP TO 218) ◀ BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226) ◀	YES.....1 NO.....2 ↓ 226	_____ (NAME)	BOY.....1 GIRL.....2	MONTH..... YEAR _____	YES.....1 NO.....2 ↓ 225
06	SINGLE.....1 MULTIPLE.....2	BORN ALIVE.....1 (SKIP TO 218) ◀ BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226) ◀	YES.....1 NO.....2 ↓ 226	_____ (NAME)	BOY.....1 GIRL.....2	MONTH..... YEAR _____	YES.....1 NO.....2 ↓ 225
07	SINGLE.....1 MULTIPLE.....2	BORN ALIVE.....1 (SKIP TO 218) ◀ BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226) ◀	YES.....1 NO.....2 ↓ 226	_____ (NAME)	BOY.....1 GIRL.....2	MONTH..... YEAR _____	YES.....1 NO.....2 ↓ 225
08	SINGLE.....1 MULTIPLE.....2	BORN ALIVE.....1 (SKIP TO 218) ◀ BORN DEAD.....2 LOST BEFORE FULL TERM.....3 (SKIP TO 226) ◀	YES.....1 NO.....2 ↓ 226	_____ (NAME)	BOY.....1 GIRL.....2	MONTH..... YEAR _____	YES.....1 NO.....2 ↓ 225

IF BORN ALIVE AND STILL LIVING			IF BORN ALIVE, BUT NOW DEAD	IF BORN DEAD OR LOST BEFORE BIRTH			
222	223	224	225	226	227	228	229
How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	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 2 YEARS; OR YEARS.	In what month and year did this pregnancy end?	How many months did the pregnancy last?  RECORD IN COMPLETED MONTHS.	Did you or someone else do anything to end this pregnancy?	Were there any other pregnancies between the previous pregnancy and this pregnancy?
01 AGE IN YEARS <div><div></div><div></div></div>	YES..... 1 NO ..... 2	LINE NUMBER <div><div></div><div></div></div> (NEXT PREGNANCY)	DAYS.....1 <div><div></div><div></div></div> MONTHS....2 <div><div></div><div></div></div> YEARS.....3 <div><div></div><div></div></div> (SKIP TO 229)	MONTH.... <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES..... 1 NO..... 2	
02 AGE IN YEARS <div><div></div><div></div></div>	YES..... 1 NO ..... 2	LINE NUMBER <div><div></div><div></div></div> (SKIP TO 229)	DAYS.....1 <div><div></div><div></div></div> MONTHS....2 <div><div></div><div></div></div> YEARS.....3 <div><div></div><div></div></div> (SKIP TO 229)	MONTH.... <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES..... 1 NO..... 2	YES..... 1 NO..... 2
03 AGE IN YEARS <div><div></div><div></div></div>	YES..... 1 NO ..... 2	LINE NUMBER <div><div></div><div></div></div> (SKIP TO 229)	DAYS.....1 <div><div></div><div></div></div> MONTHS....2 <div><div></div><div></div></div> YEARS.....3 <div><div></div><div></div></div> (SKIP TO 229)	MONTH.... <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES..... 1 NO..... 2	YES..... 1 NO..... 2
04 AGE IN YEARS <div><div></div><div></div></div>	YES..... 1 NO ..... 2	LINE NUMBER <div><div></div><div></div></div> (SKIP TO 229)	DAYS.....1 <div><div></div><div></div></div> MONTHS....2 <div><div></div><div></div></div> YEARS.....3 <div><div></div><div></div></div> (SKIP TO 229)	MONTH.... <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES..... 1 NO..... 2	YES..... 1 NO..... 2
05 AGE IN YEARS <div><div></div><div></div></div>	YES..... 1 NO ..... 2	LINE NUMBER <div><div></div><div></div></div> (SKIP TO 229)	DAYS.....1 <div><div></div><div></div></div> MONTHS....2 <div><div></div><div></div></div> YEARS.....3 <div><div></div><div></div></div> (SKIP TO 229)	MONTH.... <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES..... 1 NO..... 2	YES..... 1 NO..... 2
06 AGE IN YEARS <div><div></div><div></div></div>	YES..... 1 NO ..... 2	LINE NUMBER <div><div></div><div></div></div> (SKIP TO 229)	DAYS.....1 <div><div></div><div></div></div> MONTHS....2 <div><div></div><div></div></div> YEARS.....3 <div><div></div><div></div></div> (SKIP TO 229)	MONTH.... <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES..... 1 NO..... 2	YES..... 1 NO..... 2
07 AGE IN YEARS <div><div></div><div></div></div>	YES..... 1 NO ..... 2	LINE NUMBER <div><div></div><div></div></div> (SKIP TO 229)	DAYS.....1 <div><div></div><div></div></div> MONTHS....2 <div><div></div><div></div></div> YEARS.....3 <div><div></div><div></div></div> (SKIP TO 229)	MONTH.... <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES..... 1 NO..... 2	YES..... 1 NO..... 2
08 AGE IN YEARS <div><div></div><div></div></div>	YES..... 1 NO ..... 2	LINE NUMBER <div><div></div><div></div></div> (SKIP TO 229)	DAYS.....1 <div><div></div><div></div></div> MONTHS....2 <div><div></div><div></div></div> YEARS.....3 <div><div></div><div></div></div> (SKIP TO 229)	MONTH.... <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES..... 1 NO..... 2	YES..... 1 NO..... 2

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



IF BORN ALIVE AND STILL LIVING			IF BORN ALIVE, BUT NOW DEAD	IF BORN DEAD OR LOST BEFORE BIRTH			
222	223	224	225	226	227	228	229
How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	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 2 YEARS; OR YEARS.	In what month and year did this pregnancy end?	How many months did the pregnancy last?  RECORD IN COMPLETED MONTHS.	Did you or someone else do anything to end this pregnancy?	Were there any other pregnancies between the previous pregnancy and this pregnancy?
09 AGE IN YEARS <div><div></div><div></div></div>	YES.....1 NO.....2	LINE NUMBER <div><div></div><div></div></div> (SKIP TO 229)	DAYS.....1 <div><div></div><div></div></div> MONTHS....2 <div><div></div><div></div></div> YEARS.....3 <div><div></div><div></div></div> (SKIP TO 229)	MONTH.... <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES.....1 NO.....2	
10 AGE IN YEARS <div><div></div><div></div></div>	YES.....1 NO.....2	LINE NUMBER <div><div></div><div></div></div> (SKIP TO 229)	DAYS.....1 <div><div></div><div></div></div> MONTHS....2 <div><div></div><div></div></div> YEARS.....3 <div><div></div><div></div></div> (SKIP TO 229)	MONTH.... <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES.....1 NO.....2	YES.....1 NO.....2
11 AGE IN YEARS <div><div></div><div></div></div>	YES.....1 NO.....2	LINE NUMBER <div><div></div><div></div></div> (SKIP TO 229)	DAYS.....1 <div><div></div><div></div></div> MONTHS....2 <div><div></div><div></div></div> YEARS.....3 <div><div></div><div></div></div> (SKIP TO 229)	MONTH.... <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES.....1 NO.....2	YES.....1 NO.....2
12 AGE IN YEARS <div><div></div><div></div></div>	YES.....1 NO.....2	LINE NUMBER <div><div></div><div></div></div> (SKIP TO 229)	DAYS.....1 <div><div></div><div></div></div> MONTHS....2 <div><div></div><div></div></div> YEARS.....3 <div><div></div><div></div></div> (SKIP TO 229)	MONTH.... <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES.....1 NO.....2	YES.....1 NO.....2
13 AGE IN YEARS <div><div></div><div></div></div>	YES.....1 NO.....2	LINE NUMBER <div><div></div><div></div></div> (SKIP TO 229)	DAYS.....1 <div><div></div><div></div></div> MONTHS....2 <div><div></div><div></div></div> YEARS.....3 <div><div></div><div></div></div> (SKIP TO 229)	MONTH.... <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES.....1 NO.....2	YES.....1 NO.....2
14 AGE IN YEARS <div><div></div><div></div></div>	YES.....1 NO.....2	LINE NUMBER <div><div></div><div></div></div> (SKIP TO 229)	DAYS.....1 <div><div></div><div></div></div> MONTHS....2 <div><div></div><div></div></div> YEARS.....3 <div><div></div><div></div></div> (SKIP TO 229)	MONTH.... <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES.....1 NO.....2	YES.....1 NO.....2

230 Have you had any pregnancy since the last pregnancy mentioned? YES ..... 1  
NO ..... 2

231 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 226.

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

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

FOR AGE AT DEATH 12 MOS OR 1 YR: PROBE FOR EXACT NO. OF MONTHS.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
232	CHECK 220 AND ENTER THE NUMBER OF LIVE BIRTHS SINCE JANUARY 1998. IF NONE, RECORD '0'.	<input type="text"/>	
233	FOR EACH BIRTH SINCE JANUARY 1998, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.		
234	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	
235	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/>	
236	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to become pregnant at all?	WANTED THEN ..... 1 WANTED TO WAIT LATER ..... 2 DID NOT WANT AT ALL ..... 3	<input type="text"/> → 237
237	When did your last menstrual period start?  _____ (DATE, IF GIVEN)	DAYS AGO ..... 1 <input type="text"/> <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> <input type="text"/> MONTHS AGO ..... 3 <input type="text"/> <input type="text"/> YEARS AGO ..... 4 <input type="text"/> <input type="text"/>  IN MENOPAUSE/ HAS HAD HYSTERECTOMY ..... 994 BEFORE LAST BIRTH ..... 995 NEVER MENSTRUATED ..... 996	
238	From one menstrual period to the next, is there a time when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
239	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS .... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALF WAY BETWEEN TWO PERIODS ... 4  OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
240	How old were you when you had your first menstrual period?	AGE ..... <input type="text"/> <input type="text"/>	

### SECTION 3. CONTRACEPTION

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 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302	Have you ever used (METHOD)?
01	LIGATION/FEMALE STERILIZATION Women can have an operation to avoid having any more children. YES..... 1 NO ..... 2 ↓	Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2	
02	VASECTOMY/MALE STERILIZATION Men can have an operation to avoid having any more children. YES..... 1 NO ..... 2 ↓	Have you ever had a partner who had an operation to avoid having any more children? YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
03	PILL Women can take a pill every day to avoid becoming pregnant. YES..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse. YES..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. YES..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2	
06	CONDOM Men can put a rubber sheath on their penis during sexual intercourse. YES..... 1 NO ..... 2 ↓	Have you ever had a partner who used condom? YES ..... 1 NO ..... 2	
07	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse. YES..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2	
08	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse. YES..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2	
09	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years. YES..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2	
10	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse. YES..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2	
11	MUCUS, BILLINGS, OVULATION Women can monitor the cervical mucus to determine the days of the month they are most likely to get pregnant. YES..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2	
12	BASAL BODY TEMPERATURE Women can monitor the body temperature to determine the days of the month they are most likely to get pregnant. YES..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2	
13	SYMPTOTHERMAL It is a combination of Basal Body Temperature and Mucus, Billings, Ovulation Method. YES..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CONTINUATION		302 CONTINUATION
14	STANDARD DAYS METHOD This method uses a beaded necklace on which each bead represents the days of a woman's cycle. The necklace would help determine the days when the woman is likely to get pregnant.	YES..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2
15	LACTATIONAL AMENORRHEA METHOD (LAM) Method used by women with less than 6 months old baby, whose period has not returned, and are breastfeeding the baby day and night. The baby may be given little or no food or drink other than breastmilk..	YES..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2
16	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2
17	CALENDAR OR RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2
18	WITHDRAWAL Men can be careful and pull out before climax.	YES..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2
19	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES..... 1  (SPECIFY)  (SPECIFY) NO ..... 2	YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2
303A	CHECK 301: AT LEAST ONE "YES" (EVER HEARD) <input type="checkbox"/> NOT A SINGLE "YES" (NEVER HEARD) <input type="checkbox"/>	→ 305B	
303B	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>	→ 306A	
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 306
305A	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		→ 306A
305B	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		→ 329
306	What have you used or done? CORRECT 301 302 AND 303B (AND 301 IF NECESSARY).		
306A	CHECK 301(01): LIGATION/FEMALE STERILIZATION CODE "1" CIRCLED <input type="checkbox"/> CODE "2" CIRCLED <input type="checkbox"/>	→ 306D	
306B	CHECK 302(01): LIGATION/FEMALE STERILIZATION WOMAN WAS NOT STERILIZED 302(01)=2 <input type="checkbox"/> WOMAN WAS STERILIZED 302(01)=1 <input type="checkbox"/>	→ 306D	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306C	What have you heard about ligation or female sterilization? Anything else? RECORD ALL MENTIONED.	PERMANENT/EFFECTIVE METHOD...A SIMPLE/SAFE SURGERY.....B NO EFFECT ON SEXUAL ACTIVITY...C NO SERIOUS SIDE EFFECTS.....D NONE OF THE ABOVE.....E NONE/DON'T KNOW.....Z	
306D	CHECK 301(02): VASECTOMY/MALE STERILIZATION  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             CODE "1" CIRCLED <input type="checkbox"/> ↓           </div> <div style="text-align: center;">             CODE "2" CIRCLED <input type="checkbox"/> </div> </div>	→ 306G	
306E	CHECK 302(02): VASECTOMY/MALE STERILIZATION  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             CODE "2" CIRCLED <input type="checkbox"/> ↓           </div> <div style="text-align: center;">             CODE "1" CIRCLED <input type="checkbox"/> </div> </div>	→ 306G	
306F	What have you heard about vasectomy or male sterilization? Anything else? RECORD ALL MENTIONED	PERMANENT/EFFECTIVE METHOD...A SIMPLE/SAFE SURGERY.....B NO EFFECT ON SEXUAL ACTIVITY...C NO SERIOUS SIDE EFFECTS.....D NONE OF THE ABOVE.....E NONE/DON'T KNOW.....Z	
306G	CHECK 301(03): PILL  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             CODE "1" CIRCLED <input type="checkbox"/> ↓           </div> <div style="text-align: center;">             CODE "2" CIRCLED <input type="checkbox"/> </div> </div>	→ 306J	
306H	CHECK 302(03): PILL  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             WOMAN HAS NEVER USED PILL <input type="checkbox"/> ↓           </div> <div style="text-align: center;">             WOMAN HAS USED PILL <input type="checkbox"/> </div> </div>	→ 306J	
306I	What have you heard about the family planning pill? Anything else? RECORD ALL MENTIONED.	CONTAINS HORMONES.....A TAKEN DAILY.....B PREVENT OVULATION.....C 21 OR 28 PILLS PER PACKET.....D NOT A PERMANENT METHOD.....E NO SERIOUS SIDE EFFECTS.....F EFFECTIVE METHOD.....G NONE OF THE ABOVE.....H NONE/DON'T KNOW.....Z	
306J	CHECK 301(04): IUD  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             CODE "1" CIRCLED <input type="checkbox"/> ↓           </div> <div style="text-align: center;">             CODE "2" CIRCLED <input type="checkbox"/> </div> </div>	→ 306M	
306K	CHECK 302(04): IUD  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             WOMAN HAS NEVER USED IUD <input type="checkbox"/> ↓           </div> <div style="text-align: center;">             WOMAN HAS USED IUD <input type="checkbox"/> </div> </div>	→ 306M	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306L	What have you heard about the Intra Uterine Device or IUD? Anything else? RECORD ALL MENTIONED.	LONG LASTING.....A PREVENT FERTILIZATION.....B SMALL LOOP OR COIL INSERTED IN A WOMAN BY A DOCTOR, NURSE OR MIDWIFE.....C NOT A PERMANENT METHOD.....D NO SERIOUS SIDE EFFECTS.....E NONE OF THE ABOVE.....F NONE/DON'T KNOW.....Z	
306M	CHECK 301(05): INJECTABLES <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CODE "1" CIRCLED <input type="checkbox"/></div> <div>CODE "2" CIRCLED <input type="checkbox"/></div> </div>		→ 306P
306N	CHECK 302(05): INJECTABLES <div style="display: flex; justify-content: space-around; align-items: center;"> <div>WOMAN HAS NEVER USED INJECTION 302(05)=2 <input type="checkbox"/></div> <div>WOMAN HAS USED INJECTION 302(05)=1 <input type="checkbox"/></div> </div>		→ 306P
306O	What have you heard about the family planning Injections? Anything else? RECORD ALL MENTIONED.	INJECTED ONCE EVERY THREE MONTHS.....A EFFECTIVE METHOD.....B PREVENTS OVULATION.....C CONTAINS HORMONES.....D CHANGES IN MENSTRUAL FLOW.....E NOT A PERMANENT METHOD.....F NONE OF THE ABOVE.....G NONE/DON'T KNOW.....Z	
306P	CHECK 301(06): CONDOM <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CODE "1" CIRCLED <input type="checkbox"/></div> <div>CODE "2" CIRCLED <input type="checkbox"/></div> </div>		→ 306S
306Q	CHECK 302(06): CONDOM <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CODE "2" CIRCLED <input type="checkbox"/></div> <div>CODE "1" CIRCLED <input type="checkbox"/></div> </div>		→ 306S
306R	What have you heard about condoms? Anything else? RECORD ALL MENTIONED.	PREVENT STDs/STIs.....A PRACTICAL/EASY TO USE.....B AVAILABLE IN STORES.....C RUBBER SHEATH PUT ON PENIS DURING SEX.....D PREVENT FERTILIZATION.....E NO NEED FOR MEDICAL CONSULTATION.....F NONE OF THE ABOVE.....G NONE/DON'T KNOW.....Z	
306S	CHECK 301(11): MUCUS, BILLINGS, OVULATION <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CODE "1" CIRCLED <input type="checkbox"/></div> <div>CODE "2" CIRCLED <input type="checkbox"/></div> </div>		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306T	CHECK 302(11): MUCUS, BILLINGS, OVULATION  WOMAN HAS NEVER USED MUCUS, BILLINGS, OVULATION <input type="checkbox"/> 302(11)=2 WOMAN HAS USED MUCUS, BILLINGS, OVULATION <input type="checkbox"/> 302(11)=1		→ 307
306U	What have you heard about mucus, Billings or ovulation method?  Anything else?  RECORD ALL MENTIONED.	ACCEPTED BY RELIGION.....A VERY LITTLE OR NO COST.....B REQUIRES MAN'S COOPERATION.....C NO PHYSICAL SIDE EFFECT.....D REQUIRES MONITORING OF MENSTRUAL CYCLE/FERTILE PERIOD.....E CANNOT HAVE SEXUAL INTERCOURSE DURING CERTAIN DAYS OF THE MONTH...F NONE OF THE ABOVE.....G NONE/DON'T KNOW.....Z	
307	CHECK 302: AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/>		→ 329
307A	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.  How many living children did you have at that time, if any?  IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
307B	How old were you when you first started using a method of family planning?	AGE ..... <input type="text"/> <input type="text"/>	
308	CHECK 302 (01):  WOMAN NOT STERILIZED 302(01)=2 <input type="checkbox"/> WOMAN STERILIZED 302(01)=1 <input type="checkbox"/>		→ 311A
309	CHECK 234:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 318
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES .....1 NO .....2	→ 318

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	Which method are you using?  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION .....A MALE STERILIZATION .....B PILL .....C IUD .....D INJECTABLES .....E CONDOM .....F DIAPHRAGM .....G FOAM/JELLY .....H IMPLANTS .....I FEMALE CONDOM .....J MUCUS, BILLINGS, OVULATION .....K BASAL BODY TEMPERATURE .....L SYMPTOTHERMAL .....M STANDARD DAYS METHOD .....N LACTATIONAL AMEN. METHOD .....O EMERGENCY CONTRACEPTION .....P CALENDAR/RHYTHM/PERIODIC ABSTINENCE .....Q WITHDRAWAL .....R OTHER .....X (SPECIFY)	→ 313 → 312 → 315A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	May I see the package of pills you are now using?  RECORD NAME OF BRAND IF PACKAGE IS SEEN.	PACKAGE SEEN .....1 BRAND NAME <input type="text"/> <input type="text"/> PACKAGE NOT SEEN .....2	→ 312B
312A	What is the brand name of the pills you are using now?  RECORD NAME OF BRAND.	BRAND NAME <input type="text"/> <input type="text"/> DON'T KNOW .....98	
312B	How much (in cash) does one packet (cycle) of pills cost you?	PESO ..... <input type="text"/> <input type="text"/> <input type="text"/> FREE .....996 DON'T KNOW .....998	→ 315A
313	In what facility did the sterilization take place?  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 GOVT. HOSPITAL ..... 11 RURAL/URBAN HEALTH CENTER... 12 OTHER PUBLIC ..... 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... 21 PRIVATE DOCTOR ..... 22 PRIVATE NURSE/MIDWIFE ..... 23 OTHER ..... 96 (SPECIFY)	
314	CHECK 311: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             CODE 'A' CIRCLED  <input type="checkbox"/>              ↓              Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?           </div> <div style="text-align: center;">             CODE 'B' CIRCLED  <input type="checkbox"/>              ↓              Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?           </div> </div>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
315	In what month and year was the sterilization performed?	MONTH ..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	→ 315B
315A	For how long have you been using (CURRENT METHOD) now without stopping?  PROBE: In what month and year did you start using (CURRENT METHOD) continuously?	MONTH ..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
315B	CHECK 311:  CODE 'A' TO 'F' <input type="text"/> CIRCLED CODE 'G' TO 'X' <input type="text"/> CIRCLED		→ 316A
316	How much would you be willing to pay for (METHOD)(including all costs)?  FOR: PILL AND CONDOM, ASK COST OF ONE PACKET IUD, ASK COST OF INSERTION AND ANY OTHER FEES INJECTABLE, ASK COST OF VIAL AND SERVICE STERILIZATION, ASK COST OF OPERATION AND SERVICE	PESO..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE ..... 99996 DON'T KNOW ..... 99998	
316A	How long did it take to travel from your home to where you or your partner had the operation/obtain/learn about the (CURRENT METHOD)?  IF LESS THAN 2 HOURS, RECORD IN MINUTES. ELSE, RECORD IN HOURS.	MINUTES ..... 1 <input type="text"/> <input type="text"/> <input type="text"/> HOURS..... 2 <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 9998	
316B	CHECK 315/315A, 220 AND 226:  ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 315/315A  GO BACK TO 315/315A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES <input type="text"/> NO <input type="text"/>	
317	CHECK 315/315A:  YEAR IS 1998 OR LATER <input type="text"/> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.  YEAR IS 1997 OR EARLIER <input type="text"/> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1998.  THEN SKIP TO → 327.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	<p>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.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1998. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p><b>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</b></p> <p>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?</p> <p><b>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</b></p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 2:     • Where did you obtain the method when you started using it?                   • Where did you get advice on how to use the method [for LAM, mucus, billings, ovulation, basal body temperature, symptothermal, rhythm, periodic abstinence, standard days method, calendar or withdrawal]?</p> <p><b>IN COLUMN 3, ENTER CODES FOR REASONS FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</b></p> <p>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.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 3:     • 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?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ul style="list-style-type: none"> <li>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.</li> </ul>		
319	<p>CHECK CALENDAR COLUMN (3) FOR THE LAST DISCONTINUATION:</p> <p>CODE 5 OR 6     <input type="checkbox"/>     OTHER CODES OR BLANK COLUMN     <input type="checkbox"/></p> <p style="text-align: right;">→ 321</p>		
320	<p>You said that you stopped using (METHOD) because of (PROBLEM MENTIONED BY RESPONDENT).</p> <p>IF PROBLEM IS NOT SPECIFIED: What are the problems which caused you to stop using (METHOD)?</p> <p>IF SPECIFIED: Are there any other problems?</p> <p>RECORD ALL MENTIONED.</p>	<p>IRREGULAR MENSTRUAL FLOW.....A INFREQUENT/NO MONTHLY PERIOD...B NAUSEA, VOMITING, HEADACHE.....C BREAST TENDERNESS/SENSITIVITY...D WEIGHT GAIN/LOSS.....E UPSET STOMACH, DIARRHEA.....F DEPRESSION, IRRITABILITY.....G LOSS OF INTEREST IN SEX.....H SKIN PROBLEMS.....I ITCHINESS/PAIN IN GENITAL AREA...J HYPERTENSION.....K ANEMIA.....L OTHER.....X</p> <p style="text-align: center;">(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	CHECK 311/311A:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED ..... 00 → 329 FEMALE STERILIZATION ..... 01 → 322 MALE STERILIZATION ..... 02 → 331 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 CONDOM ..... 06 → 328 DIAPHRAGM ..... 07 FOAM/JELLY ..... 08 → 324A IMPLANTS ..... 09 FEMALE CONDOM ..... 10 MUCUS, BILLINGS, OVULATION ..... 11 BASAL BODY TEMPERATURE ..... 12 → 324A SYMPTOTHERMAL ..... 13 STANDARD DAYS METHOD ..... 14 LACTATIONAL AMEN. METHOD ..... 15 EMERGENCY CONTRACEPTION ..... 16 CALENDAR/RHYTHM/PERIODIC ABSTINENCE ..... 17 WITHDRAWAL ..... 18 → 331 OTHER METHOD ..... 96	
322	You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At that time, were you ever told about side effects or problems you might have with the method?	YES ..... 1 → 324 NO ..... 2	
323	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2 → 324A	
324	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO ..... 2	
324A	Are you having any problem with using (NAME OF METHOD)?	YES ..... 1 NO ..... 2 → 325	
324B	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 ..... 6  OTHER ..... 8 (SPECIFY)	
325	CHECK 322: CODE '1' <input type="checkbox"/> CIRCLED  When you obtained (CURRENT METHOD), were you told about other methods of family planning that you could use?  CODE '1' <input type="checkbox"/> NOT CIRCLED  When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?	YES ..... 1 → 327 NO ..... 2	

[illegible]

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
329	Do you know of a place where you can obtain a method of family planning?	YES ..... 1 NO ..... 2 → 331	
330	<p>Where is that?</p> <p>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.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... A</p> <p>RURAL/URBAN HEALTH CENTER ..... B</p> <p>BARANGAY HEALTH STATION ..... C</p> <p>BARANGAY SUPPLY/SERVICE</p> <p>POINT OFFICER/BHW ..... D</p> <p>OTHER PUBLIC ..... E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... F</p> <p>PHARMACY ..... G</p> <p>PRIVATE DOCTOR ..... H</p> <p>PRIVATE NURSE/MIDWIFE ..... I</p> <p>NGO ..... J</p> <p>INDUSTRY-BASED CLINIC ..... K</p> <p>OTHER PRIVATE</p> <p>MEDICAL ..... L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PUERICULTURE CENTER ..... M</p> <p>STORE ..... N</p> <p>CHURCH ..... O</p> <p>FRIENDS/RELATIVES ..... P</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
331	In the last 12 months, were you visited by a health worker or health professional who talked to you about family planning?	YES ..... 1 NO ..... 2	
332	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES ..... 1 NO ..... 2 → 334	
333	Did any staff member at the health facility speak to you about family planning methods?	YES ..... 1 NO ..... 2	
334	Have you had a pap smear within the past 5 years?	YES ..... 1 NO ..... 2 DON'T KNOW PAP SMEAR ..... 8	
335	Have you examined your breast for any sign of a mass within the last month?	YES ..... 1 NO ..... 2	

#### SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 232: ONE OR MORE BIRTHS IN 1998 OR LATER	<input type="checkbox"/>	NO BIRTHS IN 1998 OR LATER	<input type="checkbox"/>	→ 487
402	<p>ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1998 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).</p> <p>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 each separately)</p>				
403	LINE NUMBER FROM 214	LAST BIRTH LINE NUMBER.....		NEXT-TO-LAST BIRTH LINE NUMBER.....	
404	FROM 218 AND 221	NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 (SKIP TO 407) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 407) ←		THEN ..... 1 (SKIP TO 421) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 421) ←	
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	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 415) ←			
408	How many months pregnant were you when you first received prenatal care for this pregnancy?	MONTHS ..... DON'T KNOW ..... 8			
409	How many times did you receive prenatal care during this pregnancy?	NO. OF TIMES ..... DON'T KNOW ..... 98			
410	CHECK 409: NUMBER OF TIMES RECEIVED PRENATAL CARE	ONCE <input type="checkbox"/> MORE THAN ↓ ONE <input type="checkbox"/> (SKIP TO 412) OR DK ↓			
411	How many months pregnant were you the last time you received prenatal care?	MONTHS ..... DON'T KNOW ..... 8			

		LAST BIRTH	NEXT-TO-LAST BIRTH					
		NAME _____	NAME _____					
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	<div style="text-align: right;">YES NO</div> WEIGHT .....1 2 HEIGHT .....1 2 BLOOD PRESSURE .....1 2 URINE SAMPLE .....1 2 BLOOD SAMPLE .....1 2						
413	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 (SKIP TO 415) ← DON'T KNOW ..... 8						
413A	What symptoms or conditions were mentioned during any of your prenatal visit? Vaginal bleeding? Headache? Dizziness? Blurred Vision? Swollen Face? Swollen Hands? Pale or Anemic?	<div style="text-align: right;">YES NO DK</div> VAGINAL BLEEDING ...1 2 8 HEADACHE .....1 2 8 DIZZINESS .....1 2 8 BLURRED VISION.....1 2 8 SWOLLEN FACE .....1 2 8 SWOLLEN HANDS.....1 2 8 PALE OR ANEMIC.....1 2 8						
414	Were you told where to go if you had these complications?	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DON'T KNOW ..... 8						
414A	Where will you go?  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)  Any other place?  RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT. 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 PVT. HOSPITAL/CLINIC ..... F PHARMACY ..... G PRIVATE DOCTOR ..... H PRIVATE NURSE/MIDWIFE ..... I NGO ..... J INDUSTRY-BASED CLINIC ..... K OTHER PRIVATE MEDICAL ..... L (SPECIFY)  OTHER ..... X (SPECIFY)						
414B	How long does it take you to travel from your home to this place?	MINUTES .....1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> HOURS .....2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW .....9998						
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ..... 1 NO ..... 2 (SKIP TO 416A) ← DON'T KNOW ..... 8						

		LAST BIRTH	NEXT-TO-LAST BIRTH																								
		NAME _____	NAME _____																								
416	During this pregnancy, how many times did you get this injection?	TIMES ..... <input type="text"/> DON'T KNOW ..... 8																									
416A	Prior to this pregnancy, have you received Tetanus Toxoid Injection?	YES ..... 1 NO ..... 2 (SKIP TO 417) ← DON'T KNOW ..... 8																									
416B	How many times?  DO NOT INCLUDE INJECTION(S) RECEIVED DURING THIS PREGNANCY.	TIMES ..... <input type="text"/>																									
417	During this pregnancy, were you given or did you buy any iron tablets or iron capsules?  SHOW TABLET/CAPSULE.	YES ..... 1 NO ..... 2 (SKIP TO 419) ← DON'T KNOW ..... 8																									
418	During the whole pregnancy, for how many days did you take the tablets or the capsules?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998																									
419	During this pregnancy, did you have difficulty with your vision during the day?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																									
420	During this pregnancy, did you suffer from night blindness [matang manok]?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																									
420A	Around the time of the birth of (NAME), did you have any of the following problems:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Long labor, that is, your regular contractions last more than 12 hours?</td> <td></td> <td></td> </tr> <tr> <td>Excessive bleeding that you feared it was life threatening?</td> <td></td> <td></td> </tr> <tr> <td>A high fever with bad smelling vaginal discharge?</td> <td></td> <td></td> </tr> <tr> <td>Convulsions not caused by a fever?</td> <td></td> <td></td> </tr> </tbody> </table>			YES	NO	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 discharge?			Convulsions not caused by a fever?											
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A high fever with bad smelling vaginal discharge?																											
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421	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	<table border="0"> <tbody> <tr> <td>VERY LARGE .....</td> <td>1</td> </tr> <tr> <td>LARGER THAN AVERAGE .....</td> <td>2</td> </tr> <tr> <td>AVERAGE .....</td> <td>3</td> </tr> <tr> <td>SMALLER THAN AVERAGE .....</td> <td>4</td> </tr> <tr> <td>VERY SMALL .....</td> <td>5</td> </tr> <tr> <td>DON'T KNOW .....</td> <td>8</td> </tr> </tbody> </table>	VERY LARGE .....	1	LARGER THAN AVERAGE .....	2	AVERAGE .....	3	SMALLER THAN AVERAGE .....	4	VERY SMALL .....	5	DON'T KNOW .....	8	<table border="0"> <tbody> <tr> <td>VERY LARGE .....</td> <td>1</td> </tr> <tr> <td>LARGER THAN AVERAGE .....</td> <td>2</td> </tr> <tr> <td>AVERAGE .....</td> <td>3</td> </tr> <tr> <td>SMALLER THAN AVERAGE .....</td> <td>4</td> </tr> <tr> <td>VERY SMALL .....</td> <td>5</td> </tr> <tr> <td>DON'T KNOW .....</td> <td>8</td> </tr> </tbody> </table>	VERY LARGE .....	1	LARGER THAN AVERAGE .....	2	AVERAGE .....	3	SMALLER THAN AVERAGE .....	4	VERY SMALL .....	5	DON'T KNOW .....	8
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VERY SMALL .....	5																										
DON'T KNOW .....	8																										
422	Was (NAME) weighed at birth?	<table border="0"> <tbody> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> <tr> <td>(SKIP TO 424) ←</td> <td></td> </tr> <tr> <td>DON'T KNOW .....</td> <td>8</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	(SKIP TO 424) ←		DON'T KNOW .....	8	<table border="0"> <tbody> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> <tr> <td>(SKIP TO 424) ←</td> <td></td> </tr> <tr> <td>DON'T KNOW .....</td> <td>8</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	(SKIP TO 424) ←		DON'T KNOW .....	8								
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DON'T KNOW .....	8																										



		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
423	How much did (NAME) weigh?  RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	POUNDS OUNCES FROM CARD ..... 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POUNDS OUNCES FROM RECALL ..... 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 99998	POUNDS OUNCES FROM CARD ..... 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POUNDS OUNCES FROM RECALL ..... 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 99998
424	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.  IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	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
425	Where did you give birth to (NAME)?  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)	HOME YOUR HOME ..... 11 (SKIP TO 428) ◀ _____ OTHER HOME ..... 12 PUBLIC SECTOR GOVT. HOSPITAL ..... 21 GOVT. HEALTH CENTER ..... 22 (SKIP TO 428) ◀ _____ OTHER PUBLIC ..... 26 (SPECIFY) (SKIP TO 428) ◀ _____ PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ..... 31 OTHER PVT. MEDICAL ..... 36 (SPECIFY) OTHER ..... 96 (SPECIFY) (SKIP TO 428) ◀ _____	HOME YOUR HOME ..... 11 (SKIP TO 428) ◀ _____ OTHER HOME ..... 12 PUBLIC SECTOR GOVT. HOSPITAL ..... 21 GOVT. HEALTH CENTER ..... 22 (SKIP TO 428) ◀ _____ OTHER PUBLIC ..... 26 (SPECIFY) (SKIP TO 428) ◀ _____ PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ..... 31 OTHER PVT. MEDICAL ..... 36 (SPECIFY) OTHER ..... 96 (SPECIFY) (SKIP TO 428) ◀ _____
426	Was (NAME) delivered by caesarian section?	YES ..... 1 NO ..... 2 (SKIP TO 428) ◀ _____	YES ..... 1 NO ..... 2 (SKIP TO 428) ◀ _____

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____								
427	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, SWELLING OF FACE AND HAND (ECLAMPSIA) ..... 02 BABY TOO BIG ..... 03 PELVIC BONE TOO NARROW ..... 04 BABY'S HEAD NOT IN RIGHT POSITION ..... 05 BABY MIGHT DIE INSIDE MOTHER'S WOMB (FETAL DISTRESS) ..... 06 LABOR BEYOND 12 HOURS ..... 07 MOTHER TIRED (LABOR LESS THAN 12 HOURS) ..... 08 WATER BROKE EARLY ..... 09 EXCESSIVE BLEEDING ..... 10  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	HIGH BLOOD PRESSURE AND SWELLING OF FACE AND HAND W/O CONVULSION (PRE-ECLAMPSIA) ..... 01 CONVULSION, HIGH BLOOD PRESSURE, SWELLING OF FACE AND HAND (ECLAMPSIA) ..... 02 BABY TOO BIG ..... 03 PELVIC BONE TOO NARROW ..... 04 BABY'S HEAD NOT IN RIGHT POSITION ..... 05 BABY MIGHT DIE INSIDE MOTHER'S WOMB (FETAL DISTRESS) ..... 06 LABOR BEYOND 12 HOURS ..... 07 MOTHER TIRED (LABOR LESS THAN 12 HOURS) ..... 08 WATER BROKE EARLY ..... 09 EXCESSIVE BLEEDING ..... 10  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98								
428	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES ..... 1 NO ..... 2 (SKIP TO 433) ◀	YES ..... 1 NO ..... 2								
429	How many days or weeks after the delivery did the first check up take place?  RECORD '00' DAYS IF SAME DAY.	DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ..... 998									
430	Who checked on your health at that time?	HEALTH PROFESSIONAL DOCTOR ..... A NURSE ..... B MIDWIFE ..... C OTHER PERSON ..... D HILOT ..... E RELATIVE/FRIEND ..... F  OTHER _____ X (SPECIFY) NO ONE ..... Y									

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
431	Did you receive the following services at that time? Abdominal examination? Breast examination? Internal examination? Family planning advice? Breastfeeding advice? Baby care advice? Check-up of baby? Any other service?	<div style="text-align: right;">Y N DK</div> 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)	
432	Where did this first check up take place?  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)	HOME YOUR HOME ..... 11 OTHER HOME ..... 12  PUBLIC SECTOR GOVT. HOSPITAL ..... 21 BARANGAY HEALTH STATION . 22 BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW ..... 23 OTHER PUBLIC ..... 26 (SPECIFY)  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ..... 31 PRIVATE DOCTOR ..... 32 PRIVATE NURSE/MIDWIFE ..... 33 NGO ..... 34 INDUSTRY-BASED CLINIC ..... 35 OTHER PVT. MEDICAL ..... 36 (SPECIFY)  OTHER ..... 96 (SPECIFY)	
433	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULE/CAPSULE/SYRUP.	YES ..... 1 NO ..... 2	
434	Has your period returned since the birth of (NAME)?	YES ..... 1 (SKIP TO 436) ◀ _____ NO ..... 2 (SKIP TO 437) ◀ _____	
435	Did your period return between the birth of (NAME) and your next pregnancy?	YES ..... 1 NO ..... 2 (SKIP TO 439) ◀ _____	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
436	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW .....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW .....98
437	CHECK 234: IS RESPONDENT PREGNANT?	NOT PREG- NANT <input type="checkbox"/> PREGNANT OR UNSURE (SKIP TO 439) <input type="checkbox"/>	
438	Have you resumed sexual relations since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 440) ←	
439	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW .....98	
440	Did you ever breastfeed (NAME)?	YES ..... 1 (SKIP TO 441) ← NO ..... 2	YES ..... 1 (SKIP TO 441) ← NO ..... 2
440A	Why did you not breastfeed (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  OTHER .....96 (SPECIFY) (SKIP TO 447) ←	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  OTHER .....96 (SPECIFY) (SKIP TO 447) ←
441	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 <input type="text"/> <input type="text"/> DAYS .....2 <input type="text"/> <input type="text"/>	IMMEDIATELY ..... 000  HOURS .....1 <input type="text"/> <input type="text"/> DAYS .....2 <input type="text"/> <input type="text"/>
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 443A) ←	YES ..... 1 NO ..... 2 (SKIP TO 443A) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
443	<p>What was given (NAME) to drink before your milk began flowing regularly?</p> <p>Anything else?</p> <p>RECORD ALL LIQUIDS MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>MILK (OTHER THAN BREAST MILK) ..... A</p> <p>PLAIN WATER ..... B</p> <p>SUGAR OR GLUCOSE WATER ..... C</p> <p>GRIPE WATER ..... D</p> <p>SUGAR-SALT-WATER SOLUTION ..... E</p> <p>FRUIT JUICE ..... F</p> <p>INFANT FORMULA ..... G</p> <p>TEA/INFUSIONS ..... H</p> <p>HONEY ..... I</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p> <p>(SKIP TO 444) ←</p>	<p>MILK (OTHER THAN BREAST MILK) ..... A</p> <p>PLAIN WATER ..... B</p> <p>SUGAR OR GLUCOSE WATER ..... C</p> <p>GRIPE WATER ..... D</p> <p>SUGAR-SALT-WATER SOLUTION ..... E</p> <p>FRUIT JUICE ..... F</p> <p>INFANT FORMULA ..... G</p> <p>TEA/INFUSIONS ..... H</p> <p>HONEY ..... I</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p> <p>(SKIP TO 444) ←</p>
443A	Was (NAME) ever given water or anything else to drink or eat other than breastmilk?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 444) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 444) ←</p>
443B	How many months old was (NAME) when you first started giving him/her any food or liquid other than breastmilk?	MONTHS ..... <input type="text"/> <input type="text"/>	MONTHS ..... <input type="text"/> <input type="text"/>
444	CHECK 404: IS CHILD LIVING?	<p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 446)</p>	<p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 446)</p>
445	Are you still breastfeeding (NAME)?	<p>YES ..... 1</p> <p>(SKIP TO 448) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>(SKIP TO 448) ←</p> <p>NO ..... 2</p>
446	For how many months did you breastfeed (NAME)?	<p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>
446A	Why did you stop breastfeeding (NAME)?	<p>MOTHER ILL/WEAK ..... 01</p> <p>CHILD ILL/WEAK ..... 02</p> <p>CHILD DIED ..... 03</p> <p>NIPPLE/BREAST PROBLEM ..... 04</p> <p>NOT ENOUGH MILK ..... 05</p> <p>MOTHER WORKING ..... 06</p> <p>CHILD REFUSED ..... 07</p> <p>WEANING AGE/AGE TO STOP ..... 08</p> <p>BECAME PREGNANT ..... 09</p> <p>STARTED USING CONTRACEPTION ..... 10</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	<p>MOTHER ILL/WEAK ..... 01</p> <p>CHILD ILL/WEAK ..... 02</p> <p>CHILD DIED ..... 03</p> <p>NIPPLE/BREAST PROBLEM ..... 04</p> <p>NOT ENOUGH MILK ..... 05</p> <p>MOTHER WORKING ..... 06</p> <p>CHILD REFUSED ..... 07</p> <p>WEANING AGE/AGE TO STOP ..... 08</p> <p>BECAME PREGNANT ..... 09</p> <p>STARTED USING CONTRACEPTION ..... 10</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
447	CHECK 404:  IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454) (SKIP TO 450)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 450) (GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GOTO 454)
448	How many times did you breastfeed last night between sunset and sunrise?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS ..... <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS ..... <input type="text"/> <input type="text"/>
449	How many times did you breastfeed yesterday during the day hours?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS ..... <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS ..... <input type="text"/> <input type="text"/>
450	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
452	How many <u>times</u> did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night?  IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ..... <input type="text"/> DON'T KNOW ..... 8	NUMBER OF TIMES ..... <input type="text"/> DON'T KNOW ..... 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1998 OR LATER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).																																																																										
455	LINE NUMBER FROM 214	LAST BIRTH LINE NUMBER..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>	NEXT-TO-LAST BIRTH LINE NUMBER..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>																																																																								
456	FROM 218 AND 221	NAME _____	NAME _____																																																																								
		LIVING <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> DEAD <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">↓</div> <div style="text-align: center;">↓ (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 484)</div> </div>	LIVING <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> DEAD <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">↓</div> <div style="text-align: center;">↓ (GO TO 456 IN LAST COLUMN OF NEW QUESTION- NAIRE OR, IF NO MORE BIRTHS, GO TO 484)</div> </div>																																																																								
457	At any time during the last six months, did (NAME) receive any of the following:  Vitamin A capsule? Iron drops/syrup?	<table style="margin-left: auto; margin-right: auto;"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>VITAMIN A</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>IRON</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	VITAMIN A	1	2	8	IRON	1	2	8	<table style="margin-left: auto; margin-right: auto;"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>VITAMIN A</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>IRON</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	VITAMIN A	1	2	8	IRON	1	2	8																																																
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IRON	1	2	8																																																																								
458	Do you have a card where (NAME'S) vaccinations are written down?  IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 460) ← YES, NOT SEEN ..... 2 (SKIP TO 462) ← NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 460) ← YES, NOT SEEN ..... 2 (SKIP TO 462) ← NO CARD ..... 3																																																																								
459	Did you ever have a vaccination card for (NAME)?	YES ..... 1 (SKIP TO 462) ← NO ..... 2	YES ..... 1 (SKIP TO 462) ← NO ..... 2																																																																								
460	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.  (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	<table style="margin-left: auto; margin-right: auto;"> <tr><td></td><td>MONTH</td><td>DAY</td><td>YEAR</td></tr> <tr><td>BCG .....</td><td></td><td></td><td></td></tr> <tr><td>P1 .....</td><td></td><td></td><td></td></tr> <tr><td>P2 .....</td><td></td><td></td><td></td></tr> <tr><td>P3 .....</td><td></td><td></td><td></td></tr> <tr><td>D1 .....</td><td></td><td></td><td></td></tr> <tr><td>D2 .....</td><td></td><td></td><td></td></tr> <tr><td>D3 .....</td><td></td><td></td><td></td></tr> <tr><td>MEA .....</td><td></td><td></td><td></td></tr> </table>		MONTH	DAY	YEAR	BCG .....				P1 .....				P2 .....				P3 .....				D1 .....				D2 .....				D3 .....				MEA .....				<table style="margin-left: auto; margin-right: auto;"> <tr><td></td><td>MONTH</td><td>DAY</td><td>YEAR</td></tr> <tr><td>BCG .....</td><td></td><td></td><td></td></tr> <tr><td>P1 .....</td><td></td><td></td><td></td></tr> <tr><td>P2 .....</td><td></td><td></td><td></td></tr> <tr><td>P3 .....</td><td></td><td></td><td></td></tr> <tr><td>D1 .....</td><td></td><td></td><td></td></tr> <tr><td>D2 .....</td><td></td><td></td><td></td></tr> <tr><td>D3 .....</td><td></td><td></td><td></td></tr> <tr><td>MEA .....</td><td></td><td></td><td></td></tr> </table>		MONTH	DAY	YEAR	BCG .....				P1 .....				P2 .....				P3 .....				D1 .....				D2 .....				D3 .....				MEA .....			
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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
461	Has (NAME) received any vaccinations that are not recorded on this card?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, AND/OR MEASLES VACCINE.	YES ..... 1 (PROBE FOR VACCINATIONS ◀ AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) _____ (SKIP TO 464) ◀ NO ..... 2 (SKIP TO 464) ◀ DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR VACCINATIONS ◀ AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) _____ (SKIP TO 464) ◀ NO ..... 2 (SKIP TO 464) ◀ DON'T KNOW ..... 8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES ..... 1 NO ..... 2 (SKIP TO 466) ◀ DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 466) ◀ DON'T KNOW ..... 8
463	Please tell me if (NAME) received any of the following vaccinations:		
463A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES ..... 1 NO ..... 2 (SKIP TO 463C) ◀ DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 463C) ◀ DON'T KNOW ..... 8
463B	Did (NAME) receive the <u>BCG</u> vaccine before his/her first birthday?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
463C	Polio vaccine, that is, drops in the mouth?	YES ..... 1 NO ..... 2 (SKIP TO 463G) ◀ DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 463G) ◀ DON'T KNOW ..... 8
463D	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH ..... 1 LATER ..... 2	JUST AFTER BIRTH ..... 1 LATER ..... 2
463E	How many times was the polio vaccine received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
463F	Did (NAME) receive the <u>third (last) polio</u> vaccine before his/her first birthday?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
463G	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? <sup>3</sup>	YES ..... 1 NO ..... 2 (SKIP TO 463J) ◀ DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 463J) ◀ DON'T KNOW ..... 8
463H	How many times?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
463I	Did (NAME) receive the <u>third (last) DPT</u> vaccine before his /her first birthday?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2



		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
463J	An injection to prevent measles?	YES ..... 1 NO ..... 2 (SKIP TO 464) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 464) ← DON'T KNOW ..... 8
463K	Did (NAME) receive the <u>measles</u> vaccine before his/her first birthday?	YES.....1 NO.....2	YES.....1 NO.....2
464	Did (NAME) receive an injection to prevent Hepatitis B?	YES ..... 1 NO ..... 2 (SKIP TO 466) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 466) ← DON'T KNOW ..... 8
464A	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
465	Did (NAME) receive the <u>third (last) Hepatitis B</u> vaccine before his/her first birthday?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
466	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
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 469) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 469) ← DON'T KNOW ..... 8
468	When (NAME) had an illness 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
469	CHECK 466 AND 467: FEVER OR COUGH?	"YES" IN 466 OR 467 <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> ↓ (SKIP TO 475)	"YES" IN 466 OR 467 <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> ↓ (SKIP TO 475)
470	Did you seek advice or treatment for the fever/cough?	YES ..... 1 NO ..... 2 (SKIP TO 472) ←	YES ..... 1 NO ..... 2 (SKIP TO 472) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
471	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED. DO NOT READ OUT RESPONSES.	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL_____A RURAL/URBAN HEALTH CENTER_____B BARANGAY HEALTH STATION _C BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW _____D OTHER PUBLIC _____E (SPECIFY)	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL_____A RURAL/URBAN HEALTH CENTER_____B BARANGAY HEALTH STATION _C BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW _____D OTHER PUBLIC _____E (SPECIFY)
		<b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC___F PHARMACY_____G PRIVATE DOCTOR_____H PRIVATE NURSE/MIDWIFE_____I NGO _____J INDUSTRY-BASED CLINIC_____K OTHER PRIVATE MEDICAL _____L (SPECIFY)	<b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC___F PHARMACY_____G PRIVATE DOCTOR_____H PRIVATE NURSE/MIDWIFE_____I NGO _____J INDUSTRY-BASED CLINIC_____K OTHER PRIVATE MEDICAL _____L (SPECIFY)
		<b>OTHER SOURCE</b> PUERICULTURE CENTER_____M STORE_____N CHURCH_____O FRIENDS/RELATIVES _____P OTHER _____X (SPECIFY)	<b>OTHER SOURCE</b> PUERICULTURE CENTER_____M STORE_____N CHURCH_____O FRIENDS/RELATIVES _____P OTHER _____X (SPECIFY)
472	CHECK 466: HAD FEVER?	"YES" IN 466      "NO"/"DK" IN 466 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> ↓         </div> <div style="text-align: center;"> <input type="checkbox"/> ↓         </div> </div> (SKIP TO 475)	"YES" IN 466      "NO"/"DK" IN 466 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> ↓         </div> <div style="text-align: center;"> <input type="checkbox"/> ↓         </div> </div> (SKIP TO 475)
473	Did (NAME) take any drugs for the fever?	YES ..... 1 NO ..... 2 (SKIP TO 475) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 475) ← DON'T KNOW ..... 8
474	What drugs did (NAME) take? RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	FANSIDAR .....A CHLOROQUINE .....B ASPIRIN .....C IBUPROFEN/ACETAMINOPHEN...D PARACETAMOL .....E OTHER _____X (SPECIFY) DON'T KNOW .....Z	FANSIDAR .....A CHLOROQUINE .....B ASPIRIN .....C IBUPROFEN/ACETAMINOPHEN...D PARACETAMOL .....E OTHER _____X (SPECIFY) DON'T KNOW .....Z

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																								
475	Has (NAME) had diarrhea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 483) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 483) ← DON'T KNOW ..... 8																								
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	SAME ..... 1 MORE ..... 2 LESS ..... 3 NOTHING ..... 4 DON'T KNOW ..... 5	SAME ..... 1 MORE ..... 2 LESS ..... 3 NOTHING ..... 4 DON'T KNOW ..... 5																								
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat?  IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	SAME ..... 1 MORE ..... 2 LESS ..... 3 NOTHING ..... 4 DON'T KNOW ..... 5	SAME ..... 1 MORE ..... 2 LESS ..... 3 NOTHING ..... 4 DON'T KNOW ..... 5																								
478	Was he/she given any of the following to drink:  a) A fluid made from a special packet called Oresol or from a tablet called Hydrite?  b) A government-recommended homemade fluid?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>FLUID FROM PACKET/ TABLET</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HOMEMADE FLUID</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	FLUID FROM PACKET/ TABLET	1	2	8	HOMEMADE FLUID	1	2	8	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>FLUID FROM PACKET/ TABLET</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HOMEMADE FLUID</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	FLUID FROM PACKET/ TABLET	1	2	8	HOMEMADE FLUID	1	2	8
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479	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 481) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 481) ← DON'T KNOW ..... 8																								
480	What (else) was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS MENTIONED.	TABLET OR SYRUP ..... A INJECTION ..... B (I.V.) INTRAVENOUS ..... C HOME REMEDIES/ HERBAL MEDICINES ..... D  OTHER _____ X (SPECIFY)	TABLET OR SYRUP ..... A INJECTION ..... B (I.V.) INTRAVENOUS ..... C HOME REMEDIES/ HERBAL MEDICINES ..... D  OTHER _____ X (SPECIFY)																								
481	Did you seek advice or treatment for the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 483) ←	YES ..... 1 NO ..... 2 (SKIP TO 483) ←																								

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
482	<p>Where did you seek advice or treatment?</p> <p>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.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL PLACES MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL.....A</p> <p>RURAL/URBAN HEALTH CENTER.....B</p> <p>BARANGAY HEALTH STATION.....C</p> <p>BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW.....D</p> <p>OTHER PUBLIC.....E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....F</p> <p>PHARMACY.....G</p> <p>PRIVATE DOCTOR.....H</p> <p>PRIVATE NURSE/MIDWIFE.....I</p> <p>NGO.....J</p> <p>INDUSTRY-BASED CLINIC.....K</p> <p>OTHER PRIVATE MEDICAL.....L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PUERICULTURE CENTER.....M</p> <p>STORE.....N</p> <p>CHURCH.....O</p> <p>FRIENDS/RELATIVES.....P</p> <p>OTHER.....X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL.....A</p> <p>RURAL/URBAN HEALTH CENTER.....B</p> <p>BARANGAY HEALTH STATION.....C</p> <p>BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW.....D</p> <p>OTHER PUBLIC.....E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....F</p> <p>PHARMACY.....G</p> <p>PRIVATE DOCTOR.....H</p> <p>PRIVATE NURSE/MIDWIFE.....I</p> <p>NGO.....J</p> <p>INDUSTRY-BASED CLINIC.....K</p> <p>OTHER PRIVATE MEDICAL.....L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PUERICULTURE CENTER.....M</p> <p>STORE.....N</p> <p>CHURCH.....O</p> <p>FRIENDS/RELATIVES.....P</p> <p>OTHER.....X</p> <p>(SPECIFY)</p>
483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484.
484	<p>CHECK 220 AND 223, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 1998 OR LATER AND LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p>		<p>→ 487</p>
485	<p>What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?</p>	<p>CHILD ALWAYS USE</p> <p>TOILET/LATRINE .....01</p> <p>THROW IN THE TOILET/LATRINE .....02</p> <p>THROW OUTSIDE THE DWELLING.....03</p> <p>THROW OUTSIDE THE YARD.....04</p> <p>BURY IN THE YARD.....05</p> <p>RINSE AWAY.....06</p> <p>USE DISPOSABLE DIAPERS .....07</p> <p>USE WASHABLE DIAPERS .....08</p> <p>NOT DISPOSED OF .....09</p> <p>OTHER.....96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
486	CHECK 478a, ALL COLUMNS:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NO CHILD RECEIVED FLUID FROM ORS PACKET  <input type="checkbox"/> </div> <div style="text-align: center;"> ANY CHILD RECEIVED FLUID FROM ORS PACKET  <input type="checkbox"/> </div> </div>	→ 488																									
487	Have you ever heard of a special product called Oresol or Hydrite that you can get for the treatment of diarrhea?	YES .....1 NO .....2																									
488	CHECK 223:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS ONE OR MORE CHILDREN LIVING WITH HER  <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NO CHILDREN LIVING WITH HER  <input type="checkbox"/> </div> </div>	→ 490																									
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment?  IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	YES .....1 NO .....2 DEPENDS .....3																									
490	Now I would like to ask you some questions about medical care for you yourself.  Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th><th style="width: 20%; text-align: center;">BIG PROBLEM</th><th style="width: 20%; text-align: center;">NOT A BIG PROBLEM</th></tr> </thead> <tbody> <tr> <td>Knowing where to go.</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>Getting permission to go.</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>Getting money needed for treatment.</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>The distance to a health facility.</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>Having to take transport.</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>Not wanting to go alone.</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>Concern that there may not be a female health provider.</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	Knowing where to go.	1	2	Getting permission to go.	1	2	Getting money needed for treatment.	1	2	The distance to a health facility.	1	2	Having to take transport.	1	2	Not wanting to go alone.	1	2	Concern that there may not be a female health provider.	1	2	
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Not wanting to go alone.	1	2																									
Concern that there may not be a female health provider.	1	2																									
491	CHECK 220 AND 223:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS AT LEAST ONE CHILD BORN IN 2000 OR LATER AND LIVING WITH HER  <input type="checkbox"/> </div> <div style="text-align: center;"> DOES NOT HAVE ANY CHILDREN BORN IN 2000 OR LATER AND LIVING WITH HER  <input type="checkbox"/> </div> </div> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)  _____ <div style="text-align: center;">(NAME)</div>	→ 494																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank over the last seven days, including yesterday.</p> <p>How many <u>days</u> during the last seven days did (NAME FROM Q. 491) drink (ITEM)?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day and at night did (NAME FROM Q. 491) drink (ITEM)?</p> <p>a) Plain water?</p> <p>b) Sugar water?</p> <p>c) Herbal tea?</p> <p>d) Fruit juice?</p> <p>e) Commercially produced infant formula?</p> <p>f) Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>g) Any other liquids such as carbonated drinks, coffee, rice water, or soup broth?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'. IF NONE, RECORD "0".</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p>
493	<p>Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate over the last seven days, including yesterday.</p> <p>How many <u>days</u> during the last seven days did (NAME FROM Q. 491) eat (ITEM) either separately or combined with other food?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day and at night did (NAME FROM Q. 491) eat (ITEM)?</p> <p>a) Any food made from grains [e.g. millet, sorghum, corn, rice, wheat or other local grains]?</p> <p>b) Red or yellow yams or squash, carrots, or red sweet potatoes?</p> <p>c) Any other food made from roots or tubers [e.g. white potatoes, white yams, cassava, or other local roots/tubers]?</p> <p>d) Any green leafy vegetables like patchay, kangkong?</p> <p>e) Mango, papaya, chesa, jackfruit, durian, chico, other yellow/red fruits [or other local Vitamin A rich fruits]?</p> <p>f) Any other fruits and vegetables [e.g. bananas, apples/sauce, green beans, avocados, tomatoes, long beans, peas]?</p> <p>g) Meat, poultry, fish, shellfish, or eggs?</p> <p>h) Any food made from legumes [e.g. lentils, beans, soybeans, tofu, pulses, or peanuts]?</p> <p>i) Cheese or yoghurt?</p> <p>j) Any food made with oil, fat, or butter?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
494	The last time you prepared a meal for your family, before starting did you wash your hands?	YES .....1 NO .....2 NEVER PREPARED MEALS.....3	
495	Have you ever smoked cigarettes or tobacco?	YES .....1 NO .....2	→ 501
496	How old were you when you first smoked cigarettes or tobacco?	AGE ..... <input type="text"/> <input type="text"/>	
497	Do you currently smoke cigarettes or tobacco? IF YES: what type of tobacco do you smoke?  RECORD ALL TYPES MENTIONED.	YES, CIGARETTES .....A YES, PIPE .....B YES, ROLLED TOBACCO .....C NO .....Y	→ 501
498	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ..... <input type="text"/> <input type="text"/>	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN ..... 2 NO, NOT IN UNION ..... 3	→ 506
502	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	
503	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A MAN ..... 2 NO ..... 3	→ 505 → 508
504	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 1998		→ 512
505	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED..... 2 SEPARATED ..... 3	→ 508
506	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
507	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO ..... <input type="text"/> <input type="text"/>	
508	Have you been married or lived with a man only once, or more than once?	ONCE ..... 1 MORE THAN ONCE..... 2	
509	CHECK 508:  <div style="display: flex; justify-content: space-around;"> <div> MARRIED/ LIVED WITH A MAN ONLY ONCE    <input type="checkbox"/> </div> <div> MARRIED/ LIVED WITH A MAN MORE THAN ONCE    <input type="checkbox"/> </div> </div> <p>In what month and year did you start living with your husband/partner?      Now we will talk about your first husband/partner. In what month and year did you start living with him?</p>	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → 511 DON'T KNOW YEAR..... 9998	
510	How old were you when you started living with him?	AGE ..... <input type="text"/> <input type="text"/>	
511	<p>DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 1998. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 1998.</p> <p>FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p> <p>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.</p>		



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
512	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse (if ever)?</p>	<p>NEVER ..... 00</p> <p>AGE IN YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER .... 95</p>			→ 517						
513	<p>When was the last time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS</p>	<p>DAYS AGO ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>WEEKS AGO ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>MONTHS AGO ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>YEARS AGO ..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p>									→ 517
514	The last time you had sexual intercourse, was a condom used?	<p>YES ..... 1</p> <p>NO ..... 2</p>									
515	<p>What is your relationship to the man with whom you last had sex?</p> <p>IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex?</p> <p>IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.</p>	<p>SPOUSE/COHABITING PARTNER ..... 01</p> <p>MAN IS BOYFRIEND/FIANCÉ ..... 02</p> <p>OTHER FRIEND ..... 03</p> <p>CASUAL ACQUAINTANCE ..... 04</p> <p>RELATIVE ..... 05</p> <p>COMMERCIAL SEX WORKER ..... 06</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>									
516	For how long have you had sexual relations with this man?	<p>DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>WEEKS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>MONTHS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>YEARS ..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p>									
517	Do you know of a place where a person can get condoms?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 601								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
518	<p>Where is that?</p> <p>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.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL.....A</p> <p>RURAL/URBAN HEALTH CENTER.....B</p> <p>BARANGAY HEALTH STATION.....C</p> <p>BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW.....D</p> <p>OTHER PUBLIC.....E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....F</p> <p>PHARMACY.....G</p> <p>PRIVATE DOCTOR.....H</p> <p>PRIVATE NURSE/MIDWIFE.....I</p> <p>NGO.....J</p> <p>INDUSTRY-BASED CLINIC.....K</p> <p>OTHER PRIVATE MEDICAL.....L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PUERICULTURE CENTER.....M</p> <p>STORE.....N</p> <p>CHURCH.....O</p> <p>FRIENDS/RELATIVES.....P</p> <p>OTHER.....X</p> <p>(SPECIFY)</p>	
519	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
601	CHECK 311/311A:  NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		614								
602	CHECK 234:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  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: AND PREGNANT..... 4 AND NOT PREGNANT OR UNSURE ..... 5	604 614 610 608								
603	CHECK 234:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  How long would you like to wait from now before the birth of (a/another) child?  After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT..... 994 AFTER MARRIAGE..... 995 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998									609 614 609
604	CHECK 234:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		610								
605	CHECK 310: USING A CONTRACEPTIVE METHOD?  NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		608								
606	CHECK 603:  NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		610								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE</p> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p> </div> <div style="width: 45%;"> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p> </div> </div> <p>RECORD ALL REASONS MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>NOT MARRIED .....A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX.....B</p> <p>INFREQUENT SEX.....C</p> <p>MENOPAUSAL/HYSTERECTOMY. ....D</p> <p>SUBFECUND/INFECUND .....E</p> <p>POSTPARTUM AMENORRHEIC .....F</p> <p>BREASTFEEDING .....G</p> <p>FATALISTIC .....H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED .....I</p> <p>HUSBAND/PARTNER OPPOSED .....J</p> <p>OTHERS OPPOSED.....K</p> <p>RELIGIOUS PROHIBITION .....L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD .....M</p> <p>KNOWS NO SOURCE .....N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....O</p> <p>FEAR OF SIDE EFFECTS .....P</p> <p>LACK OF ACCESS/TOO FAR .....Q</p> <p>COSTS TOO MUCH .....R</p> <p>INCONVENIENT TO USE.....S</p> <p>INTERFERES WITH BODY'S NATURAL PROCESSES .....T</p> <p>OTHER .....X (SPECIFY)</p> <p>DON'T KNOW .....Z</p>	
608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	<p>BIG PROBLEM.....1</p> <p>SMALL PROBLEM .....2</p> <p>NO PROBLEM.....3</p> <p>SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX.....4</p>	
609	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>NOT ASKED</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NO, NOT CURRENTLY USING</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>YES, CURRENTLY USING</p> <input type="checkbox"/> </div> </div>		614
610	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES .....1</p> <p>NO .....2</p> <p>DON'T KNOW .....8</p>	612

[illegible]

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED ..... 11 → 613  FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX ..... 22 MENOPAUSAL/HYSTERECTOMY ..... 23 SUBFECUND/INFECUND ..... 24 WANTS AS MANY CHILDREN AS POSSIBLE ..... 26  OPPOSITION TO USE RESPONDENT OPPOSED ..... 31 HUSBAND OPPOSED ..... 32 → 614 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 COSTS TOO MUCH ..... 54 INCONVENIENT TO USE ..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56 → 614  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
612A	You said that you do not want to use contraception because you fear of the side effects or health consequences. What is the main problem that makes you think that you will not use contraception at any time in the future?	IRREGULAR MENSTRUAL FLOW ..... 01 INFREQUENT/NO MONTHLY PERIOD ..... 02 NAUSEA, VOMITING, HEADACHE ..... 03 BREAST TENDERNESS/ SENSITIVITY ..... 04 WEIGHT GAIN/LOSS ..... 05 UPSET STOMACH, DIARRHEA ..... 06 DEPRESSION, IRRITABILITY ..... 07 LOSS OF INTEREST IN SEX ..... 08 SKIN PROBLEMS ..... 09 → 614 ITCHINESS/PAIN IN GENITAL AREA ... 10 HYPERTENSION ..... 11 ANEMIA ..... 12 CAUSE CANCER/ OTHER DISEASES . 13 CAUSE ABORTION ..... 14 DEFORMED BABIES ..... 15 PAINFUL PROCEDURE ..... 16 SEXUAL DISABILITY ..... 17 RODS CAN MOVE AROUND ..... 18 OTHER ..... 96 (SPECIFY)	
613	Would you ever use a contraceptive method if you were married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	<div>CHECK 221:</div> <div><div>HAS LIVING CHILDREN<div><div></div></div></div><div>NO LIVING CHILDREN<div><div></div></div></div></div> <div><div>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</div><div>If you could choose exactly the number of children to have in your whole life, how many would that be?</div></div> <div>PROBE FOR A NUMERIC RESPONSE.</div>	<div>NONE .....00</div> <div>NUMBER .....<div><div></div><div></div></div></div> <div>OTHER .....96 (SPECIFY)</div>	<div>→ 616</div> <div>→ 616</div>
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 the sex not matter?	<div><div>BOYS</div><div>GIRLS</div><div>EITHER</div></div> <div>NUMBER<div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div> <div>OTHER .....96 (SPECIFY)</div>	
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	<div>APPROVE .....1</div> <div>DISAPPROVE .....2</div> <div>DON'T KNOW/UNSURE .....8</div>	
617	<div>In the last few months have you heard/read/watched about family planning:</div> <div><div>On the radio?</div><div>On the television?</div><div>In a newspaper or magazine?</div><div>From a poster?</div><div>From leaflet or brochure?</div></div>	<div><div></div><div>YES</div><div>NO</div></div> <div><div>RADIO</div><div>1</div><div>2</div></div> <div><div>TELEVISION</div><div>1</div><div>2</div></div> <div><div>NEWSPAPER OR MAGAZINE</div><div>1</div><div>2</div></div> <div><div>POSTER</div><div>1</div><div>2</div></div> <div><div>LEAFLET OR BROCHURE</div><div>1</div><div>2</div></div>	
618	In the last 12 months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	<div>YES .....1</div> <div>NO .....2</div>	<div>→ 621</div>
619	<div>With whom?</div> <div>Anyone else?</div> <div>RECORD ALL PERSONS MENTIONED.</div> <div>DO NOT READ OUT RESPONSES</div>	<div>HUSBAND/PARTNER .....A</div> <div>MOTHER .....B</div> <div>FATHER .....C</div> <div>SISTER(S) .....D</div> <div>BROTHER(S) .....E</div> <div>DAUGHTER .....F</div> <div>SON .....G</div> <div>MOTHER-IN-LAW .....H</div> <div>FRIENDS/NEIGHBORS .....I</div> <div>OTHER .....X (SPECIFY)</div>	
620	In the last 12 months, have you encouraged your friends, neighbors or relatives to use family planning?	<div>YES .....1</div> <div>NO .....2</div>	<div>→ 621</div>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
620A	Who did you encourage? Anyone else? RECORD ALL PERSONS MENTIONED. DO NOT READ OUT RESPONSES	HUSBAND/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F SON.....G MOTHER-IN-LAW.....H FRIENDS/NEIGHBORS.....I  OTHER.....X (SPECIFY)																					
621	CHECK 501: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 628																				
622	CHECK 311/311A: ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→ 624																				
623	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision or did you both decide together?	MAINLY RESPONDENT.....1 MAINLY HUSBAND/PARTNER.....2 JOINT DECISION.....3 OTHER.....6 (SPECIFY)																					
624	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 contraceptive 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	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE IS STERILIZED <input type="checkbox"/>		→ 628																				
627	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																					
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:  She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She has recently given birth? She is tired or not in the mood?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>HAS STD.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>OTHER WOMEN.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>RECENT BIRTH.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>TIRED/NOT IN THE MOOD ..1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	HAS STD.....1	2	8		OTHER WOMEN.....1	2	8		RECENT BIRTH.....1	2	8		TIRED/NOT IN THE MOOD ..1	2	8		
	YES	NO	DK																				
HAS STD.....1	2	8																					
OTHER WOMEN.....1	2	8																					
RECENT BIRTH.....1	2	8																					
TIRED/NOT IN THE MOOD ..1	2	8																					



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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 501 AND 503:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div>→ 703</div> <div>→ 706</div> </div>	
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS... <input type="text"/> <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 705
704	What was the highest grade/year of school he attended?	<p>NO GRADE COMPLETED ..... 00</p> <p>PRE-SCHOOL ..... 01</p> <p>ELEMENTARY GRADE 1 ..... 11</p> <p>ELEMENTARY GRADE 2 ..... 12</p> <p>ELEMENTARY GRADE 3 ..... 13</p> <p>ELEMENTARY GRADE 4 ..... 14</p> <p>ELEMENTARY GRADE 5 ..... 15</p> <p>ELEMENTARY GRADE 6 ..... 16</p> <p>ELEMENTARY GRADUATE ..... 17</p> <p>HIGH SCHOOL YEAR 1 ..... 21</p> <p>HIGH SCHOOL YEAR 2 ..... 22</p> <p>HIGH SCHOOL YEAR 3 ..... 23</p> <p>HIGH SCHOOL YEAR 4 ..... 24</p> <p>HIGH SCHOOL GRADUATE ..... 25</p> <p>POSTSECONDARY YEAR 1 ..... 31</p> <p>POSTSECONDARY YEAR 2 OR MORE ..... 32</p> <p>COLLEGE YEAR 1 ..... 41</p> <p>COLLEGE YEAR 2 ..... 42</p> <p>COLLEGE YEAR 3 ..... 43</p> <p>COLLEGE YEAR 4 ..... 44</p> <p>COLLEGE YEAR 5 ..... 45</p> <p>COLLEGE YEAR 6 OR HIGHER ..... 46</p> <p>COLLEGE GRADUATE ..... 47</p> <p>POST-BACCALAUREATE ..... 51</p> <p>DON'T KNOW ..... 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
705	CHECK 501 AND 503: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input type="checkbox"/>              CURRENTLY MARRIED/              LIVING WITH A MAN              ↓              What is your husband's/partner's              occupation?              That is, what kind of work does he              mainly do?           </div> <div style="text-align: center;"> <input type="checkbox"/>              FORMERLY MARRIED/              LIVED WITH A MAN              ↓              What was your (last) husband's/              partner's occupation?              That is, what kind of work did he              mainly do?           </div> </div>	<div style="text-align: right;"> <input type="checkbox"/><input type="checkbox"/>            _____            _____            _____         </div>	
706	Aside from your own housework, are you currently working?	YES .....1 → 709 NO .....2	
707	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 → 709 NO .....2	
708	Have you done any work in the last 12 months?	YES .....1 NO .....2 → 718	
709	What is your occupation, that is, what kind of work do you mainly do?	<div style="text-align: right;"> <input type="checkbox"/><input type="checkbox"/>            _____            _____            _____         </div>	
710	CHECK 709: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/>              WORKS IN              AGRICULTURE              ↓           </div> <div style="text-align: center;"> <input type="checkbox"/>              DOES NOT WORK              IN AGRICULTURE              _____ → 712           </div> </div>		
711	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND .....1 FAMILY LAND .....2 RENTED LAND .....3 SOMEONE ELSE'S LAND .....4	
712	Do you work on non family-operated farm or business, work on family-operated farm or business, or are you self-employed?	WORK ON NON FAMILY-OPERATED FARM OR BUSINESS .....1 WORK ON FAMILY-OPERATED FARM OR BUSINESS .....2 SELF-EMPLOYED .....3	
713	Do you usually work at home or away from home?	HOME .....1 AWAY .....2	
714	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	
715	Are you paid in cash only, in cash and in kind, or in kind only for this work or are you not paid at all?	CASH ONLY .....1 CASH AND KIND .....2 IN KIND ONLY .....3 NOT PAID .....4 → 718	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	Who mainly decides how the money you earn will be used?	RESPONDENT .....1 HUSBAND/PARTNER.....2 RESPONDENT AND HUSBAND/PARTNER JOINTLY .....3 SOMEONE ELSE.....4 RESPONDENT AND SOMEONE ELSE JOINTLY .....5	
717	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE .....1 LESS THAN HALF .....2 ABOUT HALF .....3 MORE THAN HALF .....4 ALL .....5 NONE, HER INCOME IS ALL SAVED .....6	
718	Who in your family usually has the final say on the following decisions:  Your own health care?  Making large household purchases?  Making household purchases for daily needs?  Visits to family or relatives?  What food should be cooked each day?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6  1      2      3      4      5      6  1      2      3      4      5      6  1      2      3      4      5      6  1      2      3      4      5      6  1      2      3      4      5      6	
719	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	PRES/      PRES/      NOT LISTEN.      NOT      PRES LISTEN.      LISTEN.  CHILDREN <10 ..... 1      2      8 HUSBAND..... 1      2      8 OTHER MALES ..... 1      2      8 OTHER FEMALES ..... 1      2      8	
720	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him?  If she neglects the children?  If she argues with him?  If she refuses to have sex with him?  If she burns the food?	YES      NO      DK GOES OUT ..... 1      2      8 NEGL. CHILDREN ... 1      2      8 ARGUES ..... 1      2      8 REFUSES SEX ..... 1      2      8 BURNS FOOD ..... 1      2      8	

SECTION 8: HIV/AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	817
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	808
803	What can a person do?  Anything else?  RECORD ALL WAYS MENTIONED. DO NOT READ OUT RESPONSES.	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ..... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES ..... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS ..... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ... H AVOID BLOOD TRANSFUSIONS ..... I AVOID INJECTIONS ..... J AVOID SHARING RAZORS/BLADES ..... K AVOID KISSING ..... L AVOID MOSQUITO BITES ..... M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ..... N AVOID ORAL SEX ..... O  OTHER ..... W (SPECIFY)  OTHER ..... X (SPECIFY)  DON'T KNOW ..... Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner and who has no other partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
805	Can a person get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
807	Can people get the AIDS virus by sharing food with a person who has HIV/AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
807A	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
808	Can you tell from looking at a person that he/she has the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
809	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES ..... 1 NO ..... 2																	
810	Can the virus that causes AIDS be transmitted from a mother to a child?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 813																
811	Can the virus that causes AIDS be transmitted from a mother to a child:  During pregnancy? During delivery? By breastfeeding?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>DURING PREG .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	DURING PREG .....	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING .....	1	2	8	
	YES	NO	DK																
DURING PREG .....	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING .....	1	2	8																
812	Are there any drugs that a woman infected with the AIDS virus can take to reduce the risk of transmission to the baby during pregnancy?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
813	CHECK 501:  YES, CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 815																
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES ..... 1 NO ..... 2																	
815	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8																	
816	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE/DEPENDS ..... 8																	
816A	If a female teacher has the AIDS virus, should she be allowed to continue teaching in school?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE/DEPENDS ..... 8																	
817	Apart from HIV/AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	→ 901																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
818	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>PROBE: Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>ABDOMINAL PAIN ..... A</p> <p>GENITAL DISCHARGE/DRIPPING ..... B</p> <p>FOUL SMELLING DISCHARGE ..... C</p> <p>BURNING PAIN ON URINATION ..... D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA ..... E</p> <p>SWELLING IN GENITAL AREA ..... F</p> <p>GENITAL SORES/ULCERS ..... G</p> <p>GENITAL WARTS ..... H</p> <p>GENITAL ITCHING ..... I</p> <p>BLOOD IN URINE ..... J</p> <p>LOSS OF WEIGHT ..... K</p> <p>IMPOTENCE ..... L</p> <p>OTHER ..... W (SPECIFY)</p> <p>OTHER ..... X (SPECIFY)</p> <p>NO SYMPTOMS ..... Y</p> <p>DON'T KNOW ..... Z</p>	
819	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>PROBE: Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>ABDOMINAL PAIN ..... A</p> <p>GENITAL DISCHARGE ..... B</p> <p>FOUL SMELLING DISCHARGE ..... C</p> <p>BURNING PAIN ON URINATION ..... D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA ..... E</p> <p>SWELLING IN GENITAL AREA ..... F</p> <p>GENITAL SORES/ULCERS ..... G</p> <p>GENITAL WARTS ..... H</p> <p>GENITAL ITCHING ..... I</p> <p>BLOOD IN URINE ..... J</p> <p>LOSS OF WEIGHT ..... K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD ..... L</p> <p>OTHER ..... W (SPECIFY)</p> <p>OTHER ..... X (SPECIFY)</p> <p>NO SYMPTOMS ..... Y</p> <p>DON'T KNOW ..... Z</p>	

SECTION 9. TUBERCULOSIS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
901	Have you ever had the following symptoms:  a. Cough for two weeks or more? b. Fever for two weeks or more? c. Chest or back pain? d. Coughing up blood? e. Sweating at night?	<table> <tr> <th></th><th>YES</th><th>NO</th></tr> <tr> <td>COUGH 2 WEEKS +</td><td>1</td><td>2</td></tr> <tr> <td>FEVER 2 WEEKS +</td><td>1</td><td>2</td></tr> <tr> <td>CHEST OR BACK PAIN</td><td>1</td><td>2</td></tr> <tr> <td>BLOOD IN SPUTUM</td><td>1</td><td>2</td></tr> <tr> <td>NIGHT SWEATING</td><td>1</td><td>2</td></tr> </table>		YES	NO	COUGH 2 WEEKS +	1	2	FEVER 2 WEEKS +	1	2	CHEST OR BACK PAIN	1	2	BLOOD IN SPUTUM	1	2	NIGHT SWEATING	1	2	
	YES	NO																			
COUGH 2 WEEKS +	1	2																			
FEVER 2 WEEKS +	1	2																			
CHEST OR BACK PAIN	1	2																			
BLOOD IN SPUTUM	1	2																			
NIGHT SWEATING	1	2																			
902	CHECK 901: AT LEAST ONE "YES" (ANY SYMPTOMS) <input type="checkbox"/> NOT A SINGLE "YES" (NO SYMPTOM) <input type="checkbox"/>		907A																		
903	Did you seek consultation or treatment for the symptom(s)?	YES ..... 1 NO ..... 2	905																		
904	Why did you not seek treatment for the symptoms?	SYMPTOMS HARMLESS ..... 1 COST ..... 2 DISTANCE ..... 3 EMBARRASSED ..... 4 OTHER ..... 6 (SPECIFY)	908																		
905	Where did you go for advice or treatment 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 GOVT. HOSPITAL/CLINIC ..... 11 RURAL/URBAN HEALTH CENTER ..... 12 OUTREACH CLINIC ..... 13 OTHER PUBLIC ..... 14 (SPECIFY)  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ..... 21 PHARMACY ..... 22 PRIVATE DOCTOR ..... 23 NGO CLINIC ..... 24 OTHER PVT. MEDICAL ..... 25 (SPECIFY) OTHER ..... 96																			
906	What is the main reason you chose to go to this facility?	DISTANCE ..... 1 COST ..... 2 SERVICE ..... 3 QUALITY DRUGS ..... 4 OTHER ..... 6 (SPECIFY)																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
907	How soon after the symptoms started did you seek consultation or treatment?	DAYS .....1 WEEKS .....2 MONTHS .....3 DON'T KNOW.....998	
907A	Are you aware of the Directly Observed Treatment Short Course Chemotherapy (DOTs) program?	YES .....1 NO .....2	
908	Have you ever heard of an illness called tuberculosis? (TB is also known as thysis, weak lungs or spot in the lungs)	YES .....1 NO .....2	917
909	Can tuberculosis be cured?	YES .....1 NO .....2	
910	Would you be willing to work with someone who has been previously treated for tuberculosis?	YES .....1 NO .....2 DON'T KNOW/DEPENDS .....8	
911	What signs or symptoms would lead you to think that a person has tuberculosis?  PROBE: Any others?  RECORD ALL MENTIONED.	COUGHING .....A COUGHING WITH SPUTUM .....B COUGHING FOR SEVERAL WEEKS .....C FEVER .....D BLOOD IN SPUTUM .....E LOSS OF APPETITE .....F NIGHTSWEATING .....G PAIN IN CHEST OR BACK .....H TIREDNESS/FATIGUE .....I WEIGHT LOSS .....J  OTHER .....X (SPECIFY) DON'T KNOW .....Z	
912	What do you think is the cause of tuberculosis?  PROBE: Anything else?  RECORD ALL MENTIONED.	MICROBES/GERMS/BACTERIA .....A INHERITED .....B LIFESTYLE .....C SMOKING .....D ALCOHOL DRINKING .....E FATIGUE .....F  OTHER .....X (SPECIFY) DON'T KNOW .....Z	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
913	How does tuberculosis spread from one person to another?	THROUGH THE AIR WHEN COUGHING..... A SHARING EATING UTENSILS ..... B TOUCHING A PERSON WITH TB ..... C  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z							
914	Have you been told by a doctor or a health professional that you had tuberculosis?  If YES, when were you told that you had tuberculosis, in the past five years, between five and ten years, or more than ten years ago?	<5 YEARS ..... 1 5-10 YEARS ..... 2 MORE THAN 10 YEARS..... 3 NO ..... 4 → 917							
914A	Have you taken anti-TB medicines in the past?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8							
915	Where did you get the anti-TB medicines for the treatment?	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC ..... 11 RURAL/URBAN HEALTH CENTER ..... 12 OUTREACH CLINIC ..... 13 OTHER PUBLIC ..... 16 (SPECIFY)  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ..... 21 PHARMACY ..... 22 PRIVATE DOCTOR ..... 23 NGO CLINIC ..... 24 OTHER PVT. MEDICAL ..... 26 (SPECIFY) OTHER ..... 96							
916	How long did you continuously take the anti-TB medicines?	WEEKS..... 1  MONTHS ..... 2  YEARS ..... 3 DON'T KNOW ..... 998 <table border="1" style="float: right; margin-top: -40px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
917	RECORD THE TIME.	HOURS.....  MINUTES .....  <table border="1" style="float: right; margin-top: -40px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

**INTERVIEWER'S OBSERVATIONS**

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

## AGE - BIRTH YEAR CONSISTENCY CHART

Age	Has not had birthday in 2003	Has already had birthday in 2003
	Don't Know	
<b>0</b>	2002	--
<b>1</b>	2001	2002
<b>2</b>	2000	2001
<b>3</b>	1999	2000
<b>4</b>	1998	1999
<b>5</b>	1997	1998
<b>6</b>	1996	1997
<b>7</b>	1995	1996
<b>8</b>	1994	1995
<b>9</b>	1993	1994
<b>10</b>	1992	1993
<b>11</b>	1991	1992
<b>12</b>	1990	1991
<b>13</b>	1989	1990
<b>14</b>	1988	1989
<b>15</b>	1987	1988
<b>16</b>	1986	1987
<b>17</b>	1985	1986
<b>18</b>	1984	1985
<b>19</b>	1983	1984
<b>20</b>	1982	1983
<b>21</b>	1981	1982
<b>22</b>	1980	1981
<b>23</b>	1979	1980
<b>24</b>	1978	1979
<b>25</b>	1977	1978
<b>26</b>	1976	1977
<b>27</b>	1975	1976
<b>28</b>	1974	1975
<b>29</b>	1973	1974

Age	Has not had birthday in 2003	Has already had birthday in 2003
	Don't Know	
<b>30</b>	1972	1973
<b>31</b>	1971	1972
<b>32</b>	1970	1971
<b>33</b>	1969	1970
<b>34</b>	1968	1969
<b>35</b>	1967	1968
<b>36</b>	1966	1967
<b>37</b>	1965	1966
<b>38</b>	1964	1965
<b>39</b>	1963	1964
<b>40</b>	1962	1963
<b>41</b>	1961	1962
<b>42</b>	1960	1961
<b>43</b>	1959	1960
<b>44</b>	1958	1959
<b>45</b>	1957	1958
<b>46</b>	1956	1957
<b>47</b>	1955	1956
<b>48</b>	1954	1955
<b>49</b>	1953	1954
<b>50</b>	1952	1953
<b>51</b>	1951	1952
<b>52</b>	1950	1951
<b>53</b>	1949	1950
<b>54</b>	1948	1949
<b>55</b>	1947	1948
<b>56</b>	1946	1947
<b>57</b>	1945	1946
<b>58</b>	1944	1945
<b>59</b>	1943	1944

INSTRUCTIONS:  
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
FOR COLUMNS 1 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 FEMALE STERILIZATION  
2 MALE STERILIZATION  
3 PILL  
4 IUD  
5 INJECTABLES  
6 CONDOM  
7 DIAPHRAGM  
8 FOAM/JELLY  
9 IMPLANTS  
A FEMALE CONDOM  
D MUCUS, BILLINGS, OVULATION  
E BASAL BODY TEMPERATURE  
F SYMPTOTHERMAL  
H STANDARD DAYS METHOD  
K LACTATIONAL AMENORRHEA METHOD  
M EMERGENCY CONTRACEPTION  
N CALENDAR/RHYTHM/PERIODIC ABSTINENCE  
R WITHDRAWAL  
X OTHER \_\_\_\_\_  
(SPECIFY)

COL. 2: SOURCE OF CONTRACEPTION

1 GOVT. HOSPITAL  
2 RURAL/URBAN HEALTH CENTER  
3 BARANGAY HEALTH STATION  
4 BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW  
5 OTHER PUBLIC \_\_\_\_\_  
6 PRIVATE HOSPITAL/CLINIC  
7 PHARMACY  
8 PRIVATE DOCTOR  
9 PRIVATE NURSE/MIDWIFE  
A NGO  
B INDUSTRY-BASED CLINIC  
C OTHER PRIVATE MEDICAL  
D PUERICULTURE CENTER  
E STORE  
F CHURCH  
X OTHER \_\_\_\_\_  
(SPECIFY)

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

0 INFREQUENT SEX/HUSBAND AWAY/OLD  
1 BECAME PREGNANT WHILE USING  
2 WANTED TO BECOME PREGNANT  
3 HUSBAND/PARTNER DISAPPROVED  
4 WANTED MORE EFFECTIVE METHOD  
5 HEALTH CONCERNS  
6 SIDE EFFECTS  
7 INACCESSIBLE/UNAVAILABLE  
8 COSTS TOO MUCH  
9 INCONVENIENT TO USE  
A FATALISTIC  
B DIFFICULT TO GET  
PREGNANT/MENOPAUSE/HYSTERECTOMY  
C MARITAL DISSOLUTION/SEPARATION  
X OTHER \_\_\_\_\_  
(SPECIFY)

Z DON'T KNOW

COL. 4: MARRIAGE/UNION

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

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

## CONVERSION TABLE FROM POUNDS AND OUNCES TO GRAMS

Pounds and Ounces	Grams	Pounds and Ounces	Grams	Pounds and Ounces	Grams	Pounds and Ounces	Grams	Pounds and Ounces	Grams
3 lbs , 0 oz	1361	5 lbs , 0 oz	2268	7 lbs , 0 oz	3175	9 lbs , 0 oz	4082		
" , 1 oz	1389	" , 1 oz	2296	" , 1 oz	3204	" , 1 oz	4110		
" , 2 oz	1418	" , 2 oz	2325	" , 2 oz	3232	" , 2 oz	4139		
" , 3 oz	1446	" , 3 oz	2353	" , 3 oz	3260	" , 3 oz	4167		
" , 4 oz	1474	" , 4 oz	2381	" , 4 oz	3289	" , 4 oz	4195		
" , 5 oz	1503	" , 5 oz	2410	" , 5 oz	3317	" , 5 oz	4224		
" , 6 oz	1531	" , 6 oz	2438	" , 6 oz	3345	" , 6 oz	4252		
" , 7 oz	1559	" , 7 oz	2466	" , 7 oz	3374	" , 7 oz	4280		
" , 8 oz	1588	" , 8 oz	2495	" , 8 oz	3402	" , 8 oz	4309		
" , 9 oz	1616	" , 9 oz	2523	" , 9 oz	3430	" , 9 oz	4337		
" , 10 oz	1644	" , 10 oz	2552	" , 10 oz	3459	" , 10 oz	4366		
" , 11 oz	1673	" , 11 oz	2580	" , 11 oz	3487	" , 11 oz	4394		
" , 12 oz	1701	" , 12 oz	2608	" , 12 oz	3515	" , 12 oz	4422		
" , 13 oz	1729	" , 13 oz	2637	" , 13 oz	3544	" , 13 oz	4451		
" , 14 oz	1758	" , 14 oz	2665	" , 14 oz	3572	" , 14 oz	4479		
" , 15 oz	1786	" , 15 oz	2693	" , 15 oz	3600	" , 15 oz	4507		
4 lbs , 0 oz	1814	6 lbs , 0 oz	2722	8 lbs , 0 oz	3629	10 lbs , 0 oz	4536		
" , 1 oz	1843	" , 1 oz	2750	" , 1 oz	3657	" , 1 oz	4564		
" , 2 oz	1871	" , 2 oz	2778	" , 2 oz	3686	" , 2 oz	4592		
" , 3 oz	1899	" , 3 oz	2807	" , 3 oz	3714	" , 3 oz	4621		
" , 4 oz	1928	" , 4 oz	2835	" , 4 oz	3742	" , 4 oz	4649		
" , 5 oz	1956	" , 5 oz	2863	" , 5 oz	3771	" , 5 oz	4677		
" , 6 oz	1984	" , 6 oz	2892	" , 6 oz	3799	" , 6 oz	4706		
" , 7 oz	2013	" , 7 oz	2920	" , 7 oz	3827	" , 7 oz	4734		
" , 8 oz	2041	" , 8 oz	2948	" , 8 oz	3856	" , 8 oz	4762		
" , 9 oz	2070	" , 9 oz	2977	" , 9 oz	3884	" , 9 oz	4791		
" , 10 oz	2098	" , 10 oz	3005	" , 10 oz	3913	" , 10 oz	4819		
" , 11 oz	2126	" , 11 oz	3033	" , 11 oz	3941	" , 11 oz	4847		
" , 12 oz	2155	" , 12 oz	3062	" , 12 oz	3969	" , 12 oz	4876		
" , 13 oz	2183	" , 13 oz	3090	" , 13 oz	3998	" , 13 oz	4904		
" , 14 oz	2211	" , 14 oz	3119	" , 14 oz	4026	" , 14 oz	4933		
" , 15 oz	2240	" , 15 oz	3147	" , 15 oz	4054	" , 15 oz	4961		