

<p>AUTHORITY: Commonwealth Act No. 591 authorizes this survey and the National Statistics Office to collect information on fertility, family planning and health.</p> <p>CONFIDENTIALITY : Sec. 4 of CA No. 591 provides that all information furnished on this form is held STRICTLY CONFIDENTIAL.</p>	<p>NATIONAL STATISTICS OFFICE</p> <p>2008 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY</p> <p>HOUSEHOLD QUESTIONNAIRE</p>	<p>NDHS FORM 1</p> <p>NSCB Approval No. NSO-0813-01 Expires July 31, 2009</p>										
Booklet _____ of _____ Booklets												
IDENTIFICATION												
<p>PROVINCE _____</p> <p>CITY/MUNICIPALITY _____</p> <p>BARANGAY _____</p> <p>EA</p> <p>SAMPLE HOUSING UNIT SERIAL NUMBER</p> <p>HOUSEHOLD CONTROL NUMBER</p> <p>NDHS HOUSEHOLD NUMBER</p> <p>NUMBER OF HOUSEHOLDS IN THE HOUSING UNIT</p> <p>NAME OF HOUSEHOLD HEAD _____</p> <p>ADDRESS _____</p>												
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;">8</div>								
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE _____								
RESULT*	_____	_____	_____	RESULT _____								
NEXT VISIT: DATE AND TIME	_____	_____		TOTAL NUMBER OF VISITS <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>								
<p>*RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____ (SPECIFY)</p>		<p>LANGUAGE OF QUESTIONNAIRE** <div style="display: inline-block; border: 1px solid black; padding: 2px;">7</div></p> <p>LOCAL LANGUAGE OF RESPONDENT** <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div></p> <p>LANGUAGE OF INTERVIEW** <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div></p> <p>TRANSLATOR USED YES 1</p> <p style="padding-left: 150px;">NO 2</p> <p>**LANGUAGE CODES</p> <table style="width: 100%; font-size: small;"> <tr> <td>1 TAGALOG</td> <td>5 HILIGAYNON</td> </tr> <tr> <td>2 CEBUANO</td> <td>6 WARAY</td> </tr> <tr> <td>3 ILOCANO</td> <td>7 ENGLISH</td> </tr> <tr> <td>4 BICOL</td> <td>8 OTHER</td> </tr> </table> <p style="text-align: right; font-size: x-small;">SPECIFY</p>		1 TAGALOG	5 HILIGAYNON	2 CEBUANO	6 WARAY	3 ILOCANO	7 ENGLISH	4 BICOL	8 OTHER	<p>TOTAL HH MEMBERS AND VISITORS <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div></p> <p>TOTAL ELIGIBLE WOMEN <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div></p> <p>LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div></p>
1 TAGALOG	5 HILIGAYNON											
2 CEBUANO	6 WARAY											
3 ILOCANO	7 ENGLISH											
4 BICOL	8 OTHER											
<p>SUPERVISOR <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div></p> <p>_____ Name and Signature Date</p>		<p>FIELD EDITOR <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div></p> <p>_____ Name and Signature Date</p>		<p>OFFICE EDITOR</p> <p><div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div></p>								
		<p>ENCODER</p> <p><div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div></p>										

LINE NO.	ALL PERSONS						ELIGIBILITY CIRCLE LINE NO. OF ALL WOMEN AGE 15-49
	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	
	Please give me the names of the persons who usually sleep and eat in your household or those who slept here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) sleep here last night?	How old is (NAME) as of his/her last birthday?	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
01		<div style="border: 1px solid black; padding: 2px;">0 1</div>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	01
02		<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	02
03		<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	03
04		<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	04
05		<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	05
06		<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	06
07		<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	07
08		<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	08
09		<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	09
10		<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	10
PUT AN X MARK IF CONTINUATION SHEET IS USED <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>							
2A) Are there any other persons such as OFW, small children or infants that we have not listed? <div style="text-align: right;">YES <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> → ENTER EACH IN TABLE</div> NO <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>							
2B) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? <div style="text-align: right;">YES <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> → ENTER EACH IN TABLE</div> NO <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>							
2C) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? <div style="text-align: right;">YES <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> → ENTER EACH IN TABLE</div> NO <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>							
CODES FOR Q.3: RELATIONSHIP TO HEAD OF HOUSEHOLD							
01 = HEAD		05 = GRANDCHILD		09 = OTHER RELATIVE			
02 = WIFE OR HUSBAND		06 = PARENT		10 = ADOPTED/FOSTER/STEPCHILD			
03 = SON OR DAUGHTER		07 = PARENT-IN-LAW		11 = NOT RELATED			
04 = SON-IN-LAW OR DAUGHTER-IN-LAW		08 = BROTHER OR SISTER		98 = DON'T KNOW			

hope you will participate in the survey since your views are important. Now, I would like to ask you some information about the people who usually live in your household or who are staying with you.

LINE NO.	ALL PERSONS		6 YEARS OLD AND OVER		(13) SELECTION OF RESPONDENT FOR WOMEN'S SAFETY (WS) MODULE IF MORE THAN 1 ELIGIBLE WOMEN																																																															
	HEALTH INSURANCE		EVER ATTENDED SCHOOL																																																																	
	Is (NAME) covered by PhilHealth or Medicare, GSIS, SSS, or any health insurance, either as member or dependent?	Which health insurance does (NAME) belong to? Any other health insurance?	Has (NAME) ever attended school? IF NO, GO TO NEXT HH MEMBER, OR IF LAST MEMBER SKIP TO 13	What is the highest grade/year (NAME) completed?	<p>USE THE TABLE BELOW TO SELECT RANDOM WOMAN RESPONDENT.</p> <p>COUNT THE TOTAL NO. OF ELIGIBLE WOMEN IN COL.8; CIRCLE THE NO. IN THE TABLE. IF ONLY ONE ELIGIBLE WOMAN, GO TO 14.</p> <p>CHECK COVER PAGE FOR LAST DIGIT OF THE NDHS HOUSEHOLD NUMBER. CIRCLE LAST DIGIT IN THE TABLE</p> <p>CIRCLE THE NUMBER WHERE THE LAST DIGIT AND TOTAL NUMBER OF ELIGIBLE WOMEN MEET; THIS IS THE RANK OF THE RESPONDENT FOR THE WS MODULE.</p> <table border="1"> <tr> <th rowspan="3">LAST DIGIT OF NDHS HOUSEHOLD NUMBER IS</th> <th colspan="4">IF THE TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD IS</th> </tr> <tr> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> <tr> <th colspan="4">RANK IS</th> </tr> <tr> <td>0</td> <td>2</td> <td>2</td> <td>4</td> <td>3</td> </tr> <tr> <td>1</td> <td>1</td> <td>3</td> <td>1</td> <td>4</td> </tr> <tr> <td>2</td> <td>2</td> <td>1</td> <td>2</td> <td>5</td> </tr> <tr> <td>3</td> <td>1</td> <td>2</td> <td>3</td> <td>1</td> </tr> <tr> <td>4</td> <td>2</td> <td>3</td> <td>4</td> <td>2</td> </tr> <tr> <td>5</td> <td>1</td> <td>1</td> <td>1</td> <td>3</td> </tr> <tr> <td>6</td> <td>2</td> <td>2</td> <td>2</td> <td>4</td> </tr> <tr> <td>7</td> <td>1</td> <td>3</td> <td>3</td> <td>5</td> </tr> <tr> <td>8</td> <td>2</td> <td>1</td> <td>4</td> <td>1</td> </tr> <tr> <td>9</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> </table>	LAST DIGIT OF NDHS HOUSEHOLD NUMBER IS	IF THE TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD IS				2	3	4	5	RANK IS				0	2	2	4	3	1	1	3	1	4	2	2	1	2	5	3	1	2	3	1	4	2	3	4	2	5	1	1	1	3	6	2	2	2	4	7	1	3	3	5	8	2	1	4	1	9	1	2	1	2
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6	2	2	2	4																																																																
7	1	3	3	5																																																																
8	2	1	4	1																																																																
9	1	2	1	2																																																																
	(9)	(10)	(11)	(12)																																																																
01	Y N DK 1 2 8 ↓ GO TO 11		Y N 1 2 ↓ NEXT HH MEMBER	GRADE/YEAR 																																																																
02	1 2 8 ↓ GO TO 11		1 2 ↓ NEXT HH MEMBER																																																																	
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10	1 2 8 ↓ GO TO 11		1 2 ↓ NEXT HH MEMBER																																																																	
<p>CODES FOR Q.10</p> <p>A = PHILHEALTH PAYING MEMBER B = PHILHEALTH DEPENDENT OF PAYING MEMBER C = PHILHEALTH INDIGENT MEMBER D = PHILHEALTH DEPENDENT OF INDIGENT MEMBER E = GSIS F = SSS G = PRIVATE INSURANCE COMPANY/ HEALTH MAINTENANCE ORGANIZATION/ PRE-NEED INSURANCE PLAN COMPANY X = OTHER, SPECIFY</p>																																																																				
<p>CODES FOR Q.12</p> <p>00 = NO GRADE COMPLETED 01 = PRE-SCHOOL 11 = ELEMENTARY GRADE 1 12 = ELEMENTARY GRADE 2 13 = ELEMENTARY GRADE 3 14 = ELEMENTARY GRADE 4 15 = ELEMENTARY GRADE 5 16 = ELEMENTARY GRADE 6 18 = ELEMENTARY GRADUATE 21 = HIGH SCHOOL YEAR 1 22 = HIGH SCHOOL YEAR 2 23 = HIGH SCHOOL YEAR 3 24 = HIGH SCHOOL YEAR 4 26 = HIGH SCHOOL GRADUATE</p>																																																																				
<p>31 = POST SECONDARY YEAR 1 32 = POST SECONDARY YEAR 2 OR MORE 41 = COLLEGE YEAR 1 42 = COLLEGE YEAR 2 43 = COLLEGE YEAR 3 44 = COLLEGE YEAR 4 45 = COLLEGE YEAR 5 46 = COLLEGE YEAR 6 OR MORE 47 = COLLEGE GRADUATE 51 = POST BACCALAUREATE 98 = DON'T KNOW</p>																																																																				
<p>(14) RECORD THE NAME AND LINE NUMBER OF THE RESPONDENT FOR THE WOMEN'S SAFETY MODULE</p> <p>NAME _____ LN </p>																																																																				

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			
15	In the last 30 days, has any member of your household been sick or injured? By injured, I mean cuts, burns, and injury that require medical attention.	YES 1 NO 2 (GO TO 20) ←			
16	<p>Now I would like to ask you some questions about each person who is sick/injured or got sick/injured at any time in the last 30 days. Could you tell me the name of each household member who is sick/injured or got sick/injured in the last 30 days?</p> <p>ENTER THE LINE NUMBER AND NAME OF EACH PERSON WHO IS SICK OR INJURED. ENTER THE LINE NUMBER IN ASCENDING ORDER. ASK ALL QUESTIONS ABOUT ALL OF THESE PERSONS IF THE PERSON IS DECEASED, ENTER '00' FOR LINE NUMBER. IF THERE ARE MORE THAN 3 PERSONS, USE ADDITIONAL QUESTIONNAIRE.</p>				
SICK/INJURED PERSONS IN THE LAST 30 DAYS					
17	LINE NUMBER AND NAME FROM COL. (1) AND (2).	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
		NAME _____	NAME _____	NAME _____	NAME _____
18	<p>What was (NAME IN 17)'s illness or injury?</p> <p>IF COMMON NON-COMMUNICABLE OR INFECTIOUS DISEASES, PROBE: Was (NAME)'s illness diagnosed by a doctor?</p> <p>IF NOT DIAGNOSED SPECIFY IN 'OTHER'.</p> <p>IF YES, CIRCLE APPROPRIATE CODE.</p>	<p>COMMON NON-COMMUNICABLE DISEASES</p> <p>DIABETES A</p> <p>CANCER B</p> <p>HYPERTENSION C</p> <p>COMMON INFECTIOUS DISEASES</p> <p>TUBERCULOSIS (TB) D</p> <p>ACUTE RESPIRATORY INFECTION E</p> <p>ACUTE GASTRO-ENTERITIS F</p> <p>COMMON COLDS AND COUGH/ FLU/FEVER . G</p> <p>INJURY</p> <p>CUT/WOUND H</p> <p>BURN I</p> <p>FRACTURE/ BROKEN BONE ... J</p> <p>DISLOCATION/ SLIPPED DISK K</p> <p>OTHER _____ X (SPECIFY)</p>	<p>COMMON NON-COMMUNICABLE DISEASES</p> <p>DIABETES A</p> <p>CANCER B</p> <p>HYPERTENSION C</p> <p>COMMON INFECTIOUS DISEASES</p> <p>TUBERCULOSIS (TB) D</p> <p>ACUTE RESPIRATORY INFECTION E</p> <p>ACUTE GASTRO-ENTERITIS F</p> <p>COMMON COLDS AND COUGH/ FLU/FEVER . G</p> <p>INJURY</p> <p>CUT/WOUND H</p> <p>BURN I</p> <p>FRACTURE/ BROKEN BONE ... J</p> <p>DISLOCATION/ SLIPPED DISK K</p> <p>OTHER _____ X (SPECIFY)</p>	<p>COMMON NON-COMMUNICABLE DISEASES</p> <p>DIABETES A</p> <p>CANCER B</p> <p>HYPERTENSION C</p> <p>COMMON INFECTIOUS DISEASES</p> <p>TUBERCULOSIS (TB) D</p> <p>ACUTE RESPIRATORY INFECTION E</p> <p>ACUTE GASTRO-ENTERITIS F</p> <p>COMMON COLDS AND COUGH/ FLU/FEVER . G</p> <p>INJURY</p> <p>CUT/WOUND H</p> <p>BURN I</p> <p>FRACTURE/ BROKEN BONE ... J</p> <p>DISLOCATION/ SLIPPED DISK K</p> <p>OTHER _____ X (SPECIFY)</p>	
19		GO BACK TO 18 IN NEXT COLUMN; OR, IF NO MORE SICK PERSON IN 17, GO TO 20	GO BACK TO 18 IN NEXT COLUMN; OR, IF NO MORE SICK PERSON IN 17, GO TO 20	GO BACK TO 18 OF NEW QUESTIONNAIRE; OR, IF NO MORE SICK PERSON IN 17, GO TO 20	
20	In the last 30 days, has any member of your household visited a health facility or sought advice or treatment anywhere?	YES 1 NO 2 (GO TO 44) ←			
21	<p>Could you tell me the name of each household member who visited a health facility or sought advice or treatment in the last 30 days?</p> <p>ENTER IN 22, 29, AND 34 THE LINE NUMBER AND NAME OF EACH PERSON WHO VISITED A HEALTH FACILITY. ENTER THE LINE NUMBER IN ASCENDING ORDER. ASK ALL QUESTIONS ABOUT ALL OF THESE PERSONS IF MORE THAN TWO VISITS, ASK ONLY ABOUT THE FIRST TWO VISITS IN THE LAST 30 DAYS. IF THE PERSON IS DECEASED, ENTER '00' FOR LINE NUMBER. IF THERE ARE MORE THAN 3 PERSONS, USE ADDITIONAL QUESTIONNAIRE.</p>				

PERSONS WHO VISITED A HEALTH FACILITY IN THE LAST 30 DAYS				
22	LINE NUMBER AND NAME FROM COL. (1) AND (2).	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
23	Where was advice or treatment first sought for (NAME IN 22)'s illness/injury/ check-up/ laboratory? IF "HOSPITAL", PROBE: Regional Hospital, Provincial Hospital, District Hospital, Health Center, or Private Hospital? IF "HEALTH WORKER/NURSE", PROBE: Did the health worker/nurse visit (NAME) or did (NAME) go to his/her clinic/home?	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR. . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSP. . . 14 RURAL HEALTH UNIT/ URBAN HLTH CTR. . 15 BARANGAY HLTH ST. 16 OTHER PUBLIC 17 (GO TO 25) ←	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR. . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSP. . . 14 RURAL HEALTH UNIT/ URBAN HLTH CTR. . 15 BARANGAY HLTH ST. 16 OTHER PUBLIC 17 (GO TO 25) ←	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR. . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSP. . . 14 RURAL HEALTH UNIT/ URBAN HLTH CTR. . 15 BARANGAY HLTH ST. 16 OTHER PUBLIC 17 (GO TO 25) ←
24	Was (NAME IN 22) confined in the hospital/clinic then?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
25	Why did (NAME IN 22) visit a health facility or sought advice/ treatment?	ILL/INJURED 1 DENTAL 2 MEDICAL CHECK-UP . . 3 MEDICAL REQUIREMENT 4 OTHER 6 (SPECIFY)	ILL/INJURED 1 DENTAL 2 MEDICAL CHECK-UP . . 3 MEDICAL REQUIREMENT 4 OTHER 6 (SPECIFY)	ILL/INJURED 1 DENTAL 2 MEDICAL CHECK-UP . . 3 MEDICAL REQUIREMENT 4 OTHER 6 (SPECIFY)
26	How long did it take to travel from your home to (NAME OF SOURCE IN 23)?	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
27	How did you reach this (NAME OF SOURCE IN 23) from your home? Any other means? IF BY FOOT ONLY, SKIP TO 30	BY FOOT A BICYCLE/TRISIKAD ... B MOTORCYCLE/ TRICYCLE C CAR/TAXI D JEEPNEY/BUS E BANCA F MOTORIZED BOAT G AIRPLANE H OTHER X (SPECIFY) NO NEED TO TRAVEL . Y (GO TO 30) ←	BY FOOT A BICYCLE/TRISIKAD ... B MOTORCYCLE/ TRICYCLE C CAR/TAXI D JEEPNEY/BUS E BANCA F MOTORIZED BOAT G AIRPLANE H OTHER X (SPECIFY) NO NEED TO TRAVEL . Y (GO TO 30) ←	BY FOOT A BICYCLE/TRISIKAD ... B MOTORCYCLE/ TRICYCLE C CAR/TAXI D JEEPNEY/BUS E BANCA F MOTORIZED BOAT G AIRPLANE H OTHER X (SPECIFY) NO NEED TO TRAVEL . Y (GO TO 30) ←
28	How much in total was the cost of transportation in going to (SOURCE IN 23) and back?	PhP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE/NO COST ... 00000 IN KIND 99996 DON'T KNOW 99998	PhP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE/NO COST ... 00000 IN KIND 99996 DON'T KNOW 99998	PhP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE/NO COST ... 00000 IN KIND 99996 DON'T KNOW 99998

PERSONS WHO VISITED A HEALTH FACILITY IN THE LAST 30 DAYS				
29	COPY LINE NUMBER AND NAME FROM 22	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
30	How much in total was spent on (NAME IN 29)'s treatment at the (SOURCE IN 23)? IF AMOUNT PAID IS P999,994 OR MORE, RECORD 999994.	COST IN PESOS 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONATION IN PESOS 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> <input type="text"/> FREE/NO COST . 0000000 STILL IN HOSPITAL ... 9999995 IN KIND 9999996 (GO TO 32) ← DON'T KNOW ... 9999998	COST IN PESOS 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONATION IN PESOS 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> <input type="text"/> FREE/NO COST . 0000000 STILL IN HOSPITAL ... 9999995 IN KIND 9999996 (GO TO 32) ← DON'T KNOW ... 9999998	COST IN PESOS 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONATION IN PESOS 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> <input type="text"/> FREE/NO COST . 0000000 STILL IN HOSPITAL ... 9999995 IN KIND 9999996 (GO TO 32) ← DON'T KNOW ... 9999998
31	Did (NAME IN 29) use any health insurance or did he/she have to borrow or use savings to pay for the advice or treatment at the (NAME OF SOURCE IN 23) or what? What else?	SALARY/ INCOME A LOAN/MORTGAGE B SAVINGS C DONATION/CHARITY/ ASSISTANCE D PHILHEALTH E SSS/GSIS/ECC F HMO/PRIVATE/PRE-NEED INSURANCE G OTHER X (SPECIFY) _____	SALARY/ INCOME A LOAN/MORTGAGE B SAVINGS C DONATION/CHARITY/ ASSISTANCE D PHILHEALTH E SSS/GSIS/ECC F HMO/PRIVATE/PRE-NEED INSURANCE G OTHER X (SPECIFY) _____	SALARY/ INCOME A LOAN/MORTGAGE B SAVINGS C DONATION/CHARITY/ ASSISTANCE D PHILHEALTH E SSS/GSIS/ECC F HMO/PRIVATE/PRE-NEED INSURANCE G OTHER X (SPECIFY) _____
32	Was there a second visit to this place/person or was advice/treatment sought anywhere else for the same illness or other purpose?	YES 1 NO 2 GO BACK TO 23 ← IN NEXT COLUMN; OR, IF NO MORE PERSON IN 22, GO TO 44	YES 1 NO 2 GO BACK TO 23 ← IN NEXT COLUMN; OR, IF NO MORE PERSON IN 22, GO TO 44	YES 1 NO 2 GO BACK TO 23 ← OF NEW QUESTIONNAIRE OR IF NO MORE PERSON IN 22, GO TO 44
33	Where was advice or treatment sought for (NAME IN 29)'s illness/injury/ check-up/ laboratory? IF "HOSPITAL", PROBE: Regional Hospital, Provincial Hospital, District Hospital, Health Center, or Private Hospital? IF "HEALTH WORKER/NURSE", PROBE: Did the health worker/nurse visit (NAME) or did (NAME) go to his/her clinic/home?	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR. . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSP. . 14 RURAL HEALTH UNIT/ URBAN HLTH CTR.. 15 BARANGAY HLTH ST. 16 OTHER PUBLIC 17 (GO TO 36) ← PRIVATE SECTOR PRIVATE HOSP. 21 LYING-IN CLINIC/ BIRTHING HOME... 22 PRIVATE CLINIC 23 PRIVATE PHARMACY. 24 OTHER PRIVATE..... 26 ALTERNATIVE MEDICAL HILOT/HERBALISTS . 31 THERAPEUTIC MASSAGE CENTER 32 OTHER ALTERNATIVE HEALING 36 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET... 41 FAITH HEALER 42 OTHER 96 (SPECIFY) _____ (GO TO 36) ←	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR. . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSP. . 14 RURAL HEALTH UNIT/ URBAN HLTH CTR.. 15 BARANGAY HLTH ST. 16 OTHER PUBLIC 17 (GO TO 36) ← PRIVATE SECTOR PRIVATE HOSP. 21 LYING-IN CLINIC/ BIRTHING HOME... 22 PRIVATE CLINIC 23 PRIVATE PHARMACY. 24 OTHER PRIVATE..... 26 ALTERNATIVE MEDICAL HILOT/HERBALISTS . 31 THERAPEUTIC MASSAGE CENTER 32 OTHER ALTERNATIVE HEALING 36 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET... 41 FAITH HEALER 42 OTHER 96 (SPECIFY) _____ (GO TO 36) ←	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR. . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSP. . 14 RURAL HEALTH UNIT/ URBAN HLTH CTR.. 15 BARANGAY HLTH ST. 16 OTHER PUBLIC 17 (GO TO 36) ← PRIVATE SECTOR PRIVATE HOSP. 21 LYING-IN CLINIC/ BIRTHING HOME... 22 PRIVATE CLINIC 23 PRIVATE PHARMACY. 24 OTHER PRIVATE..... 26 ALTERNATIVE MEDICAL HILOT/HERBALISTS . 31 THERAPEUTIC MASSAGE CENTER 32 OTHER ALTERNATIVE HEALING 36 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET... 41 FAITH HEALER 42 OTHER 96 (SPECIFY) _____ (GO TO 36) ←

PERSONS WHO VISITED A HEALTH FACILITY IN THE LAST 30 DAYS				
34	COPY LINE NUMBER AND NAME FROM 22	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
35	Was (NAME IN 34) confined in the hospital/clinic then?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
36	Why did (NAME in 34) visit a health facility or sought advice/treatment?	ILL/INJURED 1 DENTAL 2 MEDICAL CHECK-UP 3 MEDICAL REQUIREMENT 4 OTHER 6 (SPECIFY)	ILL/INJURED 1 DENTAL 2 MEDICAL CHECK-UP 3 MEDICAL REQUIREMENT 4 OTHER 6 (SPECIFY)	ILL/INJURED 1 DENTAL 2 MEDICAL CHECK-UP 3 MEDICAL REQUIREMENT 4 OTHER 6 (SPECIFY)
37	Was it the same illness/injury?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
38	How long did it take to travel from your home to (NAME OF SOURCE IN 33)?	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
39	How did you reach this (NAME OF SOURCE IN 33) from your home? Any other means? IF BY FOOT ONLY SKIP TO 41	BY FOOT A BICYCLE/TRISIKAD ... B MOTORCYCLE/ TRICYCLE C CAR/TAXI D JEEPNEY/BUS E BANCA F MOTORIZED BOAT G AIRPLANE H OTHER X (SPECIFY) NO NEED TO TRAVEL... Y (GO TO 41)←	BY FOOT A BICYCLE/TRISIKAD ... B MOTORCYCLE/ TRICYCLE C CAR/TAXI D JEEPNEY/BUS E BANCA F MOTORIZED BOAT G AIRPLANE H OTHER X (SPECIFY) NO NEED TO TRAVEL... Y (GO TO 41)←	BY FOOT A BICYCLE/TRISIKAD ... B MOTORCYCLE/ TRICYCLE C CAR/TAXI D JEEPNEY/BUS E BANCA F MOTORIZED BOAT G AIRPLANE H OTHER X (SPECIFY) NO NEED TO TRAVEL... Y (GO TO 41)←
40	How much in total was the cost of transportation in going to (SOURCE IN 33) and back?	PhP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE/NO COST ... 00000 IN KIND 99996 DON'T KNOW 99998	PhP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE/NO COST ... 00000 IN KIND 99996 DON'T KNOW 99998	PhP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE/NO COST ... 00000 IN KIND 99996 DON'T KNOW 99998
41	How much in total was spent on (NAME)'s treatment at the (SOURCE IN 33)? IF AMOUNT PAID IS P999,994 OR MORE, RECORD 999994.	COST IN PESOS 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONATION IN PESOS 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE/NO COST . 0000000 STILL IN HOSPITAL ... 9999995 IN KIND 9999996 (GO TO 43) ← DON'T KNOW ... 9999998	COST IN PESOS 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONATION IN PESOS 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE/NO COST . 0000000 STILL IN HOSPITAL ... 9999995 IN KIND 9999996 (GO TO 43) ← DON'T KNOW ... 9999998	COST IN PESOS 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONATION IN PESOS 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE/NO COST . 0000000 STILL IN HOSPITAL ... 9999995 IN KIND 9999996 (GO TO 43) ← DON'T KNOW ... 9999998
42	Did (NAME IN 34) use any health insurance or did he/she have to borrow or use savings to pay for the advice or treatment at the (NAME OF SOURCE IN 33) or what? What else?	SALARY/ INCOME A LOAN/MORTGAGE B SAVINGS C DONATION/CHARITY/ ASSISTANCE D PHILHEALTH E SSS/GSIS/ECC F HMO/PRIVATE/PRE-NEED INSURANCE G OTHER X (SPECIFY)	SALARY/ INCOME A LOAN/MORTGAGE B SAVINGS C DONATION/CHARITY/ ASSISTANCE D PHILHEALTH E SSS/GSIS/ECC F HMO/PRIVATE/PRE-NEED INSURANCE G OTHER X (SPECIFY)	SALARY/ INCOME A LOAN/MORTGAGE B SAVINGS C DONATION/CHARITY/ ASSISTANCE D PHILHEALTH E SSS/GSIS/ECC F HMO/PRIVATE/PRE-NEED INSURANCE G OTHER X (SPECIFY)
43		GO BACK TO 23 IN NEXT COLUMN; OR, IF NO MORE PERSON IN 22, GO TO 44	GO BACK TO 23 IN NEXT COLUMN; OR, IF NO MORE PERSON IN 22, GO TO 44	GO BACK TO 23 OF NEW QUESTIONNAIRE; IF NO MORE PERSON IN 22, GO TO 44.

PERSONS CONFINED IN A HOSPITAL IN THE LAST 12 MONTHS				
44	In the last 12 months, has any member of your household been confined in a hospital/clinic?		YES 1 NO 2 (GO TO 53) ←	
45	Now I would like to ask you some questions about each person who was confined in a hospital/clinic in the last 12 months. Could you tell me the name of each household member who was confined during the last 12 months? ENTER THE LINE NUMBER AND NAME OF EACH PERSON WHO WAS CONFINED IN A HOSPITAL. ENTER THE LINE NUMBER IN ASCENDING ORDER. IF THE PERSON IS DECEASED, ENTER '00' FOR LINE NUMBER. IF THERE ARE MORE THAN 3 PERSONS, USE ADDITIONAL QUESTIONNAIRE.			
46	LINE NUMBER AND NAME FROM COL. (1) AND (2). LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
47	Where was (NAME IN 46) (last) confined? IF CONFINED MORE THAN ONCE, REPORT THE LAST ONE.	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSPITAL 14 PRIVATE SECTOR PRIVATE HOSP. 21 LYING-IN CLINIC/ BIRTHING HOME... 22 PRIVATE CLINIC 23	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSPITAL 14 PRIVATE SECTOR PRIVATE HOSP. 21 LYING-IN CLINIC/ BIRTHING HOME... 22 PRIVATE CLINIC 23	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSPITAL 14 PRIVATE SECTOR PRIVATE HOSP. 21 LYING-IN CLINIC/ BIRTHING HOME... 22 PRIVATE CLINIC 23
48	Why was (NAME IN 46) (last) confined in the hospital/clinic? ILL/INJURED 1 GAVE BIRTH 2 EXECUTIVE CHECK UP 3 OTHER 6 (SPECIFY)	ILL/INJURED 1 GAVE BIRTH 2 EXECUTIVE CHECK UP 3 OTHER 6 (SPECIFY)	ILL/INJURED 1 GAVE BIRTH 2 EXECUTIVE CHECK UP 3 OTHER 6 (SPECIFY)	ILL/INJURED 1 GAVE BIRTH 2 EXECUTIVE CHECK UP 3 OTHER 6 (SPECIFY)
49	How long was (NAME IN 46) confined? IF CONFINED MORE THAN ONCE, REPORT THE LAST ONE.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> STILL CONFINED ... 995	DAYS <input type="text"/> <input type="text"/> <input type="text"/> STILL CONFINED ... 995	DAYS <input type="text"/> <input type="text"/> <input type="text"/> STILL CONFINED ... 995
50	How much was the total medical expenditures for the (last) confinement in (NAME OF SOURCE IN 47)? IF AMOUNT PAID IS P999,994 OR MORE, RECORD 999994.	COST IN PESOS 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONATION IN PESOS 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE/NO COST . 0000000 STILL CONFINED 9999995 IN KIND 9999996 (GO TO 52) ← DON'T KNOW ... 9999998	COST IN PESOS 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONATION IN PESOS 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE/NO COST . 0000000 STILL CONFINED 9999995 IN KIND 9999996 (GO TO 52) ← DON'T KNOW ... 9999998	COST IN PESOS 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONATION IN PESOS 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE/NO COST . 0000000 STILL CONFINED 9999995 IN KIND 9999996 (GO TO 52) ← DON'T KNOW ... 9999998
51	Did (NAME IN 46) use any health insurance or did he/she have to borrow or use savings to pay for the confinement at the (NAME OF SOURCE IN 47) or what? What else?	SALARY/ INCOME A LOAN/MORTGAGE B SAVINGS C DONATION/CHARITY/ ASSISTANCE D PHILHEALTH E SSS/GSIS/ECC F HMO/PRIVATE/PRE-NEED INSURANCE G OTHER X (SPECIFY)	SALARY/ INCOME A LOAN/MORTGAGE B SAVINGS C DONATION/CHARITY/ ASSISTANCE D PHILHEALTH E SSS/GSIS/ECC F HMO/PRIVATE/PRE-NEED INSURANCE G OTHER X (SPECIFY)	SALARY/ INCOME A LOAN/MORTGAGE B SAVINGS C DONATION/CHARITY/ ASSISTANCE D PHILHEALTH E SSS/GSIS/ECC F HMO/PRIVATE/PRE-NEED INSURANCE G OTHER X (SPECIFY)
52	GO BACK TO 47 IN NEXT COLUMN; OR, IF NO MORE MEMBER CONFINED IN 46, GO TO 53.			

HOUSEHOLD CHARACTERISTICS/ PRACTICES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
53	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STAND PIPE..... 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 SEMI-PROTECTED 32 UNPROTECTED WELL 33 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER..... 51 TANKER TRUCK61 CART WITH SMALL TANK..... 71 SURFACE WATER (RIVER,DAM, ETC.)81 BOTTLED/MINERAL WATER 91 OTHER 96 (SPECIFY)	
54	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 56
55	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B IMPROVISED FILTER (CLOTH, SPONGE, ETC.) C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/etc.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE..... F OTHER X (SPECIFY) DON'T KNOW Z	
56	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 SEMI-PROTECTED 32 UNPROTECTED WELL 33 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER..... 51 TANKER TRUCK 61 CART WITH SMALL TANK..... 71 SURFACE WATER (RIVER,DAM, ETC.)81 OTHER 96 (SPECIFY)	→ 59 → 59
57	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE, SPECIFY 3	→ 59
58	How long does it take to go there, get water, and come back?	MINUTES [][] DELIVERED WATER 000 OWN PREMISES 996 DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
59	<p>What kind of toilet facility do members of your household usually use?</p> <p>IF FLUSH OR POUR FLUSH TOILET</p> <p>PROBE: Do you have a septic tank? IF YES, PROBE: Does your septic tank have concrete lining, that is, walls and flooring?</p> <p>IF NO, PROBE: Where does your wastewater flow?</p>	<p>FLUSH OR POUR FLUSH TOILET</p> <p>TO PIPED SEWER SYSTEM..... 11</p> <p>TO SEPTIC TANK 12</p> <p>TO PIT LATRINE 13</p> <p>TO SOMEWHERE ELSE 14</p> <p>FLUSH, DON'T KNOW WHERE ... 15</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED 21</p> <p>WITH SLAB 22</p> <p>WITHOUT SLAB/OPEN PIT 23</p> <p>COMPOSTING TOILET 31</p> <p>BUCKET TOILET 41</p> <p>DROP/HANGING TOILET 51</p> <p>NO FACILITY/BUSH/FIELD/RIVER ... 61</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	→ 61
60	Do you share this toilet facility with other households?	<p>YES 1</p> <p>NO 2</p>	
61	<p>Does your household or any member of your household have/own:</p> <p>Electricity?</p> <p>A radio / radio cassette?</p> <p>A television?</p> <p>A landline/wireless landline telephone?</p> <p>A cellular phone?</p> <p>A personal computer or laptop?</p> <p>A washing machine?</p> <p>A refrigerator or freezer?</p> <p>A CD or VCD or DVD player?</p> <p>A component or karaoke?</p>	<p>YES NO</p> <p>ELECTRICITY 1 2</p> <p>RADIO 1 2</p> <p>TELEVISION..... 1 2</p> <p>LANDLINE/WIRELESS 1 2</p> <p>CELLULAR PHONE 1 2</p> <p>PC OR LAPTOP 1 2</p> <p>WASHING MACHINE 1 2</p> <p>REF/ FREEZER 1 2</p> <p>CD/ VCD/ DVD PLAYER..... 1 2</p> <p>COMPONENT/KARAOKE 1 2</p>	
62	What type of fuel does your household mainly use for cooking?	<p>ELECTRICITY 01</p> <p>LPG 02</p> <p>NATURAL GAS..... 03</p> <p>BIOGAS..... 04</p> <p>KEROSENE 05</p> <p>COAL, LIGNITE 06</p> <p>CHARCOAL 07</p> <p>WOOD 08</p> <p>STRAW/SHRUBS/GRASS 09</p> <p>AGRICULTURAL CROP/BIOMASS (SAWDUST, HULL, ETC.) 10</p> <p>ANIMAL DUNG..... 11</p> <p>NO FOOD COOKED IN HH 95</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 65</p> <p>→ 66</p>
63	In this household, is food cooked on an open fire, an open stove or a closed stove?	<p>OPEN FIRE 1</p> <p>OPEN STOVE 2</p> <p>CLOSED STOVE WITH CHIMNEY ... 3</p> <p>OTHER 6</p> <p>(SPECIFY)</p>	→ 65
64	Does this (fire/stove) have a chimney, a hood, or neither of these?	<p>CHIMNEY 1</p> <p>HOOD 2</p> <p>NEITHER 3</p>	
65	Is the cooking usually done in the kitchen in a separate room in the house, kitchen but no separate room in the house, kitchen separate from the house or outdoor?	<p>SEPARATE ROOM IN THE HOUSE... 1</p> <p>NO SEPARATE ROOM IN THE HSE . 2</p> <p>SEPARATE FROM THE HOUSE 3</p> <p>OUTDOOR 4</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
66	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND..... 11 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD . 31 VINYL, LINOLEUM 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 MARBLE 36 OTHER 96 (SPECIFY)	
67	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF (NIPA)..... 12 SOD/GRASS (COGON) 13 RUDIMENTARY ROOFING RUSTIC MAT..... 21 PALM/BAMBOO 22 WOOD PLANKS 23 MAKESHIFT/CARDBOARD 24 FINISHED ROOFING GALVANIZED IRON/ALUMINUM ... 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER 96 (SPECIFY)	
68	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS CANE/PALM/TRUNKS 11 DIRT 12 RUDIMENTARY WALLS BAMBOO 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 MAKESHIFT/CARDBOARD/ REUSED MATERIAL 25 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 GALVANIZED IRON/ALUMINUM ... 37 OTHER 96 (SPECIFY)	
69	What is the tenure status of your lot?	OWNED/BEING AMORTIZED 1 RENTED 2 RENT-FREE W/ OWNER CONSENT 3 RENT-FREE W/O OWNER CONSENT 4	
70	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	
71	Does your household or any member of your household own: A bicycle or trisikad? A motorcycle or tricycle? An animal-drawn cart? A car or jeep or van? A tractor? A boat or banca with a motor?	YES NO BICYCLE / TRISIKAD 1 2 MOTORCYCLE / TRICYCLE ... 1 2 ANIMAL-DRAWN CART 1 2 CAR / JEEP / VAN 1 2 TRACTOR 1 2 BOAT / BANCA W/ MOTOR ... 1 2	
72	RECORD THE TIME.	HOUR . <input type="text"/> <input type="text"/> MINUTES. <input type="text"/> <input type="text"/>	

INTERVIEWER'S OBSERVATION

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

AGE-BIRTH DATE CONSISTENCY CHART

Age	Has not had birthday in 2008	Has already had birthday in 2008
	Don't Know	
0	2007	--
1	2006	2007
2	2005	2006
3	2004	2005
4	2003	2004
5	2002	2003
6	2001	2002
7	2000	2001
8	1999	2000
9	1998	1999
10	1997	1998
11	1996	1997
12	1995	1996
13	1994	1995
14	1993	1994
15	1992	1993
16	1991	1992
17	1990	1991
18	1989	1990
19	1988	1989
20	1987	1988
21	1986	1987
22	1985	1986
23	1984	1985
24	1983	1984
25	1982	1983
26	1981	1982
27	1980	1981
28	1979	1980
29	1978	1979
30	1977	1978
31	1976	1977
32	1975	1976
33	1974	1975
34	1973	1974
35	1972	1973
36	1971	1972
37	1970	1971
38	1969	1970
39	1968	1969

Age	Has not had birthday in 2008	Has already had birthday in 2008
	Don't Know	
40	1967	1968
41	1966	1967
42	1965	1966
43	1964	1965
44	1963	1964
45	1962	1963
46	1961	1962
47	1960	1961
48	1959	1960
49	1958	1959
50	1957	1958
51	1956	1957
52	1955	1956
53	1954	1955
54	1953	1954
55	1952	1953
56	1951	1952
57	1950	1951
58	1949	1950
59	1948	1949
60	1947	1948
61	1946	1947
62	1945	1946
63	1944	1945
64	1943	1944
65	1942	1943
66	1941	1942
67	1940	1941
68	1939	1940
69	1938	1939
70	1937	1938
71	1936	1937
72	1935	1936
73	1934	1935
74	1933	1934
75	1932	1933
76	1931	1932
77	1930	1931
78	1929	1930
79	1928	1929