| **AUTHORITY**: Commonwealth Act No. 591 authorizes this survey and the National Statistics Office to collect information on fertility, family planning and health.<br><br>**CONFIDENTIALITY** : Sec. 4 of CA No. 591 provides that all information furnished on this form is held **STRICTLY CONFIDENTIAL.** | NATIONAL STATISTICS OFFICE<br><br>**2008 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY**<br><br>**INDIVIDUAL WOMAN'S QUESTIONNAIRE** | NDHS FORM 2<br><br>NSCB Approval No. NSO-0813-02<br>Expires July 31, 2009 |
|---|---|---|

Booklet __ of __ Booklets

## IDENTIFICATION

PROVINCE _____

CITY/MUNICIPALITY _____

BARANGAY _____

EA ....................................................

SAMPLE HOUSING UNIT SERIAL NUMBER ....................................

HOUSEHOLD CONTROL NUMBER ....................................

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

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF ELIGIBLE WOMAN _____

ADDRESS _____

## INTERVIEW RECORD

|  | 1 | 2 | 3 | FINAL VISIT |  |
|---|---|---|---|---|---|
| DATE | _____ | _____ | _____ | DAY<br>MONTH<br>YEAR | <br><br>2 0 0 8 |
| INTERVIEWER'S NAME | _____ | _____ | _____ | INT. CODE |  |
| RESULT* | _____ | _____ | _____ | RESULT |  |
| NEXT VISIT:  DATE<br> AND TIME | _____ | _____ |  | TOTAL NUMBER<br>OF VISITS |  |

*RESULT CODES:

| 1 | COMPLETED | 5 | PARTLY COMPLETED |
|---|---|---|---|
| 2 | NOT AT HOME | 6 | RESPONDENT INCAPACITATED |
| 3 | POSTPONED | 7 | OCW/OFW |
| 4 | REFUSED | 8 | OTHER _____ |
|  |  |  | (SPECIFY) |

LANGUAGE OF QUESTIONNAIRE**  `7`        LANGUAGE OF INTERVIEW**  ☐

LOCAL LANGUAGE OF RESPONDENT**  ☐

TRANSLATOR USED        YES    1
                       NO     2

**LANGUAGE CODES

| 1 | TAGALOG | 5 | HILIGAYNON |
|---|---|---|---|
| 2 | CEBUANO | 6 | WARAY |
| 3 | ILOCANO | 7 | ENGLISH |
| 4 | BICOL | 8 | OTHER _____ |
|  |  |  | (SPECIFY) |

| **SUPERVISOR** ☐☐ | **FIELD EDITOR** ☐☐ | **OFFICE EDITOR** ☐☐ | **ENCODER** ☐☐ |
|---|---|---|---|
| **Name and Signature**   **Date** | **Name and Signature**   **Date** |  |  |

## AGE-BIRTH DATE CONSISTENCY CHART

| Age | Has not had birthday in 2008 | Has already had birthday in 2008 | Age | Has not had birthday in 2008 | Has already had birthday in 2008 |
|---|---|---|---|---|---|
| | Don't Know | | | Don't Know | |
| 0 | 2007 | -- | 30 | 1977 | 1978 |
| 1 | 2006 | 2007 | 31 | 1976 | 1977 |
| 2 | 2005 | 2006 | 32 | 1975 | 1976 |
| 3 | 2004 | 2005 | 33 | 1974 | 1975 |
| 4 | 2003 | 2004 | 34 | 1973 | 1974 |
| 5 | 2002 | 2003 | 35 | 1972 | 1973 |
| 6 | 2001 | 2002 | 36 | 1971 | 1972 |
| 7 | 2000 | 2001 | 37 | 1970 | 1971 |
| 8 | 1999 | 2000 | 38 | 1969 | 1970 |
| 9 | 1998 | 1999 | 39 | 1968 | 1969 |
| 10 | 1997 | 1998 | 40 | 1967 | 1968 |
| 11 | 1996 | 1997 | 41 | 1966 | 1967 |
| 12 | 1995 | 1996 | 42 | 1965 | 1966 |
| 13 | 1994 | 1995 | 43 | 1964 | 1965 |
| 14 | 1993 | 1994 | 44 | 1963 | 1964 |
| 15 | 1992 | 1993 | 45 | 1962 | 1963 |
| 16 | 1991 | 1992 | 46 | 1961 | 1962 |
| 17 | 1990 | 1991 | 47 | 1960 | 1961 |
| 18 | 1989 | 1990 | 48 | 1959 | 1960 |
| 19 | 1988 | 1989 | 49 | 1958 | 1959 |
| 20 | 1987 | 1988 | 50 | 1957 | 1958 |
| 21 | 1986 | 1987 | 51 | 1956 | 1957 |
| 22 | 1985 | 1986 | 52 | 1955 | 1956 |
| 23 | 1984 | 1985 | 53 | 1954 | 1955 |
| 24 | 1983 | 1984 | 54 | 1953 | 1954 |
| 25 | 1982 | 1983 | 55 | 1952 | 1953 |
| 26 | 1981 | 1982 | 56 | 1951 | 1952 |
| 27 | 1980 | 1981 | 57 | 1950 | 1951 |
| 28 | 1979 | 1980 | 58 | 1949 | 1950 |
| 29 | 1978 | 1979 | 59 | 1948 | 1949 |

### INTERVIEWER'S OBSERVATION
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

### SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE:_____

### EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE:_____

## SECTION 1.  RESPONDENT'S BACKGROUND

<table>
<tr>
<td colspan="4">
INTRODUCTION AND CONSENT

Hello.  My name is _____ and I am working  with the 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.

We hope that you will participate in this survey since your views are important.
At this time, do you want to ask me anything about the survey?
May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____         DATE: _____

RESPONDENT AGREES                                    RESPONDENT DOES NOT AGREE
   TO BE INTERVIEWED  ................ 1          TO BE INTERVIEWED  ......................... 2 → END
</td>
</tr>
<tr>
<th>NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>CODING CATEGORIES</th>
<th>SKIP</th>
</tr>
<tr>
<td>101</td>
<td><strong>RECORD THE TIME STARTED.</strong></td>
<td>HOUR  ................. ☐☐<br><br>MINUTE ................. ☐☐</td>
<td></td>
</tr>
<tr>
<td>102</td>
<td>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, in the
barrio or rural area, or abroad?</td>
<td>CITY ......................... 1<br>TOWN PROPER/POBLACION ..... 2<br>BARRIO/RURAL AREA .......... 3<br>ABROAD ..................... 4</td>
<td></td>
</tr>
<tr>
<td>103</td>
<td>How long have you been living continuously in
(NAME OF CURRENT PLACE OF RESIDENCE)?<br><br>IF LESS THAN ONE YEAR, RECORD '00' YEARS.</td>
<td>YEARS ................. ☐☐<br><br>SINCE BIRTH ................... 95<br>VISITOR........................ 96</td>
<td>→ 106</td>
</tr>
<tr>
<td>104</td>
<td>Just before you moved here, did you live in a city,
in a town/poblacion, in the barrio or rural area,
or abroad?</td>
<td>CITY ......................... 1<br>TOWN PROPER/POBLACION ..... 2<br>BARRIO/RURAL AREA .......... 3<br>ABROAD ..................... 4</td>
<td></td>
</tr>
<tr>
<td>105</td>
<td>How long had you continuously lived in your previous
place of residence?<br><br>IF LESS THAN ONE YEAR, RECORD '00' YEARS.</td>
<td>YEARS ................. ☐☐<br><br>SINCE BIRTH ................... 95</td>
<td></td>
</tr>
<tr>
<td>106</td>
<td>In what month and year were you born?</td>
<td>MONTH ................. ☐☐<br><br>DON'T KNOW MONTH .......... 98<br><br>YEAR ............ ☐☐☐☐<br><br>DON'T KNOW YEAR .......... 9998</td>
<td></td>
</tr>
<tr>
<td>107</td>
<td>How old were you at your last birthday?<br><br>COMPARE AND CORRECT <strong>106 AND/OR 107</strong>
IF INCONSISTENT.</td>
<td>AGE IN COMPLETED YEARS ☐☐</td>
<td></td>
</tr>
<tr>
<td>108</td>
<td>Have you ever attended school?</td>
<td>YES ......................... 1<br>NO .......................... 2</td>
<td>→ 111</td>
</tr>
<tr>
<td>109</td>
<td>What is the highest grade or year you completed?</td>
<td>_____ ☐☐<br>(SPECIFY)</td>
<td></td>
</tr>
</table>

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 110 | CHECK **109**:<br><br>ELEMENTARY  ☐  HIGH SCHOOL<br>GRADUATE OR  YEAR 1 OR HIGHER  ☐<br>LOWER ↓ | | → 113 |
| 111 | Now I would like you to read this sentence to me.<br><br>SHOW CARD TO RESPONDENT.<br><br>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:<br>Can you read any part of the sentence to me? | CANNOT READ AT ALL · · · · · · · · · · 1<br>ABLE TO READ ONLY PARTS OF<br>   SENTENCE · · · · · · · · · · · · · · · · · 2<br>ABLE TO READ WHOLE SENTENCE 3<br>NO CARD WITH REQUIRED<br>   LANGUAGE _____ 4<br>      (SPECIFY LANGUAGE)<br>BLIND/VISUALLY IMPAIRED · · · · · · 5 | → 115 |
| 112 | CHECK **111**:<br><br>CODE **'2', '3'**  ☐  CODE **'1'**<br>**OR '4'**  CIRCLED  ☐<br>CIRCLED ↓ | | → 114 |
| 113 | Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY · · · · · · · · · · · · 1<br>AT LEAST ONCE A WEEK · · · · · · · · 2<br>LESS THAN ONCE A WEEK · · · · · · 3<br>NOT AT ALL · · · · · · · · · · · · · · · · · · 4 | |
| 114 | Do you watch television almost everyday, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY · · · · · · · · · · · · 1<br>AT LEAST ONCE A WEEK · · · · · · · · 2<br>LESS THAN ONCE A WEEK · · · · · · 3<br>NOT AT ALL · · · · · · · · · · · · · · · · · · 4 | |
| 115 | Do you listen to the radio almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY · · · · · · · · · · · · 1<br>AT LEAST ONCE A WEEK · · · · · · · · 2<br>LESS THAN ONCE A WEEK · · · · · · 3<br>NOT AT ALL · · · · · · · · · · · · · · · · · · 4 | |
| 116 | What is your religion? | ROMAN CATHOLIC · · · · · · · · · · · · 1<br>PROTESTANT · · · · · · · · · · · · · · · · · 2<br>IGLESIA NI KRISTO · · · · · · · · · · · · 3<br>AGLIPAY · · · · · · · · · · · · · · · · · · · · · 4<br>ISLAM · · · · · · · · · · · · · · · · · · · · · · · 5<br>OTHER _____ 6<br>       (SPECIFY)<br>NONE · · · · · · · · · · · · · · · · · · · · · · · 7 | |
| 117 | How do you classify yourself? Are you a Tagalog, Cebuano, Ilocano, Ilonggo, Bicolano, Waray, Kapampangan, or something else? | TAGALOG · · · · · · · · · · · · · · · · · · · · 1<br>CEBUANO · · · · · · · · · · · · · · · · · · · 2<br>ILOCANO · · · · · · · · · · · · · · · · · · · · 3<br>ILONGGO · · · · · · · · · · · · · · · · · · · · 4<br>BICOLANO · · · · · · · · · · · · · · · · · · 5<br>WARAY · · · · · · · · · · · · · · · · · · · · · · 6<br>KAPAMPANGAN · · · · · · · · · · · · · · 7<br><br>OTHER _____ 8<br>       (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 pregnancies which you have had that did not result in a live birth. I understand that it is not easy to talk about all the 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 <br> NO ........................... 2 | → 206 |
| 202 | Do you have any sons or daughters whom you have given birth to who are now living with you? | YES ......................... 1 <br> NO ........................... 2 | → 204 |
| 203 | How many sons live with you? <br><br> And how many daughters live with you? <br><br> IF NONE, RECORD '00'. | SONS AT HOME .......... ☐☐ <br><br> DAUGHTERS AT HOME ... ☐☐ | |
| 204 | Do you have any sons or daughters whom you have given birth to who are alive but do not live with you? | YES ......................... 1 <br> NO ........................... 2 | → 206 |
| 205 | How many sons are alive but do not live with you? <br><br> And how many daughters are alive but do not live with you? <br><br> IF NONE, RECORD '00'. | SONS ELSEWHERE ...... ☐☐ <br><br> DAUGHTERS ELSEWHERE ☐☐ | |
| 206 | Have you ever given birth to a boy or girl who was born alive but later died? <br><br> IF NO, PROBE: Any baby who cried or showed signs of life but did not survive? | YES ......................... 1 <br> NO ........................... 2 | → 208 |
| 207 | How many boys have died? <br><br> And how many girls have died? <br><br> IF NONE, RECORD '00'. | BOYS DEAD .............. ☐☐ <br><br> GIRLS DEAD ............ ☐☐ | |
| 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 birh? | YES ......................... 1 <br> NO ........................... 2 | → 210 |
| 209 | In all, how many pregnancies have you had that did not end in a live born child? | PREGNANCY LOSSES ..... ☐☐ | |
| 210 | SUM ANSWERS TO 203, 205, 207 AND 209, AND ENTER TOTAL. IF NONE, RECORD '00'. | TOTAL .................. ☐☐ | |
| 211 | CHECK 210: <br><br> 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/births during your life. Is that correct? <br><br> YES ☐      NO ☐ → PROBE AND CORRECT 201-210 AS NECESSARY. | | |
| 212 | CHECK 210: <br><br> ONE OR MORE PREGNANCIES ☐      NO PREGNANCIES ☐ | | → 233 |

| 213 | Now I would like to record all your pregnancies, whether born alive, born dead, or lost before full term. Start with the first pregnancy you had. RECORD ALL THE PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES, IF LIVE BIRTHS. | | | | | | |
|---|---|---|---|---|---|---|---|
| 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 |
| LINE NUMBER | 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 <br> MULTIPLE . 2 | BORN ALIVE ..... 1 (SKIP TO **218**) <br> BORN DEAD ..... 2 <br> LOST BEFORE FULL TERM ............ 3 (SKIP TO **226**) | YES ..... 1 <br> NO ..... 2 ↓ **226** | (NAME) | BOY ..... 1 <br> GIRL..... 2 | MONTH ☐☐ <br> YEAR ☐☐☐☐ | YES ..... 1 <br> NO ..... 2 ↓ **225** |
| 02 | SINGLE ... 1 <br> MULTIPLE . 2 | BORN ALIVE ..... 1 (SKIP TO **218**) <br> BORN DEAD ..... 2 <br> LOST BEFORE FULL TERM ............ 3 (SKIP TO **226**) | YES ..... 1 <br> NO ..... 2 ↓ **226** | (NAME) | BOY ..... 1 <br> GIRL..... 2 | MONTH ☐☐ <br> YEAR ☐☐☐☐ | YES ..... 1 <br> NO ..... 2 ↓ **225** |
| 03 | SINGLE ... 1 <br> MULTIPLE . 2 | BORN ALIVE ..... 1 (SKIP TO **218**) <br> BORN DEAD ..... 2 <br> LOST BEFORE FULL TERM ............ 3 (SKIP TO **226**) | YES ..... 1 <br> NO ..... 2 ↓ **226** | (NAME) | BOY ..... 1 <br> GIRL..... 2 | MONTH ☐☐ <br> YEAR ☐☐☐☐ | YES ..... 1 <br> NO ..... 2 ↓ **225** |
| 04 | SINGLE ... 1 <br> MULTIPLE . 2 | BORN ALIVE ..... 1 (SKIP TO **218**) <br> BORN DEAD ..... 2 <br> LOST BEFORE FULL TERM ............ 3 (SKIP TO **226**) | YES ..... 1 <br> NO ..... 2 ↓ **226** | (NAME) | BOY ..... 1 <br> GIRL..... 2 | MONTH ☐☐ <br> YEAR ☐☐☐☐ | YES ..... 1 <br> NO ..... 2 ↓ **225** |
| 05 | SINGLE ... 1 <br> MULTIPLE . 2 | BORN ALIVE ..... 1 (SKIP TO **218**) <br> BORN DEAD ..... 2 <br> LOST BEFORE FULL TERM ............ 3 (SKIP TO **226**) | YES ..... 1 <br> NO ..... 2 ↓ **226** | (NAME) | BOY ..... 1 <br> GIRL..... 2 | MONTH ☐☐ <br> YEAR ☐☐☐☐ | YES ..... 1 <br> NO ..... 2 ↓ **225** |
| 06 | SINGLE ... 1 <br> MULTIPLE . 2 | BORN ALIVE ..... 1 (SKIP TO **218**) <br> BORN DEAD ..... 2 <br> LOST BEFORE FULL TERM ............ 3 (SKIP TO **226**) | YES ..... 1 <br> NO ..... 2 ↓ **226** | (NAME) | BOY ..... 1 <br> GIRL..... 2 | MONTH ☐☐ <br> YEAR ☐☐☐☐ | YES ..... 1 <br> NO ..... 2 ↓ **225** |
| 07 | SINGLE ... 1 <br> MULTIPLE . 2 | BORN ALIVE ..... 1 (SKIP TO **218**) <br> BORN DEAD ..... 2 <br> LOST BEFORE FULL TERM ............ 3 (SKIP TO **226**) | YES ..... 1 <br> NO ..... 2 ↓ **226** | (NAME) | BOY ..... 1 <br> GIRL..... 2 | MONTH ☐☐ <br> YEAR ☐☐☐☐ | YES ..... 1 <br> NO ..... 2 ↓ **225** |
| 08 | SINGLE ... 1 <br> MULTIPLE . 2 | BORN ALIVE ..... 1 (SKIP TO **218**) <br> BORN DEAD ..... 2 <br> LOST BEFORE FULL TERM ............ 3 (SKIP TO **226**) | YES ..... 1 <br> NO ..... 2 ↓ **226** | (NAME) | BOY ..... 1 <br> GIRL..... 2 | MONTH ☐☐ <br> YEAR ☐☐☐☐ | YES ..... 1 <br> 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?<br><br>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)?<br><br>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?<br><br>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 | YES ... 1<br>NO ... 2 | LINE NUMBER<br>(SKIP TO NEXT PREGNANCY) | DAYS ... 1<br>MONTHS . 2<br>YEARS... 3<br>(SKIP TO NEXT PREGNANCY) | MONTH<br>YEAR | MONTHS | YES ... 1<br>NO ... 2 | |
| 02 AGE IN YEARS | YES ... 1<br>NO ... 2 | LINE NUMBER<br>(SKIP TO **229**) | DAYS ... 1<br>MONTHS . 2<br>YEARS... 3<br>(SKIP TO **229**) | MONTH<br>YEAR | MONTHS | YES ... 1<br>NO ... 2 | YES ... 1<br>NO ... 2 |
| 03 AGE IN YEARS | YES ... 1<br>NO ... 2 | LINE NUMBER<br>(SKIP TO **229**) | DAYS ... 1<br>MONTHS . 2<br>YEARS... 3<br>(SKIP TO **229**) | MONTH<br>YEAR | MONTHS | YES ... 1<br>NO ... 2 | YES ... 1<br>NO ... 2 |
| 04 AGE IN YEARS | YES ... 1<br>NO ... 2 | LINE NUMBER<br>(SKIP TO **229**) | DAYS ... 1<br>MONTHS . 2<br>YEARS... 3<br>(SKIP TO **229**) | MONTH<br>YEAR | MONTHS | YES ... 1<br>NO ... 2 | YES ... 1<br>NO ... 2 |
| 05 AGE IN YEARS | YES ... 1<br>NO ... 2 | LINE NUMBER<br>(SKIP TO **229**) | DAYS ... 1<br>MONTHS . 2<br>YEARS... 3<br>(SKIP TO **229**) | MONTH<br>YEAR | MONTHS | YES ... 1<br>NO ... 2 | YES ... 1<br>NO ... 2 |
| 06 AGE IN YEARS | YES ... 1<br>NO ... 2 | LINE NUMBER<br>(SKIP TO **229**) | DAYS ... 1<br>MONTHS . 2<br>YEARS... 3<br>(SKIP TO **229**) | MONTH<br>YEAR | MONTHS | YES ... 1<br>NO ... 2 | YES ... 1<br>NO ... 2 |
| 07 AGE IN YEARS | YES ... 1<br>NO ... 2 | LINE NUMBER<br>(SKIP TO **229**) | DAYS ... 1<br>MONTHS . 2<br>YEARS... 3<br>(SKIP TO **229**) | MONTH<br>YEAR | MONTHS | YES ... 1<br>NO ... 2 | YES ... 1<br>NO ... 2 |
| 08 AGE IN YEARS | YES ... 1<br>NO ... 2 | LINE NUMBER<br>(SKIP TO **229**) | DAYS ... 1<br>MONTHS . 2<br>YEARS... 3<br>(SKIP TO **229**) | MONTH<br>YEAR | MONTHS | YES ... 1<br>NO ... 2 | YES ... 1<br>NO ... 2 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 230 | Have you had any pregnancy since the last pregnancy mentioned?<br>EXCLUDE CURRENT PREGNANCY | YES ......................... 1<br>NO ........................... 2 | → 215 |
| 231 | COMPARE 210 WITH NUMBER OF PREGNANCIES IN HISTORY AND PUT X MARK:<br><br>NUMBERS ☐    NUMBERS ARE ☐<br>ARE SAME ↓    DIFFERENT   → (PROBE AND RECONCILE)<br><br>CHECK:  FOR EACH PREGNANCY: YEAR IS RECORDED IN **220 OR 226**.<br><br>FOR EACH LIVING CHILD:  CURRENT AGE IS RECORDED IN **222.**<br><br>FOR EACH DEAD CHILD:  AGE AT DEATH IS RECORDED IN **225**.<br><br>FOR AGE AT DEATH 12 MONTHS OR 1 YR:  PROBE FOR EXACT NO. OF MONTHS. | ☐☐☐☐ | |
| 232 | CHECK **220** AND ENTER THE NUMBER OF LIVE BIRTHS SINCE **JANUARY 2003**.<br>IF NONE, RECORD '0' | ☐ | |
| 233 | Are you pregnant now? | YES ......................... 1<br>NO ........................... 2<br>UNSURE ..................... 8 | ⌐<br>→ 236 |
| 234 | How many months pregnant are you? | MONTHS .............. ☐☐ | |
| 235 | 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<br>WANTED TO WAIT LATER ........ 2<br>DID NOT WANT AT ALL ........... 3 | |
| 236 | When did your last menstrual period start?<br><br>_____<br>(DATE, IF GIVEN)<br><br>IF SAME DAY, RECORD "00" | DAYS AGO ............ 1 ☐☐<br>WEEKS AGO .......... 2 ☐☐<br>MONTHS AGO .......... 3 ☐☐<br>YEARS AGO............ 4 ☐☐<br>IN MENOPAUSE/<br>  HAS HAD HYSTERECTOMY..... 994<br>BEFORE LAST BIRTH .......... 995<br>NEVER MENSTRUATED ........ 996 | → 238 |
| 237 | How old were you when you had your first menstrual period? | AGE ..................... ☐☐ | |
| 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?<br><br>IF NO, PROBE:  Do you know if there is a time when it is not safe for a woman to have sex because she can get pregnant? | YES ........................... 1<br>NO ............................. 2<br>DON'T KNOW ................... 8 | ⌐<br>→ 301 |
| 239 | Is this time<br>  just before her period begins,<br>  during her period,<br>  right after her period has ended,<br>  or half way between two periods? | JUST BEFORE HER PERIOD<br>  BEGINS ...................... 1<br>DURING HER PERIOD ........... 2<br>RIGHT AFTER HER<br>  PERIOD HAS ENDED ......... 3<br>HALFWAY BETWEEN<br>  TWO PERIODS ............... 4<br>OTHER _____ 6<br>     (SPECIFY)<br>DON'T KNOW ................... 8 | |

## 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.
ENCIRCLE 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.
ENCIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH
CODE 1 ENCIRCLED 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. Woman 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 everyday to avoid becoming pregnant. | YES .......... 1 NO ........... 2 ↓ | YES ................ 1 NO ................... 2 |
| 04 | IUD. Women who 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 | 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 |
| 07 | PATCH. Women can put a hormonal patch on their upper outer arm, buttocks, abdomen or thigh to avoid getting pregnant. | YES .......... 1 NO ........... 2 ↓ | YES ................ 1 NO ................... 2 |
| 08 | 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 |
| 09 | FEMALE CONDOM. Women can place a sheath in their vagina before sexual intercourse. | YES .......... 1 NO ........... 2 ↓ | YES ................ 1 NO ................... 2 |
| 10 | 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 |
| 11 | 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 |
| 12 | SYMPTOTHERMAL. It is a combination of Basal Body Temperature and Mucus, Billings, Ovulation Method. | YES .......... 1 NO ........... 2 ↓ | YES ................ 1 NO ................... 2 |

| 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)? |
|---|---|---|---|---|
| 13 | 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 |
| 14 | LACTATIONAL AMENORRHEA METHOD (LAM). | YES .......... 1 NO ............ 2 ↓ | | YES ................ 1 NO .................. 2 |
| 15 | 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 |
| 16 | WITHDRAWAL. Men can be careful and pull out before climax. | YES .......... 1 NO ............ 2 ↓ | | Have you ever had a partner who used withdrawal? YES ................ 1 NO .................. 2 |
| 17 | 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 |
| 18 | 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 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 303 | CHECK 302: NOT A SINGLE "YES" (NEVER USED) ↓   AT LEAST ONE "YES" (EVER USED) | | → 306 |
| 304 | Have you ever used anything or tried in any way to delay or avoid getting pregnant? | YES ........................ 1 NO ......................... 2 | → 341 |
| 305 | What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY). | | |
| 306 | 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 ............ ☐☐ | |
| 307 | CHECK 302(01): LIGATION/FEMALE STERILIZATION WOMAN NOT STERILIZED 302(01)=2 ↓   WOMAN STERILIZED 302(01)=1 | | → 310A |
| 308 | CHECK 233: NOT PREGNANT OR UNSURE ↓   PREGNANT | | → 331 |
| 309 | Are you currently doing something or using any method to delay or avoid getting pregnant? | YES ........................ 1 NO ......................... 2 | → 331 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 310<br><br><br><br><br><br>310A | Which method are you using?<br><br>CIRCLE ALL MENTIONED.<br><br>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD CIRCLED IN THE LIST.<br><br>CIRCLE 'A' FOR FEMALE STERILIZATION. | FEMALE STERILIZATION ...... A<br>MALE STERILIZATION ........ B<br>PILL ........................ C<br>IUD ........................ D<br>INJECTABLES ................ E<br>IMPLANTS.................... F<br>PATCH ...................... G<br>CONDOM .................... H<br>FEMALE CONDOM ............ I<br>DIAPHRAGM.................. J<br>FOAM/JELLY/CREAM .......... K<br>MUCUS/BILLINGS/OVULATION . L<br>BASAL BODY TEMPERATURE ... M<br>SYMPTOTHERMAL ............ N<br>STANDARD DAYS ............ O<br>LAM ........................ P<br>CALENDAR/RHYTHM/<br>   PERIODIC ABSTINENCE ..... Q<br>WITHDRAWAL ................ R<br><br>OTHER _____ X<br>         (SPECIFY) | → 315<br>→ 311<br><br>→ 314<br><br>→ 311<br>→ 314<br><br><br><br>→ 318A |
| 311 | CHECK 310: CODE C FOR PILL OR H FOR CONDOM<br><br>YES (USING        NO (USING<br>PILL)                  CONDOM BUT<br>                       NOT PILL)<br><br>May I see the package   May I see the package<br>of pills you are using?  of condoms your<br>                     partner is using?<br><br>RECORD NAME OF BRAND IF PACKAGE SEEN. | PACKAGE SEEN .............. 1<br><br>BRAND NAME _____ ☐☐<br>        (SPECIFY)<br><br><br><br>PACKAGE NOT SEEN.......... 2 | → 313 |
| 312 | Do you know the brand name of the (pills/condoms) you/your partner are/is using?<br><br>RECORD NAME OF BRAND. | BRAND NAME _____ ☐☐<br>        (SPECIFY)<br><br>DON'T KNOW ................ 98 | |
| 313 | How many (pill cycles/condoms) did you get the last time? | NUMBER OF PILL ☐☐☐<br>   CYCLES/CONDOMS<br><br>DON'T KNOW .............. 998 | |
| 314 | The last time you obtained (HIGHEST METHOD ON LIST IN 310), how much did you pay in total, including the cost of the method and any consultation you may have had? | COST IN ☐☐☐<br>   PESOS .........<br><br>FREE ...................... 000<br>DON'T KNOW        998 | → 318A |
| 315 | In what facility did the sterilization take place?<br><br><br><br>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.<br>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE WRITE THE NAME OF THE PLACE.<br><br>_____<br>       (NAME OF PLACE) | PUBLIC SECTOR<br>   GOVT. HOSPITAL............ 11<br>   RURAL/URBAN HEALTH<br>      CENTER .............. 12<br>   OTHER PUBLIC _____16<br>         (SPECIFY)<br><br>PRIVATE SECTOR<br>   PRIVATE HOSPITAL<br>     OR CLINIC .............. 21<br>   PRIVATE DOCTOR .......... 22<br>   OTHER PRIVATE_____26<br>         (SPECIFY)<br>OTHER _____96<br>        (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 316 | CHECK **310/310A**:<br><br>CODE 'A'         CODE 'B'<br>CIRCLED ↓      CIRCLED ↓<br><br>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?    Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation? | YES ........................ 1<br>NO ......................... 2<br>DON'T KNOW ............... 8 | |
| 317 | How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?<br><br>IF COST OF STERILIZATION WAS INCLUDED IN COST OF NORMAL DELIVERY, SEPARATE OR ESTIMATE COST. | COST IN PESOS ☐☐☐☐☐<br><br>FREE ............... ......00000<br>DONE WITH CAESARIAN<br>    SECTION ............99996<br>DON'T KNOW ............99998 | |
| 318<br><br>318A | In what month and year was the sterilization performed (ligated/vasectomized)?<br><br>Since what month and year have you been using (CURRENT METHOD) without stopping?<br><br>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?<br><br>THEN ESTIMATE THE MONTH AND YEAR BASED ON THE LENGTH OF CONTINUOUS USE | <br><br>MONTH ................. ☐☐<br><br><br>YEAR ........... ☐☐☐☐ | |
| 319 | CHECK **318/318A, 220 AND 226**:<br><br>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND   YES ☐     NO ☐<br>YEAR OF START OF USE OF CONTRACEPTION IN 318/318A       ↓<br><br>GO BACK TO **318/318A**, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS ↓<br>USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION). | | |
| 320 | CHECK **310/310A**:<br><br>CIRCLE METHOD CODE:<br><br>IF MORE THAN ONE METHOD CODE CIRCLED IN 310/310A, CIRCLE CODE FOR HIGHEST METHOD IN LIST. | FEMALE STERILIZATION ...... 01<br>MALE STERILIZATION ........ 02<br>PILL ........................03<br>IUD ......................... 04<br>INJECTABLE...................05<br>IMPLANTS....................06<br>PATCH ...................07<br>CONDOM ....................08<br>FEMALE CONDOM ............09<br>DIAPHRAGM..................10<br>FOAM/JELLY/CREAM .......... 11<br>MUCUS, BILLINGS,<br>   OVULATION ............... 12<br>BASAL BODY TEMPERATURE ...13<br>SYMPTOTHERMAL ............14<br>STANDARD DAYS METHOD .....15<br>LAM .......................16<br>CALENDAR/RHYTHM/<br>   PERIODIC ABSTINENCE .....17<br>WITHDRAWAL ...............18<br>OTHER METHOD ...........96 | → 323<br>→ 330<br><br><br><br>→ 321<br><br><br><br><br>→ 321A<br><br><br>→ 330 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 321 | CHECK **320 (03-11)**<br><br>Where did you obtain (CURRENT METHOD FROM **320**) when you started using it? | PUBLIC SECTOR<br>  GOVT. HOSPITAL . . . . . . . . . . . . 11<br>  RURAL HEALTH UNIT (RHU)/<br>    URBAN HEALTH CENTER  . 12<br>  BARANGAY HEALTH STATION . 13<br>  BARANGAY SUPPLY/SERVICE<br>    POINT OFFICER/BHW  . . . . . 14<br>  OTHER PUBLIC _____15<br>                (SPECIFY) | |
| 321A | CHECK **320 (12-17)**<br><br>Where did you learn how to use the (CURRENT METHOD FROM **320**)?<br><br><br>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE.<br><br><br>_____<br>        (NAME OF PLACE) | PRIVATE SECTOR<br>  PRIVATE HOSPITAL OR CLINIC 21<br>  PHARMACY . . . . . . . . . . . . . . . . 22<br>  PRIVATE DOCTOR . . . . . . . . . . 23<br>  PRIVATE NURSE/MIDWIFE . . . 24<br>  NGO . . . . . . . . . . . . . . . . . . . . . 25<br>  INDUSTRY-BASED CLINIC  . . . 26<br>  OTHER PRIVATE _____27<br>              (SPECIFY)<br>OTHERS<br>  PUERICULTURE CENTER  . . . 31<br>  STORE . . . . . . . . . . . . . . . . . . . . 32<br>  CHURCH . . . . . . . . . . . . . . . . . . 33<br>  FRIENDS/RELATIVES . . . . . . . . 34<br>  OTHER _____96<br>             (SPECIFY) | |
| 322 | CHECK **310/310A**:<br><br>CIRCLE METHOD CODE:<br><br>IF MORE THAN ONE METHOD CODE CIRCLED IN 310/310A, CIRCLE CODE FOR HIGHEST METHOD IN LIST. | PILL . . . . . . . . . . . . . . . . . . . . . . . . 03<br>IUD . . . . . . . . . . . . . . . . . . . . . . . . 04<br>INJECTABLE . . . . . . . . . . . . . . . . . 05<br>IMPLANTS . . . . . . . . . . . . . . . . . . . 06<br>PATCH    . . . . . . . . . . . . . . . . . 07<br>CONDOM . . . . . . . . . . . . . . . . . . . 08<br>FEMALE CONDOM . . . . . . . . . . . 09<br>DIAPHRAGM . . . . . . . . . . . . . . . . . 10<br>FOAM/JELLY/CREAM . . . . . . . . . 11<br>MUCUS/BILLINGS/OVULATION . . . 12<br>BASAL BODY TEMPERATURE . . . 13<br>SYMPTOTHERMAL . . . . . . . . . . . 14<br>STANDARD DAYS METHOD . . . . . 15<br>LAM  . . . . . . . . . . . . . . . . . . . . . 16<br>CALENDAR/RHYTHM/<br>  PERIODIC ABSTINENCE  . . . . . 17 | → 329<br><br>→ 326 |
| 323 | You obtained (CURRENT METHOD FROM **320/322**) from (SOURCE OF METHOD FROM **315 OR 321/321A**) in (DATE FROM **318/318A**). At that time, were you told about side effects or problems you might have with the method? | YES  . . . . . . . . . . . . . . . . . . . . . . . 1<br>NO . . . . . . . . . . . . . . . . . . . . . . . . . 2 | → 325 |
| 324 | Were you ever told by a health or family planning worker about side effects or problems you might have with the method? | YES  . . . . . . . . . . . . . . . . . . . . . . . 1<br>NO . . . . . . . . . . . . . . . . . . . . . . . . . 2 | → 326 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 325 | Were you told what to do if you experienced side effects or problems? | YES ........................ 1<br>NO ......................... 2 | |
| 326 | CHECK **323**:<br><br>CODE '1' CIRCLED ⬇     CODE '1' NOT CIRCLED OR NOT ASKED ⬇<br><br>At that time, were you told about other methods of family planning that you could use?    When you obtained (CURRENT METHOD FROM **322**) from (SOURCE OF METHOD FROM **315** OR **321/321A**) were you told about other methods of family planning that you could use? | YES ........................ 1<br>NO ......................... 2 | → 328 |
| 327 | Were you ever told by a health or family planning worker about other methods of family planning that you could use? | YES ........................ 1<br>NO ......................... 2 | |
| 328 | CHECK **310/310A**:<br><br>CIRCLE METHOD CODE:<br><br>IF MORE THAN ONE METHOD CODE CIRCLED IN **310/310A**, CIRCLE CODE FOR **HIGHEST METHOD IN LIST**. | FEMALE STERILIZATION ...... 01<br>MALE STERILIZATION ........ 02<br>PILL ........................03<br>IUD ......................... 04<br>INJECTABLE.................. 05<br>IMPLANTS.................... 06<br>PATCH .................... 07<br>CONDOM .................... 08<br>FEMALE CONDOM ............ 09<br>DIAPHRAGM.................. 10<br>FOAM/JELLY/CREAM .......... 11<br>MUCUS/BILLINGS/OVULATION . 12<br>BASAL BODY TEMPERATURE ... 13<br>SYMPTOTHERMAL ............ 14<br>STANDARD DAYS METHOD ..... 15<br>LAM .......................16<br>CALENDAR/RHYTHM/<br>  PERIODIC ABSTINENCE ..... 17<br>WITHDRAWAL ................ 18<br>OTHER METHOD_____96<br>     (SPECIFY) | → 330<br><br><br><br><br><br><br><br>→ 330 |
| 329 | Where did you obtain (CURRENT METHOD) the **last** time?<br><br>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.<br><br>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE) | PUBLIC SECTOR<br>  GOVT. HOSPITAL............ 11<br>  RURAL HEALTH UNIT (RHU)/<br>    URBAN HEALTH CENTER . 12<br>  BARANGAY HEALTH STATION. 13<br>  BARANGAY SUPPLY/SERVICE<br>    POINT OFFICER/BHW ..... 14<br>  OTHER PUBLIC_____15<br>     (SPECIFY)<br>PRIVATE SECTOR<br>  PRIVATE HOSPITAL<br>    OR CLINIC .............. 21<br>  PHARMACY ................ 22<br>  PRIVATE DOCTOR .......... 23<br>  PRIVATE NURSE/MIDWIFE ... 24<br>  NGO ...................... 25<br>  INDUSTRY-BASED CLINIC ... 26<br>  OTHER PRIVATE_____27<br>     (SPECIFY)<br>OTHERS<br>  PUERICULTURE CENTER ... 31<br>  STORE .................... 32<br>  CHURCH .................. 33<br>  FRIENDS/RELATIVES ...... 34<br>  OTHER_____96<br>     (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 330 | CHECK **318/318A**: (STARTED USING CURRENT METHOD CONTINUOUSLY)<br><br>**AFTER** (AUGUST/ SEPTEMBER) 2007 ☐  **BEFORE OR IN** (AUGUST/SEPTEMBER) 2007 ☐ | | → 343 |
| 331 | Now, I would like to ask you some questions about your family planning practice one year ago.<br><br>In (CURRENT MONTH) in 2007, were you/was your partner doing something or using any method to delay or avoid getting pregnant?<br><br>IF PREGNANT IN CURRENT MONTH IN 2007, CIRCLE '2'. | YES ......................... 1<br>NO ......................... 2 | → 335 |
| 332 | Which method were you using in (CURRENT MONTH) 2007?<br><br>IF MORE THAN ONE METHOD MENTIONED, CIRCLE METHOD HIGHEST IN LIST. | PILL ........................03<br>IUD ......................... 04<br>INJECTABLE.................. 05<br>IMPLANTS.................... 06<br>PATCH .................... 07<br>CONDOM ................... 08<br>FEMALE CONDOM ........... 09<br>DIAPHRAGM................. 10<br>FOAM/JELLY/CREAM ......... 11<br>MUCUS/BILLINGS/OVULATION . 12<br>BASAL BODY TEMPERATURE ... 13<br>SYMPTOTHERMAL ........... 14<br>STANDARD DAYS METHOD ..... 15<br>LAM ........................16<br>CALENDAR/RHYTHM/<br> PERIODIC ABSTINENCE ..... 17<br>WITHDRAWAL ............... 18<br><br>OTHER _____96<br>   (SPECIFY) | |
| 333 | COMPARE **310 AND 332**: (IF MORE THAN ONE METHOD IN **310**, CHOOSE **METHOD HIGHEST IN THE LIST**.)<br><br>DIFFERENT METHODS IN **310 & 332** ☐ METHOD IN **310 NOT ASKED** ☐ SAME METHOD IN **310 & 332** ☐ | | → 335 |
| 334 | Why did you stop using (METHOD IN **332**)? | INFREQUENT SEX/HUSBAND<br> AWAY/OLD ................ 01<br>BECAME PREGNANT<br> WHILE USING .............. 02<br>WANTED TO BECOME<br> PREGNANT ................ 03<br>HUSBAND/PARTNER<br> DISAPPROVED ............ 04<br>WANTED MORE EFFECTIVE<br> METHOD .................. 05<br>HEALTH CONCERNS ........ 06<br>SIDE EFFECTS .............. 07<br>INACCESSIBLE/UNAVAILABLE... 08<br>COSTS TOO MUCH .......... 09<br>INCONVENIENT TO USE ...... 10<br>FATALISTIC .................. 11<br>DIFFICULT TO GET PREGNANT/<br> MENOPAUSE/<br> HYSTERECTOMY .......... 12<br>MARITAL DISSOLUTION/<br> SEPARATION .............. 13<br>OTHER _____96<br>   (SPECIFY)<br>DON'T KNOW .............. 98 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 335 | CHECK **233**<br><br>PREGNANT ☐  NOT PREGNANT ☐  OR UNSURE | | → 339 |
| 336 | Immediately prior to this pregnancy, were you using any method to delay or avoid getting pregnant? | YES ........................ 1<br>NO ......................... 2 | → 339 |
| 337 | What method did you use?<br><br>IF MORE THAN ONE METHOD MENTIONED, CIRCLE METHOD HIGHEST IN LIST. | PILL ........................03<br>IUD ........................ 04<br>INJECTABLE................. 05<br>IMPLANTS................... 06<br>PATCH ................... 07<br>CONDOM ................... 08<br>FEMALE CONDOM ........... 09<br>DIAPHRAGM................. 10<br>FOAM/JELLY/CREAM ......... 11<br>MUCUS/BILLINGS/OVULATION . 12<br>BASAL BODY TEMPERATURE ... 13<br>SYMPTOTHERMAL ........... 14<br>STANDARD DAYS METHOD ..... 15<br>LAM .......................16<br>CALENDAR/RHYTHM/<br>  PERIODIC ABSTINENCE ..... 17<br>WITHDRAWAL ................ 18<br>OTHER (SPECIFY) _____ 96 | |
| 338 | Did you become pregnant while using (METHOD IN **337**) or did you stop to get pregnant, or did you stop for some other reason? | BECAME PREGNANT<br>  WHILE USING .............. 1<br>WANTED TO BECOME<br>  PREGNANT ................ 2<br>STOP FOR OTHER REASON ....3 | |
| 339 | Did you use any (other) method(s) between (CURRENT MONTH) in 2007 and (CURRENT MONTH) in 2008? | YES ........................ 1<br>NO ......................... 2 | → 343 |
| 340 | What are these methods?<br><br>CIRCLE ALL MENTIONED | PILL ........................ C<br>IUD ......................... D<br>INJECTABLE.................. E<br>IMPLANTS ................... F<br>PATCH ................... G<br>CONDOM .................... H<br>FEMALE CONDOM ............ I<br>DIAPHRAGM................... J<br>FOAM/JELLY/CREAM .......... K<br>MUCUS/BILLINGS/OVULATION ..L<br>BASAL BODY TEMPERATURE ....M<br>SYMPTOTHERMAL ........... N<br>STANDARD DAYS METHOD ..... O<br>LAM ....................... P<br>CALENDAR/RHYTHM/<br>  PERIODIC ABSTINENCE ..... Q<br>WITHDRAWAL ................ R<br>OTHER (SPECIFY) _____ X | → 343 |
| 341 | Do you know of a place where you can obtain a method of family planning? | YES ........................ 1<br>NO ......................... 2 | → 343 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 342 | Where is that?<br><br>Any other place?<br><br>PROBE TO IDENTIFY THE TYPE OF SOURCE<br>AND CIRCLE THE APPROPRIATE CODE.<br><br>IF UNABLE TO DETERMINE IF HOSPITAL,<br>HEALTH CENTER OR CLINIC IS PUBLIC OR<br>PRIVATE, WRITE THE NAME<br>OF THE PLACE.<br><br><br>_____<br>(NAME OF PLACE) | PUBLIC SECTOR<br>  GOVT. HOSPITAL . . . . . . . . . . . . A<br>  RURAL HEALTH UNIT (RHU)/<br>    URBAN HEALTH CENTER  . B<br>  BARANGAY HEALTH STATION . C<br>  BARANGAY SUPPLY/SERVICE<br>    POINT OFFICER/BHW  . . . . . D<br>  OTHER PUBLIC _____ E<br>               (SPECIFY)<br>PRIVATE SECTOR<br>  PRIVATE HOSPITAL<br>    OR CLINIC  . . . . . . . . . . . . . F<br>  PHARMACY . . . . . . . . . . . . . . . G<br>  PRIVATE DOCTOR . . . . . . . . . . H<br>  PRIVATE NURSE/MIDWIFE . . . I<br>  NGO . . . . . . . . . . . . . . . . . . . . . J<br>  INDUSTRY-BASED CLINIC  . . . K<br>  OTHER PRIVATE_____ L<br>               (SPECIFY)<br>OTHERS<br>  PUERICULTURE CENTER  . . . M<br>  STORE . . . . . . . . . . . . . . . . . . . N<br>  CHURCH . . . . . . . . . . . . . . . . . O<br>  FRIENDS/RELATIVES  . . . . . . P<br>  OTHER _____ X<br>           (SPECIFY) | |
| 343 | In the last 12 months, were you visited by a<br>healthworker who talked to you about family planning? | YES . . . . . . . . . . . . . . . . . . . . . . . 1<br>NO . . . . . . . . . . . . . . . . . . . . . . . . 2 | |
| 344 | In the last 12 months, have you visited a health facility<br>for care for yourself (or your children) or any purpose? | YES . . . . . . . . . . . . . . . . . . . . . . . 1<br>NO . . . . . . . . . . . . . . . . . . . . . . . . 2 | → 401 |
| 345 | Did any staff member at the health facility speak<br>to you about family planning methods? | YES . . . . . . . . . . . . . . . . . . . . . . . 1<br>NO . . . . . . . . . . . . . . . . . . . . . . . . 2 | |

## SECTION 4. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

| 401 | CHECK **232**: | | |
|---|---|---|---|
| | ONE OR MORE BIRTHS IN 2003 OR LATER ☐ ↓ | NO BIRTHS IN 2003 OR LATER ☐ → 554 | |

| 402 | CHECK **220**: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). 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.) |
|---|---|

| | | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST BIRTH |
|---|---|---|---|---|
| 403 | LINE NUMBER FROM 214 | LINE NO. ...... ☐☐ | LINE NO. ...... ☐☐ | LINE NO. ...... ☐☐ |
| 404 | FROM 218 AND 221 | NAME_____ LIVING ☐ DEAD ☐ ↓ ↓ | NAME_____ LIVING ☐ DEAD ☐ ↓ ↓ | NAME_____ LIVING ☐ DEAD ☐ ↓ ↓ |
| 405 | At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all? | THEN ............. 1 (SKIP TO **408**) ← LATER ............. 2 NOT AT ALL ......... 3 (SKIP TO **407**) ← | THEN ............. 1 (SKIP TO **432**) ← LATER ............. 2 NOT AT ALL ......... 3 (SKIP TO **432**) ← | THEN ............. 1 (SKIP TO **432**) ← LATER ............. 2 NOT AT ALL ......... 3 (SKIP TO **432**) ← |
| 406 | How much longer would you like to have waited before you got pregnant with (NAME)? IF IN MONTHS, RECORD IN MONTHS. IF TWO YEARS, PROBE FOR EXACT NO. OF MONTHS. IF WITH FRACTION OF YEAR, CONVERT TO MONTHS AND RECORD IN MONTHS. | MONTHS ... 1 ☐☐ YEARS ..... 2 ☐☐ DON'T KNOW ...... 998 | MONTHS ... 1 ☐☐ YEARS ..... 2 ☐☐ DON'T KNOW ...... 998 (SKIP TO **432**) ← | MONTHS ... 1 ☐☐ YEARS ..... 2 ☐☐ DON'T KNOW ...... 998 (SKIP TO **432**) ← |
| 407 | Immediately before you became pregnant with (NAME), were you using any method to delay or avoid getting pregnant? | YES ............. 1 NO ............. 2 | | |
| 408 | 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 **417**) ← | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH<br>NAME_____ | NEXT-TO-LAST BIRTH<br>NAME_____ | SECOND-FROM-LAST BIRTH<br>NAME_____ |
|---|---|---|---|---|
| 409 | Where did you receive prenatal care for this pregnancy?<br><br>Anywhere else?<br><br>Anyone else?<br><br>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).<br><br>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE.<br><br>_____<br><br>_____<br><br>_____<br>(NAME OF PLACE(S)) | HOME<br>    YOUR HOME......... A<br>    OTHER HOME ....... B<br><br>PUBLIC SECTOR<br>    GOVT. HOSPITAL..... C<br>    RURAL/URBAN HEALTH<br>        CENTER ........ D<br>    BARANGAY HEALTH<br>        STATION ........ E<br>    BARANGAY SUPPLY/<br>        SERVICE POINT<br>        OFFICER/BHW ... F<br>    OTHER PUBLIC<br>        _____ ... G<br>        (SPECIFY)<br>PRIVATE SECTOR<br>    PVT. HOSPITAL/<br>        CLINIC ......... H<br>    PRIVATE DOCTOR ... I<br>    PRIVATE NURSE/<br>        MIDWIFE ........ J<br>    NGO ............. K<br>    INDUSTRY-BASED<br>        CLINIC ......... L<br>    OTHER PRIVATE<br>        _____ ... M<br>        (SPECIFY)<br>OTHER _____ X<br>        (SPECIFY) | | |
| 410 | How many months pregnant were you when you first received prenatal care for this pregnancy? | MONTHS ....... [  ][  ]<br><br>DON'T KNOW ...... 98 | | |
| 411 | How many times did you receive prenatal care for this pregnancy? | NO OF TIMES ... [  ][  ]<br><br>DON'T KNOW ...... 98 | | |
| 412 | **CHECK 411:** | ONCE [ ]    MORE THAN ONCE [ ] OR DK ↓<br><br>(SKIP TO **414**) | | |
| 413 | How many months pregnant were you the last time you received prenatal care? | MONTHS ....... [  ][  ]<br><br>DON'T KNOW ...... 98 | | |
| 414 | As part of your prenatal care during this pregnancy, were any of the following done at least once?<br><br>Were you weighed?<br>Was your height measured?<br>Was your blood pressure measured?<br>Did you give a urine sample?<br>Did you give a blood sample? |          **YES**  **NO**<br><br>WEIGHT ...... 1   2<br><br>HEIGHT ........ 1   2<br><br>BP ............ 1   2<br><br>URINE ........ 1   2<br><br>BLOOD ........ 1   2 | | |
| 415 | During (any of) your prenatal care visit(s), were you told about the signs of pregnancy complications? | YES .................. 1<br>NO ................... 2<br>    (SKIP TO **417**)←┐<br>DON'T KNOW ......... 8 | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH<br>NAME_____ | NEXT-TO-LAST BIRTH<br>NAME_____ | SECOND-FROM-LAST BIRTH<br>NAME_____ |
|---|---|---|---|---|
| 416 | Were you told where to go if you had any of these complications? | YES ................. 1<br>NO .................. 2<br>DON'T KNOW ........ 8 | | |
| 417 | What symptoms or conditions did you experience during your pregnancy with (NAME), if any?<br><br>Anything else? | VAGINAL BLEEDING ....A<br>HEADACHE ........... B<br>DIZZINESS ........... C<br>BLURRED VISION ..... D<br>SWOLLEN FACE ....... E<br>SWOLLEN HANDS/<br>　　　FEET ............. F<br>PALE OR ANEMIC ..... G<br>OTHER _____ X<br>　　　(SPECIFY)<br>NONE ................. Y | | |
| 418 | During this pregnancy, did you set aside any money in case of an emergency? | YES ............... 1<br>NO .................. 2<br>CANNOT<br>　REMEMBER ........ 8 | | |
| 419 | 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<br><br>NO .................. 2<br>　　(SKIP TO **422**) ←┐<br>DON'T KNOW ........ 8 | | |
| 420 | During this pregnancy, how many times did you get this tetanus injection? | TIMES ............ ☐☐<br><br>DON'T KNOW ........ 8 | | |
| 421 | **CHECK 420:** | 2 OR MORE　　　OTHER<br>TIMES ☐　　　　☐<br><br>↓<br>(SKIP TO **426**)　　　↓ | | |
| 422 | At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby? | YES ............... 1<br>NO .................. 2<br>　　(SKIP TO **426**) ←┐<br>DON'T KNOW ........ 8 | | |
| 423 | Before this pregnancy, how many other times did you receive a tetanus injection?<br><br>IF 7 OR MORE TIMES, RECORD '7'. | TIMES ............ ☐<br><br><br>DON'T KNOW ........ 8 | | |
| 424 | In what month and year did you receive the last tetanus injection before this pregnancy? | MONTH ........ ☐☐<br><br>DK MONTH ........ 98<br><br>YEAR ... ☐☐☐☐<br><br>　　(SKIP TO **426**) ←<br><br>DK YEAR ........ 9998 | | |
| 425 | How many years ago did you receive that tetanus injection? | YEARS<br>AGO .......... ☐☐ | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH<br>NAME_____ | NEXT-TO-LAST BIRTH<br>NAME_____ | SECOND-FROM-LAST BIRTH<br>NAME_____ |
|---|---|---|---|---|
| 426 | During this pregnancy, were you given or did you buy any iron tablets or iron capsules?<br><br>SHOW TABLETS/ CAPSULES | YES ................ 1<br>NO .................. 2<br>(SKIP TO **428**) ←<br>DON'T KNOW ........ 8 | | |
| 427 | During the whole pregnancy, for how many days did you take the tablets or capsules?<br><br>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS. | DAYS ...... ☐☐☐<br><br>DON'T KNOW ...... 998 | | |
| 428 | During this pregnancy, did you take any drug for intestinal worms? | YES ................ 1<br>NO .................. 2<br>DON'T KNOW ........ 8 | | |
| 429 | During this pregnancy, did you have difficulty with your vision during daylight? | YES ................ 1<br>NO .................. 2<br><br>DON'T KNOW ........ 8 | | |
| 430 | During this pregnancy, did you suffer from night blindness [matang manok]? | YES ................ 1<br>NO .................. 2<br>DON'T KNOW ........ 8 | | |
| 431 | Around the time of the birth of (NAME), did you have any of the following problems:<br><br>                     **YES NO**<br>Long labor, that is, your regular contractions lasted more than 12 hours?<br>  LONG LABOR ... 1   2<br><br>Excessive bleeding, so much that you thought you might die?<br>  BLEEDING ..... 1   2<br><br>A high fever with a bad-smelling vaginal discharge?<br>  HIGH FEVER ... 1   2<br><br>Convulsions not caused by fever?<br>  CONVULSION ... 1   2 | | | |
| 432 | When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small? | VERY LARGE ........ 1<br>LARGER THAN<br>  AVERAGE ......... 2<br>AVERAGE ........... 3<br>SMALLER THAN<br>  AVERAGE ......... 4<br>VERY SMALL ....... 5<br>DON'T KNOW ....... 8 | VERY LARGE ......... 1<br>LARGER THAN<br>  AVERAGE .......... 2<br>AVERAGE ............. 3<br>SMALLER THAN<br>  AVERAGE .......... 4<br>VERY SMALL ........ 5<br>DON'T KNOW ........ 8 | VERY LARGE ........ 1<br>LARGER THAN<br>  AVERAGE .......... 2<br>AVERAGE ............ 3<br>SMALLER THAN<br>  AVERAGE .......... 4<br>VERY SMALL ....... 5<br>DON'T KNOW ........ 8 |
| 433 | Was (NAME) weighed at birth? | YES ................ 1<br><br>NO .................. 2<br>(SKIP TO **435**) ←<br>DON'T KNOW ........ 8 | YES ................. 1<br><br>NO .................. 2<br>(SKIP TO **435**) ←<br>DON'T KNOW ......... 8 | YES ................ 1<br><br>NO .................. 2<br>(SKIP TO **435**) ←<br>DON'T KNOW ........ 8 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH<br>NAME_____ | NEXT-TO-LAST BIRTH<br>NAME_____ | SECOND-FROM-LAST BIRTH<br>NAME_____ |
|---|---|---|---|---|
| 434 | How much did (NAME) weigh?<br><br>RECORD WEIGHT IN POUNDS FROM HEALTH CARD/BOOKLET, IF AVAILABLE. | FROM CARD/BOOKLET:<br>**LBS.**<br>1 ☐☐ . ☐<br>FROM RECALL:<br>**LBS.**<br>2 ☐☐ . ☐<br>DON'T KNOW ..... 999.8 | FROM CARD/BOOKLET:<br>**LBS.**<br>1 ☐☐ . ☐<br>FROM RECALL:<br>**LBS.**<br>2 ☐☐ . ☐<br>DON'T KNOW ..... 999.8 | FROM CARD/BOOKLET:<br>**LBS.**<br>1 ☐☐ . ☐<br>FROM RECALL:<br>**LBS.**<br>2 ☐☐ . ☐<br>DON'T KNOW ..... 999.8 |
| 435 | Who assisted with the delivery of (NAME)?<br><br>Anyone else?<br><br>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.<br><br>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY. | HEALTH PERSONNEL<br>DOCTOR .......... A<br>NURSE ........... B<br>MIDWIFE ......... C<br><br>OTHER PERSON<br>HILOT.............. D<br>RELATIVE/FRIEND ... E<br>OTHER _____ X<br>(SPECIFY)<br>NO ONE.............. Y | HEALTH PERSONNEL<br>DOCTOR ........... A<br>NURSE ............ B<br>MIDWIFE .......... C<br><br>OTHER PERSON<br>HILOT.............. D<br>RELATIVE/FRIEND .... E<br>OTHER _____ X<br>(SPECIFY)<br>NO ONE.............. Y | HEALTH PERSONNEL<br>DOCTOR .......... A<br>NURSE ............ B<br>MIDWIFE ......... C<br><br>OTHER PERSON<br>HILOT.............. D<br>RELATIVE/FRIEND ... E<br>OTHER _____ X<br>(SPECIFY)<br>NO ONE.............. Y |
| 436 | How much did you pay in total for the delivery of (NAME)?<br><br>INCLUDE COST OF DOCTORS, NURSES, HOSPITAL, HILOT, ETC. | COST IN PESOS<br>1 ☐☐☐☐☐<br>DONATION IN PESOS<br>2 ☐☐☐☐☐<br><br>FREE/NO COST ... 000000<br>PAYMENT IN KIND . 999996<br>DOES NOT KNOW . 999998 | | |
| 437 | Where did you give birth to (NAME)?<br><br>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.<br><br>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE WRITE THE NAME OF THE PLACE<br><br>_____<br>(NAME OF PLACE) | HOME<br>YOUR HOME........ 11<br>(SKIP TO **443**) ←<br>OTHER HOME ...... 12<br><br>PUBLIC SECTOR<br>GOVT. HOSPITAL ... 21<br>GOV'T. HEALTH<br>CENTER ........ 22<br>(SKIP TO **439**) ←<br>OTHER PUBLIC ____ 26<br>(SPECIFY)<br>(SKIP TO **439**) ←<br><br>PRIVATE SECTOR<br>PRIVATE HOSPITAL/<br>CLINIC .......... 31<br>OTHER PRIVATE____ 36<br>(SPECIFY)<br><br>OTHER ____ 96<br>(SPECIFY)<br>(SKIP TO **439**) ← | HOME<br>YOUR HOME......... 11<br>(SKIP TO **444**) ←<br>OTHER HOME ....... 12<br><br>PUBLIC SECTOR<br>GOVT. HOSPITAL .... 21<br>GOV'T. HEALTH<br>CENTER ........ 22<br>(SKIP TO **439**) ←<br>OTHER PUBLIC ____ 26<br>(SPECIFY)<br>(SKIP TO **439**) ←<br><br>PRIVATE SECTOR<br>PRIVATE HOSPITAL/<br>CLINIC .......... 31<br>OTHER PRIVATE____ 36<br>(SPECIFY)<br><br>OTHER ____ 96<br>(SPECIFY)<br>(SKIP TO **439**) ← | HOME<br>YOUR HOME........ 11<br>(SKIP TO **444**) ←<br>OTHER HOME ...... 12<br><br>PUBLIC SECTOR<br>GOVT. HOSPITAL ... 21<br>GOV'T. HEALTH<br>CENTER ........ 22<br>(SKIP TO **439**) ←<br>OTHER PUBLIC ____ 26<br>(SPECIFY)<br>(SKIP TO **439**) ←<br><br>PRIVATE SECTOR<br>PRIVATE HOSPITAL/<br>CLINIC .......... 31<br>OTHER PRIVATE____ 36<br>(SPECIFY)<br><br>OTHER ____ 96<br>(SPECIFY)<br>(SKIP TO **439**) ← |
| 438 | Was (NAME) delivered by caesarean section? | YES ................ 1<br>NO ................. 2 | YES ................ 1<br>NO ................. 2 | YES ................ 1<br>NO ................. 2 |
| 439 | Before you were discharged after (NAME) was born, did any health care provider or hilot check on your health? | YES ................ 1<br>NO ................. 2<br>(SKIP TO **442**) ← | YES ................ 1<br>(SKIP TO **455**) ←<br>NO ................. 2 | YES ................ 1<br>(SKIP TO **455**) ←<br>NO ................. 2 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH<br>NAME_____ | NEXT-TO-LAST BIRTH<br>NAME_____ | SECOND-FROM-LAST BIRTH<br>NAME_____ |
|---|---|---|---|---|
| 440 | How long after delivery did the first check take place?<br><br>IF LESS THAN ONE DAY, RECORD HOURS.<br>IF LESS THAN ONE WEEK, RECORD DAYS. | HOURS ..... 1<br>DAYS ...... 2<br>WEEKS ..... 3<br>DON'T KNOW ...... 998 | | |
| 441 | Who checked on your health at that time?<br><br>PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL<br>DOCTOR .......... 11<br>NURSE ........... 12<br>MIDWIFE .......... 13<br><br>OTHER PERSON<br>HILOT.............. 21<br>RELATIVE/FRIEND ... 22<br>OTHER _____ 96<br>(SPECIFY)<br>(SKIP TO **453**) ← | | |
| 442 | After you were discharged, did any health care provider or hilot check on your health? | YES ................ 1<br>(SKIP TO **445**) ←<br>NO ................. 2<br>(SKIP TO **453**) ← | YES ................ 1<br>(SKIP TO **455**) ←<br>NO ................. 2 | YES ................ 1<br>(SKIP TO **455**) ←<br>NO ................. 2 |
| 443 | Why didn't you deliver in a health facility?<br><br>PROBE: Any other reason?<br><br>RECORD ALL MENTIONED. | COST TOO MUCH ..... A<br>FACILITY NOT OPEN ... B<br>TOO FAR/ NO TRANS-<br>PORTATION ........ C<br>DON'T TRUST<br>FACILITY/POOR<br>QUALITY SERVICE ... D<br>NO FEMALE PROVID-<br>ER AT FACILITY ..... E<br>HUSBAND/FAMILY<br>DID NOT ALLOW ..... F<br>NOT NECESSARY ..... G<br>NOT CUSTOMARY ..... H<br>OTHER _____ X<br>(SPECIFY) | | |
| 444 | After (NAME) was born, did any health care provider or hilot check on your health? | YES ................ 1<br>NO ................. 2<br>(SKIP TO **449**) ← | YES ................ 1<br>NO ................. 2 | YES ................ 1<br>NO ................. 2 |
| 445 | How long after delivery did the first check take place?<br><br>IF LESS THAN ONE DAY, RECORD HOURS.<br>IF LESS THAN ONE WEEK, RECORD DAYS. | HOURS ..... 1<br>DAYS ...... 2<br>WEEKS ..... 3<br>DON'T KNOW ...... 998 | | |
| 446 | Who checked on your health at that time?<br><br>PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL<br>DOCTOR .......... 11<br>NURSE ........... 12<br>MIDWIFE .......... 13<br><br>OTHER PERSON<br>HILOT.............. 21<br>RELATIVE/FRIEND ... 22<br>OTHER _____ 96<br>(SPECIFY) | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH<br>NAME_____ | NEXT-TO-LAST BIRTH<br>NAME_____ | SECOND-FROM-LAST BIRTH<br>NAME_____ |
|---|---|---|---|---|
| 447 | Where did this first check take place?<br><br>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.<br><br>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE) | HOME<br>  YOUR HOME  ...... 11<br>  OTHER HOME ...... 12<br><br>PUBLIC SECTOR<br>  GOVT. HOSPITAL  ... 21<br>  RURAL HEALTH UNIT/<br>    URBAN HEALTH<br>    CENTER  ........ 22<br>  BARANGAY HEALTH<br>    STATION  ........ 23<br>  BARANGAY SUPPLY/<br>    SERVICE POINT<br>    OFFICER/BHW  ... 24<br>  OTHER PUBLIC ____ 26<br>            (SPECIFY)<br><br>PRIVATE SECTOR<br>  PRIVATE HOSPITAL/<br>    CLINIC  .......... 31<br>  PRIVATE DOCTOR ... 32<br>  PRIVATE NURSE/<br>    MIDWIFE  ........ 33<br>  NGO  ............. 34<br>  INDUSTRY-BASED<br>    CLINIC  ......... 35<br>  OTHER PRIVATE<br>    _____  ... 36<br>      (SPECIFY)<br>OTHER _____ 96<br>        (SPECIFY) | | |
| 448 | **CHECK 442:** | YES      NOT ASKED<br>□               □<br>↓<br>(SKIP TO **453**)               ↓ | | |
| 449 | In the two months after (NAME) was born, did any health care provider or hilot check on his/her health? | YES  ................ 1<br>NO  ................. 2<br>    (SKIP TO **453**)◄─┐<br>DON'T KNOW  ........ 8 | | |
| 450 | How many hours, days or weeks after the birth of (NAME) did the first check take place?<br><br>IF LESS THAN ONE DAY, RECORD HOURS.<br>IF LESS THAN ONE WEEK, RECORD DAYS. | HRS AFTER<br>  BIRTH  ... 1 [ ][ ]<br>DAYS AFTER<br>  BIRTH  ... 2 [ ][ ]<br>WKS AFTER<br>  BIRTH  ... 3 [ ][ ]<br><br>DON'T KNOW  ...... 998 | | |
| 451 | Who checked on (NAME)'s health at that time?<br><br>PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL<br>  DOCTOR  .......... 11<br>  NURSE  ........... 12<br>  MIDWIFE  ......... 13<br><br>OTHER PERSON<br>  HILOT............. 21<br>  RELATIVE/FRIEND ... 22<br>  OTHER _____ 96<br>        (SPECIFY) | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH<br>NAME_____ | NEXT-TO-LAST BIRTH<br>NAME_____ | SECOND-FROM-LAST BIRTH<br>NAME_____ |
|---|---|---|---|---|
| 452 | Where did this first check of (NAME) take place?<br><br>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.<br><br>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE) | HOME<br>  YOUR HOME ...... 11<br>  OTHER HOME ...... 12<br><br>PUBLIC SECTOR<br>  GOVT. HOSPITAL ... 21<br>  RURAL HEALTH UNIT/<br>  URBAN HEALTH<br>  CENTER ........ 22<br>  BARANGAY HEALTH<br>  STATION ........ 23<br>  BARANGAY SUPPLY/<br>  SERVICE POINT<br>  OFFICER/BHW ... 24<br>  OTHER PUBLIC _____ 26<br>       (SPECIFY)<br><br>PRIVATE SECTOR<br>  PRIVATE HOSPITAL/<br>  CLINIC .......... 31<br>  PRIVATE DOCTOR ... 32<br>  PRIVATE NURSE/<br>  MIDWIFE ........ 33<br>  NGO ............. 34<br>  INDUSTRY-BASED<br>  CLINIC .......... 35<br>  OTHER PRIVATE<br>  _____ ... 36<br>     (SPECIFY)<br>OTHER _____ 96<br>     (SPECIFY) | | |
| 453 | In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)?<br><br>SHOW COMMON TYPES OF AMPULES/CAPSULES/ SYRUPS. | YES ................ 1<br><br>NO .................. 2<br><br>DON'T KNOW ........ 8 | | |
| 454 | Has your menstrual period returned since the birth of (NAME)? | YES ................ 1<br>(SKIP TO **456**)◄┐<br>NO .................. 2<br>(SKIP TO **457**)◄┘ | | |
| 455 | Did your period return between the birth of (NAME) and your next pregnancy? | | YES ................ 1<br>NO .................. 2<br>(SKIP TO **459**)◄┘ | YES ................ 1<br>NO .................. 2<br>(SKIP TO **459**)◄┘ |
| 456 | For how many months after the birth of (NAME) <u>did you not</u> have a period? | MONTHS ...... ☐☐<br><br>DON'T KNOW ........ 98 | MONTHS ...... ☐☐<br><br>DON'T KNOW ......... 98 | MONTHS ...... ☐☐<br><br>DON'T KNOW ........ 98 |
| 457 | **CHECK 233:**<br><br>IS RESPONDENT PREGNANT? | NOT PREG-NANT ☐  PREGNANT OR UNSURE ☐<br>(SKIP TO **459**) ┘ | | |
| 458 | Have you begun to have sexual intercourse again since the birth of (NAME)? | YES ................ 1<br>NO .................. 2<br>(SKIP TO **460**)◄┘ | | |
| 459 | For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse? | MONTHS ...... ☐☐<br><br>DON'T KNOW ........ 98 | MONTHS ...... ☐☐<br><br>DON'T KNOW ......... 98 | MONTHS ...... ☐☐<br><br>DON'T KNOW ........ 98 |
| 460 | Did you ever breastfeed (NAME)? | YES ................ 1<br>NO .................. 2<br>(SKIP TO **469**)◄┘ | YES ................ 1<br>NO .................. 2<br>(SKIP TO **469**)◄┘ | YES ................ 1<br>NO .................. 2<br>(SKIP TO **469**)◄┘ |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH<br>NAME_____ | NEXT-TO-LAST BIRTH<br>NAME_____ | SECOND-FROM-LAST BIRTH<br>NAME_____ |
|---|---|---|---|---|
| 461 | How long after birth did you first put (NAME) to the breast?<br>PROBE: When did you start breastfeeding (NAME)?<br><br>IF LESS THAN 1 HOUR, RECORD '00' HOURS.<br>IF LESS THAN 24 HOURS, RECORD HOURS.<br>OTHERWISE, RECORD DAYS. | IMMEDIATELY . . . . . . 000<br><br>HOURS . . . . . 1 ☐☐<br><br>DAYS . . . . . . 2 ☐☐ | | |
| 462 | In the first three days after delivery, was (NAME) given anything to drink other than breast milk? | YES . . . . . . . . . . . . . . . . 1<br>NO . . . . . . . . . . . . . . . . . . 2<br>(SKIP TO 464)← | | |
| 463 | What was (NAME) given to drink?<br><br>Anything else?<br><br>RECORD ALL LIQUIDS MENTIONED. | MILK (OTHER THAN<br>  BREAST MILK ) . . . . . . A ⌐<br>PLAIN WATER . . . . . . . . B ⌐<br>SUGAR OR GLU-<br>  COSE WATER . . . . . . C ⌐<br>GRIPE WATER . . . . . . D ⌐<br>SUGAR-SALT-WATER<br>  SOLUTION . . . . . . . . E ⌐<br>FRUIT JUICE . . . . . . . . F ⌐<br>INFANT FORMULA . . . . . G ⌐<br>TEA/INFUSION . . . . . . . . H ⌐<br>HONEY . . . . . . . . . . . . . . I ⌐<br><br>OTHER _____ X ⌐<br>    (SPECIFY)<br>(SKIP TO 466)← | | |
| 464 | Was (NAME) ever given water or anything else to drink or eat other than breastmilk? | YES . . . . . . . . . . . . . . . . 1<br><br>NO . . . . . . . . . . . . . . . . . . 2<br>(SKIP TO 466)← | | |
| 465 | How many months old was (NAME) when you first started giving him/her any food or liquid other than breastmilk? | MONTHS . . . . . . ☐☐ | | |
| 466 | **CHECK : 404**<br><br>IS CHILD LIVING? | LIVING ☐     DEAD ☐<br>↓<br>   (SKIP TO 469)← | | |
| 467 | Are you still breastfeeding (NAME)? | YES . . . . . . . . . . . . . . . . 1<br>(SKIP TO 470)←<br>NO . . . . . . . . . . . . . . . . . . 2 | | |
| 468 | For how many months did you breastfeed (NAME)? | MONTHS . . . . . . ☐☐<br><br>DON'T KNOW . . . . . . . . 98 | MONTHS . . . . . . ☐☐<br><br>STILL BF . . . . . . . . . . . . . 95<br>DON'T KNOW . . . . . . . . . 98 | MONTHS . . . . . . ☐☐<br><br>STILL BF . . . . . . . . . . . . 95<br>DON'T KNOW . . . . . . . . 98 |
| 469 | **CHECK 404:**<br><br>IS CHILD LIVING? | LIVING     DEAD<br>☐     ☐<br>↓   (GO BACK TO<br>    405 IN NEXT<br>(SKIP   COLUMN; OR,<br>TO 472)   IF NO MORE<br>    BIRTHS, GO<br>    TO 501) | LIVING     DEAD<br>☐     ☐<br>↓   (GO BACK TO<br>    405 IN NEXT<br>(SKIP   COLUMN; OR,<br>TO 472)   IF NO MORE<br>    BIRTHS, GO<br>    TO 501) | LIVING     DEAD<br>☐     ☐<br>↓   (GO BACK TO<br>    405 IN THE<br>(SKIP   NEXT-TO-<br>TO 472)   LAST COLUMN<br>    OF NEW<br>    QUESTION-<br>    NAIRE, OR IF<br>    NO MORE<br>    BIRTHS, GO<br>    TO 501) |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH<br><br>NAME_____ | NEXT-TO-LAST BIRTH<br><br>NAME_____ | SECOND-FROM-LAST BIRTH<br><br>NAME_____ |
|---|---|---|---|---|
| 470 | How many times did you breastfeed last night between sunset and sunrise?<br><br>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. | NUMBER OF NIGHTTIME FEEDINGS ..... ⬚⬚ | | |
| 471 | How many times did you breastfeed yesterday during the daylight hours?<br><br>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. | NUMBER OF DAYLIGHT FEEDINGS ..... ⬚⬚ | | |
| 472 | Did (NAME) drink anything from a bottle with a nipple yesterday or last night? | YES ................. 1<br>NO .................. 2<br>DON'T KNOW ........ 8 | YES ................. 1<br>NO .................. 2<br>DON'T KNOW ......... 8 | YES ................. 1<br>NO .................. 2<br>DON'T KNOW ........ 8 |
| 473 | | GO BACK TO **405** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **501**. | GO BACK TO **405** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **501**. | GO BACK TO **405** IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO **501**. |

## SECTION 5.  CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION

| 501 | ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). | | | |
|---|---|---|---|---|
| 502 | LINE NUMBER FROM 214 | LAST BIRTH<br><br>LINE NO. . . . . . ☐☐ | NEXT-TO-LAST BIRTH<br><br>LINE NO. . . . . . ☐☐ | SECOND-FROM-LAST BIRTH<br><br>LINE NO. . . . . . ☐☐ |
| 503 | FROM 218 AND 221 | NAME _____<br><br>LIVING ☐  DEAD ☐<br><br>(GO TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **554**) | NAME _____<br><br>LIVING ☐  DEAD ☐<br><br>(GO TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **554**) | NAME _____<br><br>LIVING ☐  DEAD ☐<br><br>(GO TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **554**) |
| 504 | Do you have a card/ booklet where (NAME'S) vaccinations are written down? IF YES: May I see it please? | YES, SEEN . . . . . . . . . . 1 (SKIP TO **506**) ←<br>YES, NOT SEEN . . . . . . . 2 (SKIP TO **508**) ←<br>NO CARD/ BOOKLET . . . . . . . . . . 3 | YES, SEEN . . . . . . . . . . 1 (SKIP TO **506**) ←<br>YES, NOT SEEN . . . . . . . 2 (SKIP TO **508**) ←<br>NO CARD/ BOOKLET . . . . . . . . . . 3 | YES, SEEN . . . . . . . . . . 1 (SKIP TO **506**) ←<br>YES, NOT SEEN . . . . . . . 2 (SKIP TO **508**) ←<br>NO CARD/ BOOKLET . . . . . . . . . . 3 |
| 505 | Did you ever have a vaccination card/ booklet for (NAME)? | YES . . . . . . . . . . . . . . . . . . 1 (SKIP TO **508**) ←<br>NO . . . . . . . . . . . . . . . . . . 2 | YES . . . . . . . . . . . . . . . . . . 1 (SKIP TO **508**) ←<br>NO . . . . . . . . . . . . . . . . . . 2 | YES . . . . . . . . . . . . . . . . . . 1 (SKIP TO **508**) ←<br>NO . . . . . . . . . . . . . . . . . . 2 |
| 506 | (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD/BOOKLET.<br>(2) WRITE '**40' IN 'MONTH**' COLUMN IF CARD/BOOKLET SHOWS THAT A VACCINATION WAS GIVEN BEFORE THE CHILD'S FIRST BIRTHDAY BUT NO DATE IS RECORDED.<br>(3) WRITE '**41' IN 'MONTH**' COLUMN IF CARD/BOOKLET SHOWS THAT A VACCINATION WAS GIVEN AFTER THE CHILD'S FIRST BIRTHDAY BUT NO DATE IS RECORDED. | | | |

### Vaccination Date Table (506)

| | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-TO-LAST BIRTH |
|---|---|---|---|
| | MONTH DAY YEAR | MONTH DAY YEAR | MONTH DAY YEAR |
| BCG | | | |
| POLIO 1 | | | |
| POLIO 2 | | | |
| POLIO 3 | | | |
| DPT 1 | | | |
| DPT 2 | | | |
| DPT 3 | | | |
| MEASLES | | | |
| HEPA B1 | | | |
| HEPA B2 | | | |
| HEPA B3 | | | |

| 506 A | CHECK **506**: | BCG TO HEPA B3 ALL RECORDED ☐   OTHER ☐<br><br>(GO TO **509O**) | BCG TO HEPA B3 ALL RECORDED ☐   OTHER ☐<br><br>(GO TO **509O**) | BCG TO HEPA B3 ALL RECORDED ☐   OTHER ☐<br><br>(GO TO **509O**) |
|---|---|---|---|---|

| NO. | QUESTIONS AND FILTERS | LAST BIRTH<br>NAME_____ | NEXT-TO-LAST BIRTH<br>NAME_____ | SECOND-FROM-LAST BIRTH<br>NAME_____ |
|---|---|---|---|---|
| 507 | Has (NAME) received any vaccinations that are not recorded on this card/ booklet including vaccinations received in a national immunization day campaign?<br><br>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, HEPA B1-B3 AND/OR MEASLES VACCINES. | YES ............. 1⌐<br>(PROBE FOR VACCINATIONS AND WRITE '**60**' IF RECEIVED BEFORE AGE 1 OR **'61'** IF AFTER AGE 1 IN THE CORRESPONDING **MONTH** COLUMN IN **506**)<br>(SKIP TO **509O**) ←┘<br><br>NO ................ 2<br>(SKIP TO **509O**) ←┤<br>DON'T KNOW ...... 8 | YES ............. 1⌐<br>(PROBE FOR VACCINATIONS AND WRITE '**60**' IF RECEIVED BEFORE AGE 1 OR **'61'** IF AFTER AGE 1 IN THE CORRESPONDING **MONTH** COLUMN IN **506**)<br>(SKIP TO **509O**) ←┘<br><br>NO ................ 2<br>(SKIP TO **509O**) ←┤<br>DON'T KNOW ...... 8 | YES ............. 1⌐<br>(PROBE FOR VACCINATIONS AND WRITE '**60**' IF RECEIVED BEFORE AGE 1 OR **'61'** IF AFTER AGE 1 IN THE CORRESPONDING **MONTH** COLUMN IN **506**)<br>(SKIP TO **509O**) ←┘<br><br>NO ................ 2<br>(SKIP TO **509O**) ←┤<br>DON'T KNOW ...... 8 |
| 508 | Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign? | YES ............. 1<br>NO ................ 2<br>(SKIP TO **510**) ←┤<br>DON'T KNOW ...... 8 | YES ............. 1<br>NO ................ 2<br>(SKIP TO **510**) ←┤<br>DON'T KNOW ...... 8 | YES ............. 1<br>NO ................ 2<br>(SKIP TO **510**) ←┤<br>DON'T KNOW ...... 8 |
| 509 | Please tell me if (NAME) received any of the following vaccinations: | | | |
| 509A | A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? | YES ............. 1<br>NO ................ 2<br>(SKIP TO **509C**) ←┤<br>DON'T KNOW ...... 8 | YES ............. 1<br>NO ................ 2<br>(SKIP TO **509C**) ←┤<br>DON'T KNOW ...... 8 | YES ............. 1<br>NO ................ 2<br>(SKIP TO **509C**) ←┤<br>DON'T KNOW ...... 8 |
| 509B | Did (NAME) receive the <u>BCG</u> vaccine before his/her first birthday? | YES ............. 1<br>NO ................ 2 | YES ............. 1<br>NO ................ 2 | YES ............. 1<br>NO ................ 2 |
| 509C | Polio vaccine, that is, injection or drops in the mouth? | YES ............. 1<br>NO ................ 2<br>(SKIP TO **509G**) ←┤<br>DON'T KNOW ...... 8 | YES ............. 1<br>NO ................ 2<br>(SKIP TO **509G**) ←┤<br>DON'T KNOW ...... 8 | YES ............. 1<br>NO ................ 2<br>(SKIP TO **509G**) ←┤<br>DON'T KNOW ...... 8 |
| 509D | Was the first polio vaccine received in the first two weeks after birth or later? | FIRST 2 WEEKS ..... 1<br>LATER ............ 2 | FIRST 2 WEEKS ..... 1<br>LATER ............ 2 | FIRST 2 WEEKS ..... 1<br>LATER ............ 2 |
| 509E | How many times was the polio vaccine received? | NUMBER<br>OF TIMES ........ ☐ | NUMBER<br>OF TIMES ........ ☐ | NUMBER<br>OF TIMES ........ ☐ |
| 509F | Did (NAME) receive the <u>third (last) polio</u> vaccine before his/her first birthday? | YES ............. 1<br>NO ................ 2 | YES ............. 1<br>NO ................ 2 | YES ............. 1<br>NO ................ 2 |
| 509G | A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio vaccine? | YES ............. 1<br>NO ................ 2<br>(SKIP TO **509J**) ←┤<br>DON'T KNOW ...... 8 | YES ............. 1<br>NO ................ 2<br>(SKIP TO **509J**) ←┤<br>DON'T KNOW ...... 8 | YES ............. 1<br>NO ................ 2<br>(SKIP TO **509J**) ←┤<br>DON'T KNOW ...... 8 |
| 509H | How many times was a DPT vaccination received? | NUMBER<br>OF TIMES ........ ☐ | NUMBER<br>OF TIMES ........ ☐ | NUMBER<br>OF TIMES ........ ☐ |
| 509I | Did (NAME) receive the <u>third (last) DPT</u> vaccine before his/her first birthday? | YES ............. 1<br>NO ................ 2 | YES ............. 1<br>NO ................ 2 | YES ............. 1<br>NO ................ 2 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH<br>NAME_____ | NEXT-TO-LAST BIRTH<br>NAME_____ | SECOND-FROM-LAST BIRTH<br>NAME_____ |
|---|---|---|---|---|
| 509J | A measles injection or an MR injection-that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles? | YES .............. 1<br>NO ................ 2<br>(SKIP TO **509L**) ←<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>(SKIP TO **509L**) ←<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>(SKIP TO **509L**) ←<br>DON'T KNOW ...... 8 |
| 509K | Did (NAME) receive the measles vaccine before his/her first birthday? | YES .............. 1<br>NO ................ 2 | YES .............. 1<br>NO ................ 2 | YES .............. 1<br>NO ................ 2 |
| 509L | A Hepatitis B vaccine, that is, an injection given in the thigh or arm, to prevent him/her from getting liver diseases? | YES .............. 1<br>NO ................ 2<br>(SKIP TO **510**) ←<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>(SKIP TO **510**) ←<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>(SKIP TO **510**) ←<br>DON'T KNOW ...... 8 |
| 509M | How many times was a Hepatitis B injection received? | NUMBER<br>OF TIMES ........ ☐ | NUMBER<br>OF TIMES ........ ☐ | NUMBER<br>OF TIMES ........ ☐ |
| 509N | Did (NAME) receive the third (last) Hepatitis B vaccine before his/her first birthday? | YES .............. 1<br>NO ................ 2 | YES .............. 1<br>NO ................ 2 | YES .............. 1<br>NO ................ 2 |
| 509O | How much did one Hepatitis B injection cost?<br><br>IF NO HEPATITIS-B IN THE CARD/BOOKLET, SKIP TO 510. | COST IN PESOS<br>1 ☐☐☐☐<br>DONATION IN PESOS<br>2 ☐☐☐<br><br>FREE .......... 00000<br>IN KIND ........ 99996<br>DON'T KNOW ... 99998 | COST IN PESOS<br>1 ☐☐☐☐<br>DONATION IN PESOS<br>2 ☐☐☐<br><br>FREE .......... 00000<br>IN KIND ........ 99996<br>DON'T KNOW ... 99998 | COST IN PESOS<br>1 ☐☐☐☐<br>DONATION IN PESOS<br>2 ☐☐☐<br><br>FREE .......... 00000<br>IN KIND ........ 99996<br>DON'T KNOW ... 99998 |
| 510 | Has (NAME) ever received a vitamin A dose (like this/any of these)?<br><br>SHOW SAMPLES OF VITAMIN A AMPULES/CAPSULES/SYRUPS | YES .............. 1<br>NO ................ 2<br>(SKIP TO **512**) ←<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>(SKIP TO **512**) ←<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>(SKIP TO **512**) ←<br>DON'T KNOW ...... 8 |
| 511 | Did (NAME) receive a vitamin A dose within the last six months? | YES .............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 |
| 512 | In the last seven days, did (NAME) take iron pills or iron syrup/drops (like this/any of these)?<br><br>SHOW SAMPLES OF IRON PILLS/SYRUPS. | YES .............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 |
| 513 | Has (NAME) taken any drug for intestinal worms in the last six months? | YES .............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 |
| 514 | Has (NAME) had diarrhea in the last 2 weeks? | YES .............. 1<br>NO ................ 2<br>(SKIP TO **530**) ←<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>(SKIP TO **530**) ←<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>(SKIP TO **530**) ←<br>DON'T KNOW ...... 8 |
| 515 | Was there any blood in the stools? | YES .............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH<br><br>NAME_____ | NEXT-TO-LAST BIRTH<br><br>NAME_____ | SECOND-FROM-LAST BIRTH<br><br>NAME_____ |
|---|---|---|---|---|
| 516 | Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).<br><br>Was he/she given less than usual to drink, about the same amount, more than usual or nothing to drink?<br><br>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less? | MUCH LESS ...... 1<br>SOMEWHAT LESS ... 2<br>ABOUT THE SAME ... 3<br>MORE ........... 4<br>NOTHING TO DRINK . 5<br>DON'T KNOW ...... 8 | MUCH LESS ...... 1<br>SOMEWHAT LESS ... 2<br>ABOUT THE SAME ... 3<br>MORE ........... 4<br>NOTHING TO DRINK . 5<br>DON'T KNOW ...... 8 | MUCH LESS ...... 1<br>SOMEWHAT LESS ... 2<br>ABOUT THE SAME ... 3<br>MORE ........... 4<br>NOTHING TO DRINK . 5<br>DON'T KNOW ...... 8 |
| 517 | When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?<br><br>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less? | MUCH LESS ...... 1<br>SOMEWHAT LESS ... 2<br>ABOUT THE SAME ... 3<br>MORE ........... 4<br>NOTHING TO EAT ... 5<br>DON'T KNOW ...... 8 | MUCH LESS ...... 1<br>SOMEWHAT LESS ... 2<br>ABOUT THE SAME ... 3<br>MORE ........... 4<br>NOTHING TO EAT ... 5<br>DON'T KNOW ...... 8 | MUCH LESS ...... 1<br>SOMEWHAT LESS ... 2<br>ABOUT THE SAME ... 3<br>MORE ........... 4<br>NOTHING TO EAT ... 5<br>DON'T KNOW ...... 8 |
| 518 | Did you seek advice or treatment for the diarrhea from any source? | YES .............. 1<br>NO ................ 2<br>(SKIP TO **524**)◄─┘ | YES .............. 1<br>NO ................ 2<br>(SKIP TO **524**)◄─┘ | YES .............. 1<br>NO ................ 2<br>(SKIP TO **524**)◄─┘ |
| 519 | Where did you seek advice or treatment?<br><br>Anywhere/anyone else?<br><br>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).<br><br>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE.<br><br>_____<br>_____<br>_____<br>(NAME OF PLACE(S)) | PUBLIC SECTOR<br>  GOVT. HOSPITAL . A<br>  RURAL HEALTH<br>    UNIT (RHU)/<br>    URBAN HEALTH<br>    CENTER (UHC) . B<br>  BARANGAY HEALTH<br>    STATION (BHS) . C<br>  BARANGAY SUPPLY/<br>    SERVICE POINT<br>    OFFICER/BHW . D<br>  OTHER PUBLIC<br>    _____ . E<br>      (SPECIFY)<br><br>PRIVATE SECTOR<br>  PRIVATE HOSPITAL<br>    OR CLINIC ..... F<br>  PHARMACY ...... G<br>  PRIVATE DOCTOR . H<br>  PRIVATE NURSE/<br>    MIDWIFE ...... I<br>  NGO ........... J<br>  INDUSTRY-BASED<br>    CLINIC ........ K<br>  OTHER PRIVATE<br>    _____ . L<br>      (SPECIFY)<br>OTHERS<br>  PUERICULTURE<br>    CENTER ...... M<br>  STORE .......... N<br>  CHURCH ........ O<br>  FRIENDS/<br>    RELATIVES ..... P<br>OTHER _____X<br>      (SPECIFY) | PUBLIC SECTOR<br>  GOVT. HOSPITAL . A<br>  RURAL HEALTH<br>    UNIT (RHU)/<br>    URBAN HEALTH<br>    CENTER (UHC) . B<br>  BARANGAY HEALTH<br>    STATION (BHS) . C<br>  BARANGAY SUPPLY/<br>    SERVICE POINT<br>    OFFICER/BHW . D<br>  OTHER PUBLIC<br>    _____ . E<br>      (SPECIFY)<br><br>PRIVATE SECTOR<br>  PRIVATE HOSPITAL<br>    OR CLINIC ..... F<br>  PHARMACY ...... G<br>  PRIVATE DOCTOR . H<br>  PRIVATE NURSE/<br>    MIDWIFE ...... I<br>  NGO ........... J<br>  INDUSTRY-BASED<br>    CLINIC ........ K<br>  OTHER PRIVATE<br>    _____ . L<br>      (SPECIFY)<br>OTHERS<br>  PUERICULTURE<br>    CENTER ...... M<br>  STORE .......... N<br>  CHURCH ........ O<br>  FRIENDS/<br>    RELATIVES ..... P<br>OTHER _____X<br>      (SPECIFY) | PUBLIC SECTOR<br>  GOVT. HOSPITAL . A<br>  RURAL HEALTH<br>    UNIT (RHU)/<br>    URBAN HEALTH<br>    CENTER (UHC) . B<br>  BARANGAY HEALTH<br>    STATION (BHS) . C<br>  BARANGAY SUPPLY/<br>    SERVICE POINT<br>    OFFICER/BHW . D<br>  OTHER PUBLIC<br>    _____ . E<br>      (SPECIFY)<br><br>PRIVATE SECTOR<br>  PRIVATE HOSPITAL<br>    OR CLINIC ..... F<br>  PHARMACY ...... G<br>  PRIVATE DOCTOR . H<br>  PRIVATE NURSE/<br>    MIDWIFE ...... I<br>  NGO ........... J<br>  INDUSTRY-BASED<br>    CLINIC ........ K<br>  OTHER PRIVATE<br>    _____ . L<br>      (SPECIFY)<br>OTHERS<br>  PUERICULTURE<br>    CENTER ...... M<br>  STORE .......... N<br>  CHURCH ........ O<br>  FRIENDS/<br>    RELATIVES ..... P<br>OTHER _____X<br>      (SPECIFY) |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH<br>NAME_____ | NEXT-TO-LAST BIRTH<br>NAME_____ | SECOND-FROM-LAST BIRTH<br>NAME_____ |
|---|---|---|---|---|
| 520 | CHECK **519**: | TWO OR     ONLY<br>☐ MORE   ONE ☐<br>CODES   CODE<br>CIRCLED   CIRCLED<br><br>(SKIP TO **522**) ← | TWO OR     ONLY<br>☐ MORE   ONE ☐<br>CODES   CODE<br>CIRCLED   CIRCLED<br><br>(SKIP TO **522**) ← | TWO OR     ONLY<br>☐ MORE   ONE ☐<br>CODES   CODE<br>CIRCLED   CIRCLED<br><br>(SKIP TO **522**) ← |
| 521 | Where did you first seek advice or treatment?<br><br>USE LETTER CODE FROM **519**. | FIRST PLACE ..... ☐ | FIRST PLACE ..... ☐ | FIRST PLACE ..... ☐ |
| 522 | How many days after the diarrhea began did you first seek advice or treatment for (NAME)?<br><br>IF THE SAME DAY, RECORD '00'. | DAYS ...... ☐☐ | DAYS ...... ☐☐ | DAYS ...... ☐☐ |
| 523 | How much did the treatment cost?<br><br>IF MORE THAN ONE TREATMENT, REPORT THE COST OF THE FIRST TREATMENT. | COST IN PESOS<br>1 ☐☐☐☐☐<br>DONATION IN PESOS<br>2 ☐☐☐☐<br><br>FREE .......... 000000<br>IN KIND ........ 999996<br>DON'T KNOW ... 999998 | COST IN PESOS<br>1 ☐☐☐☐☐<br>DONATION IN PESOS<br>2 ☐☐☐☐<br><br>FREE .......... 000000<br>IN KIND ........ 999996<br>DON'T KNOW ... 999998 | COST IN PESOS<br>1 ☐☐☐☐☐<br>DONATION IN PESOS<br>2 ☐☐☐☐<br><br>FREE .......... 000000<br>IN KIND ........ 999996<br>DON'T KNOW ... 999998 |
| 524 | Does (NAME) still have diarrhea? | YES ............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 | YES ............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 | YES ............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 |
| 525 | Was he/she given any of the following to drink at any time since he/she started having the diarrhea:<br>a) A fluid made from a special packet called Oresol or from Hydrite tablet or a solution called Pedialyte<br><br>b) A government-recommended home-made fluid? | **YES** <u>NO</u> DK<br><br><br>FLUID FROM<br>ORS PKT ... 1   2   8<br><br>HOMEMADE<br>FLUID ..... 1   2   8 | **YES** <u>NO</u> DK<br><br><br>FLUID FROM<br>ORS PKT ... 1   2   8<br><br>HOMEMADE<br>FLUID ..... 1   2   8 | **YES** <u>NO</u> DK<br><br><br>FLUID FROM<br>ORS PKT ... 1   2   8<br><br>HOMEMADE<br>FLUID ..... 1   2   8 |
| 526 | Was anything (else) given to treat the diarrhea? | YES ............. 1<br>NO ................ 2<br>(SKIP TO **530**) ←<br>DON'T KNOW ...... 8 | YES ............. 1<br>NO ................ 2<br>(SKIP TO **530**) ←<br>DON'T KNOW ...... 8 | YES ............. 1<br>NO ................ 2<br>(SKIP TO **530**) ←<br>DON'T KNOW ...... 8 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH<br><br>NAME_____ | NEXT-TO-LAST BIRTH<br><br>NAME_____ | SECOND-FROM-LAST BIRTH<br><br>NAME_____ |
|---|---|---|---|---|
| 527 | What (else) was given to treat the diarrhea?<br><br>Anything else?<br><br>RECORD ALL TREATMENTS GIVEN. | PILL OR SYRUP<br> ANTIBIOTIC ...... A<br> ANTIMOTILITY..... B<br> ZINC ........... C<br> OTHER (NOT ANTI-<br> BIOTIC, ANTI-<br> MOTILITY, OR<br> ZINC) ......... D<br> UNKNOWN PILL<br> OR SYRUP ..... E<br><br>INJECTION<br> ANTIBIOTIC ...... F<br> NON-ANTIBIOTIC... G<br> UNKNOWN ..... H<br><br>INTRAVENOUS (IV)... I<br><br>HOME REMEDY/<br> HERBAL MEDICINE J<br><br>OTHER _____X<br> (SPECIFY) | PILL OR SYRUP<br> ANTIBIOTIC ...... A<br> ANTIMOTILITY..... B<br> ZINC ........... C<br> OTHER (NOT ANTI-<br> BIOTIC, ANTI-<br> MOTILITY, OR<br> ZINC) ......... D<br> UNKNOWN PILL<br> OR SYRUP ..... E<br><br>INJECTION<br> ANTIBIOTIC ...... F<br> NON-ANTIBIOTIC... G<br> UNKNOWN ..... H<br><br>INTRAVENOUS (IV)... I<br><br>HOME REMEDY/<br> HERBAL MEDICINE J<br><br>OTHER _____X<br> (SPECIFY) | PILL OR SYRUP<br> ANTIBIOTIC ...... A<br> ANTIMOTILITY..... B<br> ZINC ........... C<br> OTHER (NOT ANTI-<br> BIOTIC, ANTI-<br> MOTILITY, OR<br> ZINC) ......... D<br> UNKNOWN PILL<br> OR SYRUP ..... E<br><br>INJECTION<br> ANTIBIOTIC ...... F<br> NON-ANTIBIOTIC... G<br> UNKNOWN ..... H<br><br>INTRAVENOUS (IV)... I<br><br>HOME REMEDY/<br> HERBAL MEDICINE J<br><br>OTHER _____X<br> (SPECIFY) |
| 528 | CHECK 527:<br><br>GIVEN ZINC? | CODE "C"    CODE "C"<br> CIRCLED    NOT<br>    CIRCLED<br><br>(SKIP TO 530) ← | CODE "C"    CODE "C"<br> CIRCLED    NOT<br>    CIRCLED<br><br>(SKIP TO 530) ← | CODE "C"    CODE "C"<br> CIRCLED    NOT<br>    CIRCLED<br><br>(SKIP TO 530) ← |
| 529 | How many times was (NAME) given zinc? | TIMES ......<br><br>DON'T KNOW ..... 98 | TIMES ......<br><br>DON'T KNOW ..... 98 | TIMES ......<br><br>DON'T KNOW ..... 98 |
| 530 | Has (NAME) been ill with a fever at any time in the last 2 weeks? | YES .............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>DON'T KNOW ...... 8 |
| 531 | Has (NAME) had an illness with a cough at any time in the last 2 weeks? | YES .............. 1<br>NO ................ 2<br> (SKIP TO 534) ←<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br> (SKIP TO 534) ←<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br> (SKIP TO 534) ←<br>DON'T KNOW ...... 8 |
| 532 | When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? | YES ............. 1<br>NO ................ 2<br> (SKIP TO 535) ←<br>DON'T KNOW ...... 8 | YES ............. 1<br>NO ................ 2<br> (SKIP TO 535) ←<br>DON'T KNOW ...... 8 | YES ............. 1<br>NO ................ 2<br> (SKIP TO 535) ←<br>DON'T KNOW ...... 8 |
| 533 | Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose? | CHEST ONLY ...... 1<br>NOSE ONLY ........ 2<br>BOTH .............. 3<br>OTHER _____ 6<br> (SPECIFY)<br>DON'T KNOW ...... 8<br> (SKIP TO 535) ← | CHEST ONLY ...... 1<br>NOSE ONLY ........ 2<br>BOTH .............. 3<br>OTHER _____ 6<br> (SPECIFY)<br>DON'T KNOW ...... 8<br> (SKIP TO 535) ← | CHEST ONLY ...... 1<br>NOSE ONLY ........ 2<br>BOTH .............. 3<br>OTHER _____ 6<br> (SPECIFY)<br>DON'T KNOW ...... 8<br> (SKIP TO 535) ← |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME_____ | | NEXT-TO-LAST BIRTH NAME_____ | | SECOND-FROM-LAST BIRTH NAME_____ | |
|---|---|---|---|---|---|---|---|
| 534 | CHECK **530**: HAD FEVER? | YES | NO OR DK ☐ (GO BACK TO **503** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **551**) | YES | NO OR DK ☐ (GO BACK TO **503** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **551**) | YES | NO OR DK ☐ (GO TO **503** IN NEXT-TO LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO **551**) |
| 535 | Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, more than usual or nothing to drink?<br><br>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less? | MUCH LESS . . . . . . . . 1<br>SOMEWHAT LESS . . . 2<br>ABOUT THE SAME . . . 3<br>MORE . . . . . . . . . . . . . 4<br>NOTHING TO DRINK . 5<br>DON'T KNOW . . . . . . 8 | | MUCH LESS . . . . . . . . 1<br>SOMEWHAT LESS . . . 2<br>ABOUT THE SAME . . . 3<br>MORE . . . . . . . . . . . . . 4<br>NOTHING TO DRINK . 5<br>DON'T KNOW . . . . . . 8 | | MUCH LESS . . . . . . . . 1<br>SOMEWHAT LESS . . . 2<br>ABOUT THE SAME . . . 3<br>MORE . . . . . . . . . . . . . 4<br>NOTHING TO DRINK . 5<br>DON'T KNOW . . . . . . 8 | |
| 536 | When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?<br><br>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less? | MUCH LESS . . . . . . . . 1<br>SOMEWHAT LESS . . . 2<br>ABOUT THE SAME . . . 3<br>MORE . . . . . . . . . . . . . 4<br>STOPPED FOOD . . . . . 5<br>NEVER GAVE FOOD . 6<br>DON'T KNOW . . . . . . 8 | | MUCH LESS . . . . . . . . 1<br>SOMEWHAT LESS . . . 2<br>ABOUT THE SAME . . . 3<br>MORE . . . . . . . . . . . . . 4<br>STOPPED FOOD . . . . . 5<br>NEVER GAVE FOOD . 6<br>DON'T KNOW . . . . . . 8 | | MUCH LESS . . . . . . . . 1<br>SOMEWHAT LESS . . . 2<br>ABOUT THE SAME . . . 3<br>MORE . . . . . . . . . . . . . 4<br>STOPPED FOOD . . . . . 5<br>NEVER GAVE FOOD . 6<br>DON'T KNOW . . . . . . 8 | |
| 537 | Did you seek advice or treatment for the illness from any source? | YES . . . . . . . . . . . . . . 1<br>NO . . . . . . . . . . . . . . . 2<br>(SKIP TO **543**)◄—┘ | | YES . . . . . . . . . . . . . . 1<br>NO . . . . . . . . . . . . . . . 2<br>(SKIP TO **543**)◄—┘ | | YES . . . . . . . . . . . . . . 1<br>NO . . . . . . . . . . . . . . . 2<br>(SKIP TO **543**)◄—┘ | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME_____ | NEXT-TO-LAST BIRTH NAME_____ | SECOND-FROM-LAST BIRTH NAME_____ |
|---|---|---|---|---|
| 538 | Where did you seek advice or treatment?<br><br>Anywhere else?<br><br>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).<br><br>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE.<br><br>_____<br><br>_____<br><br>(NAME OF PLACE(S)) | PUBLIC SECTOR<br>  GOVT. HOSPITAL . A<br>  RURAL HEALTH<br>    UNIT (RHU)/<br>    URBAN HEALTH<br>    CENTER (UHC) . B<br>  BARANGAY HEALTH<br>    STATION (BHS) . C<br>  BARANGAY SUPPLY/<br>    SERVICE POINT<br>    OFFICER/BHW . D<br>  OTHER PUBLIC<br>  _____ . E<br>    (SPECIFY)<br><br>PRIVATE SECTOR<br>  PRIVATE HOSPITAL<br>    OR CLINIC ..... F<br>  PHARMACY ...... G<br>  PRIVATE DOCTOR . H<br>  PRIVATE NURSE/<br>    MIDWIFE ...... I<br>  NGO ............ J<br>  INDUSTRY-BASED<br>    CLINIC ........ K<br>  OTHER PRIVATE<br>  _____ . L<br>    (SPECIFY)<br><br>OTHERS<br>  PUERICULTURE<br>    CENTER ...... M<br>  STORE .......... N<br>  CHURCH ........ O<br>  FRIENDS/<br>    RELATIVES ..... P<br>  OTHER _____ X<br>    (SPECIFY) | PUBLIC SECTOR<br>  GOVT. HOSPITAL . A<br>  RURAL HEALTH<br>    UNIT (RHU)/<br>    URBAN HEALTH<br>    CENTER (UHC) . B<br>  BARANGAY HEALTH<br>    STATION (BHS) . C<br>  BARANGAY SUPPLY/<br>    SERVICE POINT<br>    OFFICER/BHW . D<br>  OTHER PUBLIC<br>  _____ . E<br>    (SPECIFY)<br><br>PRIVATE SECTOR<br>  PRIVATE HOSPITAL<br>    OR CLINIC ..... F<br>  PHARMACY ...... G<br>  PRIVATE DOCTOR . H<br>  PRIVATE NURSE/<br>    MIDWIFE ...... I<br>  NGO ............ J<br>  INDUSTRY-BASED<br>    CLINIC ........ K<br>  OTHER PRIVATE<br>  _____ . L<br>    (SPECIFY)<br><br>OTHERS<br>  PUERICULTURE<br>    CENTER ...... M<br>  STORE .......... N<br>  CHURCH ........ O<br>  FRIENDS/<br>    RELATIVES ..... P<br>  OTHER _____ X<br>    (SPECIFY) | PUBLIC SECTOR<br>  GOVT. HOSPITAL . A<br>  RURAL HEALTH<br>    UNIT (RHU)/<br>    URBAN HEALTH<br>    CENTER (UHC) . B<br>  BARANGAY HEALTH<br>    STATION (BHS) . C<br>  BARANGAY SUPPLY/<br>    SERVICE POINT<br>    OFFICER/BHW . D<br>  OTHER PUBLIC<br>  _____ . E<br>    (SPECIFY)<br><br>PRIVATE SECTOR<br>  PRIVATE HOSPITAL<br>    OR CLINIC ..... F<br>  PHARMACY ...... G<br>  PRIVATE DOCTOR . H<br>  PRIVATE NURSE/<br>    MIDWIFE ...... I<br>  NGO ............ J<br>  INDUSTRY-BASED<br>    CLINIC ........ K<br>  OTHER PRIVATE<br>  _____ . L<br>    (SPECIFY)<br><br>OTHERS<br>  PUERICULTURE<br>    CENTER ...... M<br>  STORE .......... N<br>  CHURCH ........ O<br>  FRIENDS/<br>    RELATIVES ..... P<br>  OTHER _____ X<br>    (SPECIFY) |
| 539 | CHECK **538:** | TWO OR    ONLY<br>☐ MORE   ONE ☐<br>  CODES  CODE<br>  CIRCLED CIRCLED<br>↓<br>   (SKIP TO **541**) ← | TWO OR    ONLY<br>☐ MORE   ONE ☐<br>  CODES  CODE<br>  CIRCLED CIRCLED<br>↓<br>   (SKIP TO **541**) ← | TWO OR    ONLY<br>☐ MORE   ONE ☐<br>  CODES  CODE<br>  CIRCLED CIRCLED<br>↓<br>   (SKIP TO **541**) ← |
| 540 | Where did you first seek advice or treatment?<br><br>USE LETTER CODE FROM **538.** | FIRST PLACE ..... ☐ | FIRST PLACE ..... ☐ | FIRST PLACE ..... ☐ |
| 541 | How many days after the illness began did you first seek advice or treatment for (NAME)?<br><br>IF THE SAME DAY, RECORD '00'. | DAYS ........ ☐☐ | DAYS ........ ☐☐ | DAYS ........ ☐☐ |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH<br>NAME_____ | NEXT-TO-LAST BIRTH<br>NAME_____ | SECOND-FROM-LAST BIRTH<br>NAME_____ |
|---|---|---|---|---|
| 542 | How much did the treatment cost?<br><br>IF MORE THAN ONE TREATMENT, REPORT THE COST OF THE FIRST TREATMENT. | COST IN PESOS<br>1 ☐☐☐☐☐<br>DONATION IN PESOS<br>2 ☐☐☐☐☐<br><br>FREE .......... 000000<br>IN KIND ........ 999996<br>DON'T KNOW ... 999998 | COST IN PESOS<br>1 ☐☐☐☐☐<br>DONATION IN PESOS<br>2 ☐☐☐☐☐<br><br>FREE .......... 000000<br>IN KIND ........ 999996<br>DON'T KNOW ... 999998 | COST IN PESOS<br>1 ☐☐☐☐☐<br>DONATION IN PESOS<br>2 ☐☐☐☐☐<br><br>FREE .......... 000000<br>IN KIND ........ 999996<br>DON'T KNOW ... 999998 |
| 543 | Is (NAME) still sick with a (fever/cough)? | FEVER ONLY ...... 1<br>COUGH ONLY ...... 2<br>BOTH FEVER AND<br>   COUGH .......... 3<br>NO, NEITHER ...... 4<br>DON'T KNOW ...... 8 | FEVER ONLY ...... 1<br>COUGH ONLY ...... 2<br>BOTH FEVER AND<br>   COUGH .......... 3<br>NO, NEITHER ...... 4<br>DON'T KNOW ...... 8 | FEVER ONLY ...... 1<br>COUGH ONLY ...... 2<br>BOTH FEVER AND<br>   COUGH .......... 3<br>NO, NEITHER ...... 4<br>DON'T KNOW ...... 8 |
| 544 | At any time during the illness, did (NAME) take any drugs for the illness? | YES .............. 1<br>NO ................ 2<br>  (GO BACK TO **503**<br>  IN NEXT COLUMN ◄<br>  OR, IF NO MORE<br>  BIRTHS, GO TO **551**)<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>  (GO BACK TO **503**<br>  IN NEXT COLUMN ◄<br>  OR, IF NO MORE<br>  BIRTHS, GO TO **551**)<br>DON'T KNOW ...... 8 | YES .............. 1<br>NO ................ 2<br>  (GO BACK TO **503**<br>  IN NEXT-TO-LAST<br>  COLUMN OF NEW<br>  QUESTIONNAIRE; ◄<br>  OR IF NO MORE<br>  BIRTHS, GO TO **551**)<br>DON'T KNOW ...... 8 |
| 545 | What drugs did (NAME) take?<br><br>Any other drugs?<br><br>RECORD ALL MENTIONED.<br><br>EXAMPLES OF PARACETAMOL: TEMPRA, BIOGESIC, CALPOL, PANADOL<br><br>EXAMPLES OF IBUPROFEN: DOLAN, ADVIL, MEDICOL<br><br>EXAMPLES OF DECON-GESTANT: DIMETAPP, TYLENOL PLUS FLU | ANTIMALARIAL DRUGS<br>  ARALEN ........ A<br>  CHLOROQUINE ... B<br>  DYMALAR ........ C<br>  FANSIDAR ...... D<br>  QUI-SUL ........ E<br>  OTHER ANTI-<br>    MALARIAL_____ F<br>    (SPECIFY)<br><br>ANTIBIOTIC DRUGS<br>  PILL/SYRUP ...... G<br>  INJECTION ...... H<br><br>OTHER DRUGS<br>  ASPIRIN ........ I<br>  PARACETAMOL ... J<br>  IBUPROFEN ...... K<br>  DECONGESTANT . L<br>OTHER_____ X<br>  (SPECIFY)<br>DON'T KNOW ...... Z | ANTIMALARIAL DRUGS<br>  ARALEN ........ A<br>  CHLOROQUINE ... B<br>  DYMALAR ........ C<br>  FANSIDAR ...... D<br>  QUI-SUL ........ E<br>  OTHER ANTI-<br>    MALARIAL_____ F<br>    (SPECIFY)<br><br>ANTIBIOTIC DRUGS<br>  PILL/SYRUP ...... G<br>  INJECTION ...... H<br><br>OTHER DRUGS<br>  ASPIRIN ........ I<br>  PARACETAMOL ... J<br>  IBUPROFEN ...... K<br>  DECONGESTANT . L<br>OTHER_____ X<br>  (SPECIFY)<br>DON'T KNOW ...... Z | ANTIMALARIAL DRUGS<br>  ARALEN ........ A<br>  CHLOROQUINE ... B<br>  DYMALAR ........ C<br>  FANSIDAR ...... D<br>  QUI-SUL ........ E<br>  OTHER ANTI-<br>    MALARIAL_____ F<br>    (SPECIFY)<br><br>ANTIBIOTIC DRUGS<br>  PILL/SYRUP ...... G<br>  INJECTION ...... H<br><br>OTHER DRUGS<br>  ASPIRIN ........ I<br>  PARACETAMOL ... J<br>  IBUPROFEN ...... K<br>  DECONGESTANT . L<br>OTHER_____ X<br>  (SPECIFY)<br>DON'T KNOW ...... Z |
| 546 | CHECK **545**:<br> ANY CODE **A-F** CIRCLED? | YES ☐    NO ☐<br>         (SKIP TO **548**) | YES ☐    NO ☐<br>         (SKIP TO **548**) | YES ☐    NO ☐<br>         (SKIP TO **548**) |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME_____ | NEXT-TO-LAST BIRTH NAME_____ | SECOND-FROM-LAST BIRTH NAME_____ |
|---|---|---|---|---|
| 547 | How long after the fever started did (NAME) first take the drugs? | SAME DAY .......... 0<br>NEXT DAY .......... 1<br>2 DAYS AFTER<br>  FEVER .......... 2<br>3 DAYS AFTER<br>  FEVER .......... 3<br>4 OR MORE DAYS<br>  AFTER FEVER ..... 4<br>DON'T KNOW ...... 8 | SAME DAY .......... 0<br>NEXT DAY .......... 1<br>2 DAYS AFTER<br>  FEVER .......... 2<br>3 DAYS AFTER<br>  FEVER .......... 3<br>4 OR MORE DAYS<br>  AFTER FEVER ..... 4<br>DON'T KNOW ...... 8 | SAME DAY .......... 0<br>NEXT DAY .......... 1<br>2 DAYS AFTER<br>  FEVER .......... 2<br>3 DAYS AFTER<br>  FEVER .......... 3<br>4 OR MORE DAYS<br>  AFTER FEVER ..... 4<br>DON'T KNOW ...... 8 |
| 548 | CHECK **545**:<br>ANY CODE **A-G**<br>CIRCLED? | YES        NO<br><br>(GO BACK TO<br>  **503** IN NEXT<br>  COLUMN; OR,<br>  IF NO MORE<br>  BIRTHS, GO<br>  TO **551**) | YES        NO<br><br>(GO BACK TO<br>  **503** IN NEXT<br>  COLUMN; OR,<br>  IF NO MORE<br>  BIRTHS, GO<br>  TO **551**) | YES        NO<br><br>(GO TO NEXT-TO-LAST<br>  COLUMN OF NEW<br>  QUESTIONNAIRE; OR<br>  IF NO MORE BIRTHS,<br>  GO TO **551**) |
| 549 | Did you already have (NAME OF DRUG FROM **545**) at home when the child became ill?<br><br>ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH ''G' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 545.<br><br>IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG.<br><br>IF NO FOR ALL DRUGS, CIRCLE 'Y'. | ANTIMALARIAL DRUGS<br>  ARALEN ........ A<br>  CHLOROQUINE ... B<br>  DYMALAR ........ C<br>  FANSIDAR ...... D<br>  QUI-SUL ........ E<br>  OTHER ANTI-<br>    MALARIAL_____ F<br>        (SPECIFY)<br><br>ANTIBIOTIC PILL/<br>  SYRUP .......... G<br><br>NO DRUG<br>  AT HOME ........ Y | ANTIMALARIAL DRUGS<br>  ARALEN ........ A<br>  CHLOROQUINE ... B<br>  DYMALAR ........ C<br>  FANSIDAR ...... D<br>  QUI-SUL ........ E<br>  OTHER ANTI-<br>    MALARIAL_____ F<br>        (SPECIFY)<br><br>ANTIBIOTIC PILL/<br>  SYRUP .......... G<br><br>NO DRUG<br>  AT HOME ........ Y | ANTIMALARIAL DRUGS<br>  ARALEN ........ A<br>  CHLOROQUINE ... B<br>  DYMALAR ........ C<br>  FANSIDAR ...... D<br>  QUI-SUL ........ E<br>  OTHER ANTI-<br>    MALARIAL_____ F<br>        (SPECIFY)<br><br>ANTIBIOTIC PILL/<br>  SYRUP .......... G<br><br>NO DRUG<br>  AT HOME ........ Y |
| 550 | | GO BACK TO **503** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **551**. | GO BACK TO **503** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **551**. | GO TO **503** IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO **551**. |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 551 | CHECK **218, 220 AND 223**, ALL ROWS:<br><br>NUMBER OF CHILDREN BORN IN **2003** OR LATER LIVING WITH THE RESPONDENT<br><br>ONE OR MORE ☐          NONE ☐<br><br>RECORD NAME OF YOUNGEST CHILD LIVING<br>WITH HER (AND CONTINUE WITH 552)<br><br>_____<br>(NAME) | | → 554 |
| 552 | The last time (NAME FROM **551**) passed stools,<br>what was done to dispose of the stools? | CHILD USED TOILET . . . . . . . . . . . . . . 01<br>PUT/RINSED INTO TOILET . . . . . . . . 02<br>PUT/RINSED<br>   INTO DRAIN OR DITCH . . . . . . . . . . 03<br>THROWN INTO GARBAGE . . . . . . . . 04<br>BURIED . . . . . . . . . . . . . . . . . . . . . . . . 05<br>LEFT IN THE OPEN . . . . . . . . . . . . . 06<br>THROWN INTO RIVER/SEA . . . . . . . . 07<br>OTHER _____ 96<br>              (SPECIFY) | |
| 553 | CHECK **525(a)**, ALL COLUMNS:<br><br>NO CHILD ☐     ANY CHILD ☐<br>RECEIVED FLUID     RECEIVED FLUID<br>FROM ORS PACKET/     FROM ORS PACKET<br>HYDRITE TABLET/PEDIALYTE   HYDRITE TABLET/PEDIALYTE | | → 555 |
| 554 | Have you ever heard of a special product called Oresol or<br>Hydrite or Pedialyte that you can get to treat diarrhea? | YES . . . . . . . . . . . . . . . . . . . . . . . . . . 1<br>NO . . . . . . . . . . . . . . . . . . . . . . . . . . . 2 | |
| 555 | Have you ever heard of Sangkap Pinoy?<br><br>PROBE: IF "NO", SHOW SANGKAP PINOY SEAL. | YES, HEARD . . . . . . . . . . . . . . . . . . . 1<br>YES, RECOGNIZED SEAL . . . . . . . . . . 2<br>NO . . . . . . . . . . . . . . . . . . . . . . . . . . . 3 | → 557 |
| 556 | Do you ever consciously try to buy foods with the<br>Sangkap Pinoy label? | YES . . . . . . . . . . . . . . . . . . . . . . . . . . 1<br>NO . . . . . . . . . . . . . . . . . . . . . . . . . . . 2 | |
| 557 | CHECK **218, 220 AND 223**, ALL ROWS:<br><br>NUMBER OF CHILDREN BORN IN **2005** OR LATER LIVING WITH THE RESPONDENT<br><br>ONE OR MORE ☐      NONE ☐<br><br>RECORD NAME OF YOUNGEST CHILD LIVING<br>WITH HER (AND CONTINUE WITH **558**)<br><br>_____<br>(NAME) | | → 601 |
| 558 | CHECK **404**<br><br>LAST BIRTH IS ☐     LAST BIRTH NOT ☐<br>SAME AS NAME     SAME AS NAME<br>IN **557**          IN **557** | | → 560 |
| 559 | CHECK **464**<br><br>CODE '**1**' ☐     CODE '**2**' ☐<br>CIRCLED      CIRCLED<br>OR NOT ASKED | | → 561B |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 560 | Now I would like to ask you about liquids or foods (NAME FROM **557**) had yesterday during the day or at night.<br><br>Did (NAME FROM **557**) (drink/eat):<br><br>Plain water?<br>Commercially produced infant formula such as S-26, Promil, Bona, Enfalac?<br>Any baby cereal and baby food such as Cerelac, Gerber?<br><br>Any (other) porridge or gruel? | YES NO DK<br><br>PLAIN WATER . . . . . . . . . . . . 1  2  8<br><br>FORMULA . . . . . . . . . . . . . . . 1  2  8<br>BABY CEREAL . . . . . . . . . . . 1  2  8<br>OTHER PORRIDGE/<br>  GRUEL . . . . . . . . . . . . . . . 1  2  8 | |

| 561 | Now I would like to ask you about (other) liquids or foods that (NAME FROM **557**)/you may have had **yesterday during the day or at night**. I am interested in whether your child/you had the item even if it was combined with other foods. | | |

561

Did (NAME FROM 557)/you drink (eat):

| | | A. CHILD | B. MOTHER |
|---|---|---|---|
| | | YES NO DK | YES NO DK |
| a) | Milk such as canned, powdered, or fresh animal milk? | a   1   2   8 | 1   2   8 |
| b) | Tea or coffee? | b   1   2   8 | 1   2   8 |
| c) | Any other liquids such as 'am', carbonated drinks, soup broth? | c   1   2   8 | 1   2   8 |
| d) | Bread, rice, noodles, or other foods made from grains? | d   1   2   8 | 1   2   8 |
| e) | Instant noodles? | e   1   2   8 | 1   2   8 |
| f) | Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside? | f   1   2   8 | 1   2   8 |
| g) | White potatoes, white yams, cassava, or any other foods made from roots? | g   1   2   8 | 1   2   8 |
| h) | Any dark green, leafy vegetables, like petchay, saluyot and kangkong? | h   1   2   8 | 1   2   8 |
| i) | Ripe mangoes, papayas, oranges, chesa, sineguelas, jackfruit, or other yellow/red fruits rich in Vitamin A? | i   1   2   8 | 1   2   8 |
| j) | Any other fruits or vegetables, e.g. bananas, apples, green beans, avocados, tomatoes, long beans, sweet peas | j   1   2   8 | 1   2   8 |
| k) | Liver, kidney, heart or other organ meats? | k   1   2   8 | 1   2   8 |
| l) | Any meat, such as beef, pork, lamb, goat, chicken, or duck? | l   1   2   8 | 1   2   8 |
| m) | Eggs? | m   1   2   8 | 1   2   8 |
| n) | Bottled or canned sardines? | n   1   2   8 | 1   2   8 |
| o) | Fresh or dried fish or shellfish? | o   1   2   8 | 1   2   8 |
| p) | Any foods made from beans, mongo, lentils, or nuts such as taho, tokwa, tofu, tausi, etc.? | p   1   2   8 | 1   2   8 |
| q) | Cheese, yogurt or other milk products such as Chamyto, Yakult, etc.? | q   1   2   8 | 1   2   8 |
| r) | Any oil, fats, or butter, or foods made with any of these? | r   1   2   8 | 1   2   8 |
| s) | Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits? | s   1   2   8 | 1   2   8 |
| t) | Any other solid or semi-solid food? | t   1   2   8 | 1   2   8 |

| 562 | CHECK **560** (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND **561A** (CATEGORIES **d THROUGH t** FOR CHILD):<br><br>AT LEAST ONE □                NOT A SINGLE "YES" □ —————————→ | | 601 |
| "YES" | | | |

| 563 | How many times did (NAME FROM **557**) eat solid, semisolid, or soft foods yesterday during the day or at night?<br><br>IF 7 OR MORE TIMES, RECORD '7'. | NUMBER OF<br>TIMES  . . . . . . . . . . . . . . . . . . . . . □<br><br>DON'T KNOW  . . . . . . . . . . . . . . . . . . . 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 601 | Are you currently married or living together with a man as if married? | YES, CURRENTLY MARRIED ...... 1<br>YES, CURRENTLY LIVING<br>   WITH A MAN.................... 2<br>NO, NOT IN UNION ................ 3 | → 604 |
| 602 | Have you ever been married or lived together with a man as if married? | YES, FORMERLY MARRIED ........ 1<br>YES, FORMERLY LIVED<br>   WITH A MAN  .................. 2<br>NO ............................. 3 | → 609 |
| 603 | What is your marital status now: are you widowed, divorced, or separated? | WIDOWED  ..................... 1<br>DIVORCED/ANNULLED  .......... 2<br>SEPARATED  ................... 3 | → 606 |
| 604 | Is your husband/partner living with you now or is he staying elsewhere? | LIVING WITH HER  ............... 1<br>STAYING ELSEWHERE ............ 2 | |
| 605 | RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE.<br>IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. | NAME_____<br><br>LINE NO.  ................. ☐☐ | |
| 606 | Have you been married or lived with a man only once or more than once? | ONLY ONCE .................... 1<br>MORE THAN ONCE................ 2 | |
| 607 | CHECK **606**:<br>MARRIED/ ☐   MARRIED/ ☐<br>LIVED WITH A MAN   LIVED WITH A MAN<br>ONLY ONCE ↓   MORE THAN ONCE ↓<br><br>In what month and year did you start living with your husband/partner?   Now I would like to ask about when you started living with your first husband/partner. In what month and year was that? | MONTH ................... ☐☐<br><br>DON'T KNOW MONTH  ............ 98<br><br>YEAR .............. ☐☐☐☐<br><br>DON'T KNOW YEAR  ..........  9998 | → 609 |
| 608 | How old were you when you first started living with him? | AGE  ..................... ☐☐ | |
| 609 | CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. | | |
| 610 | Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.<br><br>How old were you when you had sexual intercourse for the very first time? | NEVER HAD SEXUAL<br>   INTERCOURSE  .............. 00<br><br>AGE IN YEARS.............. ☐☐<br><br>FIRST TIME WHEN STARTED<br>LIVING WITH (FIRST)<br>HUSBAND/PARTNER  .......... 95 | → 613<br><br>→ 613 |
| 611 | CHECK **107**:<br>   CURRENT AGE ☐    CURRENT AGE ☐<br>   15-24 ↓     25-49 | | → 624 |
| 612 | Do you intend to wait until you get married to have sexual  intercourse for the first time? | YES  .......................... 1<br>NO ............................. 2<br>DON'T KNOW/UNSURE  .......... 8 | → 624 |
| 613 | CHECK **107:**<br>   CURRENT AGE ☐    CURRENT AGE ☐<br>   15-24 ↓     25-49 | | → 618 |
| 614 | The <u>first</u> time you had sexual intercourse, was a condom used? | YES  .......................... 1<br>NO ............................. 2<br>DON'T KNOW/DON'T REMEMBER ... 8 | |
| 615 | How old was the person you first had sexual intercourse with? | AGE OF PARTNER .......... ☐☐<br><br>DON'T KNOW  .................... 98 | → 618 |
| 616 | Was this person older than you, younger than you, or about the same age as you? | OLDER  ........................ 1<br>YOUNGER  ..................... 2<br>ABOUT THE SAME AGE............ 3<br>DON'T KNOW/DON'T REMEMBER ... 8 | → 618 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 617 | Would you say this person was ten or more years older than you or less than ten years older than you? | TEN OR MORE YEARS OLDER ..... 1<br>LESS THAN TEN YEARS OLDER ... 2<br>OLDER, UNSURE HOW MUCH ..... 3 | |
| 618 | When was the <u>last</u> time you had sexual intercourse?<br><br>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.<br><br>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS. | DAYS AGO ............ 1<br><br>WEEKS AGO .......... 2<br><br>MONTHS AGO .......... 3<br><br>YEARS AGO ............ 4 | → 623 |
| 619 | The last time you had sexual intercourse with this person, was a condom used? | YES .......................... 1<br>NO . ......................... 2 | → 621 |
| 620 | Did you use a condom everytime you had sexual intercourse with this person in the last 12 months? | YES .......................... 1<br>NO . ......................... 2 | |
| 621 | What was your relationship to this person with whom you had sexual intercourse?<br>IF BOYFRIEND:<br>Were you living together<br>  as if married?<br>IF YES, CIRCLE '2'.<br>IF NO, CIRCLE '3'. | HUSBAND ..................... 1<br>LIVE-IN PARTNER ................ 2<br>BOYFRIEND NOT LIVING WITH<br>  RESPONDENT ................ 3<br>CASUAL ACQUAINTANCE.......... 4<br>PROSTITUTE ................... 5<br>OTHER _____ .......... 6<br>          (SPECIFY) | → 623 |
| 622 | For how long (have you had/did you have) a sexual relationship with this person?<br><br>IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS. | DAYS .................. 1<br><br>MONTHS .............. 2<br><br>YEARS ................ 3 | |
| 623 | In total, with how many different people have you had sexual intercourse in your lifetime?<br><br>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NO. OF PARTNERS IS GREATER THAN 95,WRITE '95.' | NUMBER OF PARTNERS<br>  IN LIFETIME ..............<br>DON'T KNOW ................... 98 | |
| 624 | Do you know of a place where a person can get condoms? | YES .......................... 1<br>NO ........................... 2 | → 701 |
| 625 | Where is that?<br><br>Any other place?<br><br>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).<br><br>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE.<br><br>_____<br><br>_____<br><br>_____<br>(NAME OF PLACE(S)) | PUBLIC SECTOR<br>  GOVT. HOSPITAL .............. A<br>  RHU/UHC ................... B<br>  BHS ........................ C<br>  BSPO/BHW ................... D<br>  OTHER PUBLIC _____ E<br>               (SPECIFY)<br>PRIVATE SECTOR<br>  PRIVATE HOSPITAL/CLINIC ...... F<br>  PHARMACY ................... G<br>  PRIVATE DOCTOR .............. H<br>  PRIVATE NURSE/MIDWIFE ...... I<br>  NGO ........................ J<br>  INDUSTRY-BASED CLINIC ...... K<br>  OTHER PRIVATE_____ L<br>               (SPECIFY)<br>OTHERS<br>  PUERICULTURE CENTER ...... M<br>  STORE ...................... N<br>  CHURCH .................... O<br>  FRIENDS/RELATIVES .......... P<br>  OTHER _____ X<br>           (SPECIFY) | |
| 626 | If you wanted to, could you yourself get a condom? | YES .......................... 1<br>NO ........................... 2<br>DON'T KNOW/UNSURE ........... 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 701 | CHECK **310/310A**:<br><br>NEITHER STERILIZED OR NOT ASKED ☐ ↓　　　HE OR SHE STERILIZED ☐ →───────── | | → 713 |
| 702 | CHECK **233**:<br><br>NOT PREGNANT OR UNSURE ☐ ↓　　PREGNANT ☐ ↓<br><br>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<br>NO MORE/NONE ................... 2<br>SAYS SHE CAN'T GET PREGNANT ... 3<br>UNDECIDED/DON'T KNOW AND<br>　PREGNANT ................... 4<br>UNDECIDED/DON'T KNOW<br>　AND NOT PREGNANT OR<br>　UNSURE ..................... 5 | → 704<br>→ 713<br><br>→ 709<br><br><br>→ 708 |
| 703 | CHECK **233**:<br><br>NOT PREGNANT OR UNSURE ☐ ↓　　PREGNANT ☐ ↓<br><br>How long would you like to wait from now before the birth of (a/another) child?<br><br>IF IN MONTHS, RECORD IN MO. IF TWO YEARS, PROBE FOR EXACT NO. OF MONTHS IF WITH FRACTION OF YEAR, CONVERT TO MONTHS AND RECORD IN MONTHS.　　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 ☐☐<br><br>YEARS ................ 2<br><br>SOON/NOW ................... 993<br>SAYS SHE CAN'T GET PREGNANT 994<br>AFTER MARRIAGE .............. 995<br><br>OTHER _____ 996<br>　　　　(SPECIFY)<br>DON'T KNOW .................. 998 | → 708<br>→ 713<br><br>→ 708 |
| 704 | CHECK **233**:<br><br>NOT PREGNANT OR UNSURE ☐ ↓　　　　PREGNANT ☐ →───────── | | →709 |
| 705 | CHECK **309**: USING A CONTRACEPTIVE METHOD?<br><br>NOT ASKED ☐ ↓　　NOT CURRENTLY USING ☐ ↓　　CURRENTLY USING ☐ →───────── | | → 713 |
| 706 | CHECK **703**:<br><br>NOT ASKED ☐ ↓　　**24 OR MORE** MONTHS OR **02 OR MORE** YEARS ☐ ↓　　**00-23** MONTHS OR **00-01** YEAR ☐ →───────── | | → 709 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 707 | CHECK **702**:<br><br>WANTS TO HAVE A/ANOTHER CHILD ☐     WANTS NO MORE/NONE ☐<br><br>You have said that you do not want (a/another) child soon, but you are not using any method to delay pregnancy.     You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.<br><br>Can you tell me why you are not using a method?     Can you tell me why you are not using a method?<br><br>Any other reason?     Any other reason?<br><br>RECORD ALL REASONS MENTIONED. | NOT MARRIED . . . . . . . . . . . . . . . . . . A<br><br>**FERTILITY-RELATED REASONS**<br>NOT HAVING SEX . . . . . . . . . . . . . . B<br>INFREQUENT SEX . . . . . . . . . . . . . . C<br>MENOPAUSAL/HYSTERECTOMY . D<br>SUBFECUND/INFECUND . . . . . . E<br>POSTPARTUM AMENORRHEIC . . . F<br>BREASTFEEDING . . . . . . . . . . . . . G<br>FATALISTIC . . . . . . . . . . . . . . . . . . . H<br><br>**OPPOSITION TO USE**<br>RESPONDENT OPPOSED . . . . . . I<br>HUSBAND/PARTNER OPPOSED . J<br>OTHERS OPPOSED . . . . . . . . . . . . K<br>RELIGIOUS PROHIBITION . . . . . . L<br><br>**LACK OF KNOWLEDGE**<br>KNOWS NO METHOD . . . . . . . . . . M<br>KNOWS NO SOURCE . . . . . . . . . . N<br><br>**METHOD-RELATED REASONS**<br>HEALTH CONCERNS . . . . . . . . . . O<br>FEAR OF SIDE EFFECTS . . . . . . . . P<br>LACK OF ACCESS/TOO FAR . . . . . Q<br>COSTS TOO MUCH . . . . . . . . . . . . R<br>INCONVENIENT TO USE . . . . . . . . S<br>INTERFERES WITH BODY'S<br>   NORMAL PROCESSES . . . . . . . . T<br><br>OTHER _____ X<br>       (SPECIFY)<br>DON'T KNOW . . . . . . . . . . . . . . . . . . . Z | |
| 708 | CHECK **309**: USING A CONTRACEPTIVE METHOD?<br><br>NOT ASKED ☐     NO, NOT CURRENTLY USING ☐     YES, CURRENTLY USING ☐ | | → 713 |
| 709 | Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future? | YES . . . . . . . . . . . . . . . . . . . . . . . . . . . 1<br>NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2<br>DON'T KNOW . . . . . . . . . . . . . . . . . . . 8 | → 711<br>→ 713 |
| 710 | Which contraceptive method would you prefer to use? | FEMALE STERILIZATION . . . . . . . . . . 01<br>MALE STERILIZATION . . . . . . . . . . . . 02<br>PILL . . . . . . . . . . . . . . . . . . . . . . . . . . 03<br>IUD . . . . . . . . . . . . . . . . . . . . . . . . . . . . 04<br>INJECTABLE . . . . . . . . . . . . . . . . . . . . 05<br>IMPLANTS . . . . . . . . . . . . . . . . . . . . . . 06<br>PATCH . . . . . . . . . . . . . . . . . . . . . . 07<br>CONDOM . . . . . . . . . . . . . . . . . . . . . . 08<br>FEMALE CONDOM . . . . . . . . . . . . . . . 09<br>DIAPHRAGM . . . . . . . . . . . . . . . . . . . . 10<br>FOAM/JELLY/CREAM . . . . . . . . . . . . . . 11<br>MUCUS/BILLINGS/OVULATION . . . . . 12<br>BASAL BODY TEMPERATURE . . . . . . 13<br>SYMPTOTHERMAL . . . . . . . . . . . . . . . . 14<br>STANDARD DAYS METHOD . . . . . . . . 15<br>LAM . . . . . . . . . . . . . . . . . . . . . . . . . . 16<br>CALENDAR/RHYTHM/<br>   PERIODIC ABSTINENCE . . . . . . . . 17<br>WITHDRAWAL . . . . . . . . . . . . . . . . . . . 18<br>OTHER METHOD _____ 96<br>       (SPECIFY)<br>UNSURE . . . . . . . . . . . . . . . . . . . . . . 98 | → 713 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 711 | What is the main reason that you think you will not use a contraceptive method at any time in the future? | NOT MARRIED . . . . . . . . . . . . . . . . . . . 11<br><br>**FERTILITY-RELATED REASONS**<br>INFREQUENT SEX/NO SEX . . . . . . 22<br>MENOPAUSAL/HYSTERECTOMY  23<br>SUBFECUND/INFECUND . . . . . . . . 24<br>WANTS AS MANY CHILDREN AS<br>    POSSIBLE  . . . . . . . . . . . . . . . . . .26<br><br>**OPPOSITION TO USE**<br>RESPONDENT OPPOSED  . . . . . . 31<br>HUSBAND/PARTNER OPPOSED  32<br>OTHERS OPPOSED  . . . . . . . . . . . 33<br>RELIGIOUS PROHIBITION  . . . . . . 34<br><br>**LACK OF KNOWLEDGE**<br>KNOWS NO METHOD  . . . . . . . . . 41<br>KNOWS NO SOURCE  . . . . . . . . . 42<br><br>**METHOD-RELATED REASONS**<br>HEALTH CONCERNS  . . . . . . . . . 51<br>FEAR OF SIDE EFFECTS . . . . . . . . 52<br>LACK OF ACCESS/TOO FAR  . . . . . 53<br>COSTS TOO MUCH  . . . . . . . . . . . 54<br>INCONVENIENT TO USE  . . . . . . . . 55<br>INTERFERES WITH BODY'S<br>    NORMAL PROCESSES . . . . . . . . 56<br><br>OTHER _____ 96<br>          (SPECIFY)<br>DON'T KNOW . . . . . . . . . . . . . . . . . . . 98 | → 713 |
| 712 | Would you ever use a contraceptive method if you were married? | YES  . . . . . . . . . . . . . . . . . . . . . . . . . . . 1<br>NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2<br>DON'T KNOW . . . . . . . . . . . . . . . . . . . 8 | |
| 713 | CHECK **221**:<br><br>HAS LIVING [ ]    NO LIVING [ ]<br>CHILDREN       CHILDREN OR<br>             NOT ASKED<br><br>If you could go back to    If you could choose exactly<br>the time you did not have  the number of children to<br>any children and could   have in your whole life, how<br>choose exactly the      many would that be?<br>number of children to<br>have in your whole life,<br>how many would that be?<br><br>PROBE FOR A NUMERIC RESPONSE. | NONE . . . . . . . . . . . . . . . . . . . . . . . . . . . 00<br><br>NUMBER . . . . . . . . . . . . . . . . . [ ][ ]<br><br>OTHER _____ 96<br>          (SPECIFY) | → 715<br><br><br>→ 715 |
| 714 | 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? |        BOYS  GIRLS  EITHER<br><br>NUMBER [ ][ ] [ ][ ] [ ][ ]<br><br>OTHER _____ 96<br>          (SPECIFY) | |
| 715 | In the last few months have you:<br><br>    Heard about family planning on the radio?<br>    Seen about family planning on the television?<br>    Read about family planning in a newspaper<br>      or magazine, poster, leaflet or brochure? |                 YES NO<br><br>RADIO . . . . . . . . . . . . . . . . . . . . . . 1   2<br>TELEVISION . . . . . . . . . . . . . . . . . . 1   2<br>NEWSPAPER OR MAGAZINE . . . 1   2 | |
| 716 | In the last 12 months, have you discussed the practice of family planning with your friends, neighbors, or relatives? | YES  . . . . . . . . . . . . . . . . . . . . . . . . . . . 1<br>NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2 | → 720 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 717 | With whom?<br><br>Anyone else?<br><br>RECORD ALL PERSONS MENTIONED.<br>DO NOT READ OUT RESPONSES. | HUSBAND/PARTNER ............ A<br>MOTHER ...................... B<br>FATHER ...................... C<br>SISTER(S) ................... D<br>BROTHER(S) .................. E<br>DAUGHTER .................... F<br>SON ......................... G<br>MOTHER-IN-LAW ............... H<br>FRIENDS/NEIGHBORS/OFFICEMATES I<br>OTHER _____ X<br>(SPECIFY) | |
| 718 | In the last 12 months, have you encouraged your friends, neighbors, relatives or other persons to use family planning? | YES .......................... 1<br><br>NO ........................... 2 | → 720 |
| 719 | Who did you encourage?<br><br>Anyone else?<br><br>RECORD ALL PERSONS MENTIONED.<br>DO NOT READ OUT RESPONSES. | HUSBAND/PARTNER ............ A<br>MOTHER ...................... B<br>FATHER ...................... C<br>SISTER(S) ................... D<br>BROTHER(S) .................. E<br>DAUGHTER .................... F<br>SON ......................... G<br>MOTHER-IN-LAW ............... H<br>FRIENDS/NEIGHBORS/OFFICEMATES I<br>OTHER _____ X<br>(SPECIFY) | |
| 720 | CHECK **601**:<br><br>YES,    YES,    NO,<br>CURRENTLY ☐   LIVING ☐   NOT IN ☐<br>MARRIED    WITH A MAN    UNION<br>↓    ↓ | | → 801 |
| 721 | CHECK **310/310A**:    CODE **B, H,** OR **R** (VASECTOMY, CONDOM OR WITHDRAWAL)<br>CIRCLED ☐<br><br>NO CODE ☐<br>CIRCLED<br><br>OTHER ☐<br>CODES ↓ | | → 723<br><br>→ 725 |
| 722 | Does your husband/partner know that you are using a method of family planning? | YES .......................... 1<br>NO ........................... 2<br>DON'T KNOW ................... 8 | → 724 |
| 723 | Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together? | MAINLY RESPONDENT ............ 1<br>MAINLY HUSBAND/PARTNER ...... 2<br>JOINT DECISION ............... 3<br>OTHER _____ 6<br>(SPECIFY) | |
| 724 | CHECK **310/310A**:<br><br>NEITHER ☐    HE OR SHE ☐<br>STERILIZED    STERILIZED<br>↓ | | → 801 |
| 725 | Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want? | SAME NUMBER ................. 1<br>MORE CHILDREN ............... 2<br>FEWER CHILDREN .............. 3<br>DON'T KNOW ................... 8 | |

## SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 801 | CHECK **601 AND 602**:<br><br>CURRENTLY MARRIED/ LIVING WITH A MAN □     FORMERLY MARRIED/ LIVED WITH A MAN □     NEVER MARRIED AND NEVER LIVED WITH A MAN □ | | → 803<br><br>→ 806 |
| 802 | How old was your husband/partner on his last birthday? | AGE IN COMPLETED YEARS ☐☐ | |
| 803 | Did your (last) husband/partner ever attend school? | YES ........................... 1<br>NO ............................. 2 | → 805 |
| 804 | What is the highest grade/year he completed? | ☐☐<br>_____<br>(SPECIFY) | |
| 805 | CHECK **801**:<br><br>CURRENTLY MARRIED/ LIVING WITH A MAN □     FORMERLY MARRIED/LIVED WITH A MAN □<br><br>What is your husband's/ partner's occupation? That is, what kind of work does he mainly do?    What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do? | ☐☐☐<br>_____<br>_____<br>_____ | |
| 806 | Aside from your own housework, have you done any work in the last seven days? | YES ........................... 1<br>NO ............................. 2 | → 810 |
| 807 | As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, grow vegetables, raise animals, have a small business or work on the family farm/business. In the last seven days, have you done any of these things or any other work? | YES ........................... 1<br>NO ............................. 2 | → 810 |
| 808 | Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason? | YES ........................... 1<br>NO ............................. 2 | → 810 |
| 809 | Have you done any work in the last 12 months? | YES ........................... 1<br>NO ............................. 2 | → 818 |
| 810 | What is your occupation, that is, what kind of work do you mainly do? | ☐☐☐<br>_____<br>_____<br>_____ | |
| 811 | CHECK **810**:<br><br>WORKS IN AGRICULTURE (FARMING, FISHING, RAISING ANIMALS, HUNTING) □     DOES NOT WORK IN AGRICULTURE □ | | → 813 |
| 812 | 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<br>FAMILY LAND ................... 2<br>RENTED LAND .................. 3<br>SOMEONE ELSE'S LAND .......... 4 | → 814 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 813 | Do you work for the government/government corporation or a private company/household, or are you self-employed?<br><br>IF SELF-EMPLOYED, CIRCLE 'PRIVATE' | GOVERNMENT ................... 1<br>PRIVATE ....................... 2 | → 815 |
| 814 | Do you do this work in a family farm/business for someone else, or are you self-employed?<br><br>IF FAMILY FARM/BUSINESS, PROBE IF OWNER IS A HOUSEHOLD MEMBER. | FAMILY ENTERPRISE ............ 1<br>FOR SOMEONE ELSE ............ 2<br>SELF-EMPLOYED ................ 3 | |
| 815 | Do you usually work at home or away from home? | HOME........................... 1<br>AWAY........................... 2 | |
| 816 | Do you usually work throughout the year, or do you work seasonally, or only once in a while? | THROUGHOUT THE YEAR ........ 1<br>SEASONALLY/PART OF THE YEAR . 2<br>ONCE IN A WHILE ................ 3 | |
| 817 | Do you earn in cash or kind for this work or are you not paid at all? | CASH ONLY ..................... 1<br>CASH AND KIND .................. 2<br>IN KIND ONLY ................... 3<br>NOT PAID ....................... 4 | |
| 818 | CHECK **601**:<br><br>CURRENTLY MARRIED/LIVING WITH A MAN ☐       NOT IN UNION ☐ | | →827 |
| 819 | CHECK **817**:<br><br>CODE **1 OR 2** CIRCLED ☐       OTHER OR NOT ASKED ☐ | | →822 |
| 820 | Who usually decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly? | RESPONDENT ................... 1<br>HUSBAND/PARTNER ............ 2<br>RESPONDENT AND<br>   HUSBAND/PARTNER JOINTLY ... 3<br>OTHER _____ 6<br>        (SPECIFY) | |
| 821 | Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same? | MORE THAN HIM.................. 1<br>LESS THAN HIM .................. 2<br>ABOUT THE SAME ................ 3<br>HUSBAND/PARTNER DOESN'T<br>   BRING IN ANY MONEY .......... 4<br>DON'T KNOW ................... 8 | → 823 |
| 822 | Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?<br><br>IF HUSBAND/PARTNER IS UNEMPLOYED, PROBE IF HE GETS FINANCIAL SUPPORT FROM PARENTS/OTHERS; IF NO EARNINGS, CIRCLE '4' | RESPONDENT ................... 1<br>HUSBAND/PARTNER ............ 2<br>RESPONDENT AND<br>   HUSBAND/PARTNER JOINTLY ... 3<br>HUSBAND/PARTNER HAS<br>   NO EARNINGS ................ 4<br>OTHER _____ 6<br>        (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 823 | Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else? | RESPONDENT = 1<br>HUSBAND/PARTNER = 2<br>RESPONDENT & HUSBAND/PARTNER JOINTLY = 3<br>SOMEONE ELSE = 4<br>OTHER = 6<br><br>1   2   3   4   6 | |
| 824 | Who usually makes decisions about making major household purchases? | 1   2   3   4   6 | |
| 825 | Who usually makes decisions about making purchases for daily household needs? | 1   2   3   4   6 | |
| 826 | Who usually makes decisions about visits to your family or relatives? | 1   2   3   4   6 | |
| 827 | PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT) |            PRES./  PRES./  NOT<br>           LISTEN.  NOT   PRES.<br>                  LISTEN.<br>CHILDREN < 10 . 1    2    3<br>HUSBAND ..... 1    2    3<br>OTHER MALES . 1    2    3<br>OTHER FEMALES 1    2    3 | |
| 828 | Sometimes a husband is annoyed or angered by things that his wife does.<br>In your opinion, is a husband justified in hitting or beating his wife in the following situations:<br><br>  If she goes out without telling him?<br><br>  If she neglects the children?<br><br>  If she argues with him?<br><br>  If she refuses to have sex with him?<br><br>  If she burns the food? |                **YES**  **NO**  **DK**<br>GOES OUT ........ 1    2    8<br><br>NEGL. CHILDREN ... 1    2    8<br><br>ARGUES .......... 1    2    8<br><br>REFUSES SEX ..... 1    2    8<br><br>BURNS FOOD ...... 1    2    8 | |

## SECTION 9. HIV/AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 901 | Now I would like to talk about something else.<br>Have you ever heard of an illness called AIDS? | YES ........................... 1<br>NO ............................. 2 | → 1001 |
| 902 | Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners? | YES ........................... 1<br>NO ............................. 2<br>DON'T KNOW ................... 8 | |
| 903 | Can people get the AIDS virus from mosquito bites? | YES ........................... 1<br>NO ............................. 2<br>DON'T KNOW ................... 8 | |
| 904 | Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex? | YES ........................... 1<br>NO ............................. 2<br>DON'T KNOW ................... 8 | |
| 905 | Can people get the AIDS virus by sharing food with a person who has AIDS? | YES ........................... 1<br>NO ............................. 2<br>DON'T KNOW ................... 8 | |
| 906 | Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all? | YES ........................... 1<br>NO ............................. 2<br>DON'T KNOW ................... 8 | |
| 907 | Can people get the AIDS virus by hugging or shaking hands with a person who is infected? | YES ........................... 1<br>NO ............................. 2<br>DON'T KNOW ................... 8 | |
| 908 | Is it possible for a healthy-looking person to have the AIDS virus? | YES ........................... 1<br>NO ............................. 2<br>DON'T KNOW ................... 8 | |
| 909 | Have you ever been tested to see if you have the AIDS virus? | YES ........................... 1<br>NO ............................. 2 | → 914 |
| 910 | When was the last time you were tested? | LESS THAN 12 MONTHS AGO ...... 1<br>12 - 23 MONTHS AGO ............ 2<br>2 OR MORE YEARS AGO .......... 3 | |
| 911 | The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required? | ASKED FOR THE TEST ............ 1<br>OFFERED AND ACCEPTED ........ 2<br>REQUIRED ...................... 3 | |
| 912 | Did you get the results of the test? | YES ........................... 1<br>NO ............................. 2 | |
| 913 | Where was the test done?<br><br>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.<br><br>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE) | PUBLIC SECTOR<br>  GOVT. HOSPITAL .............. 11<br>  OTHER PUBLIC _____ 16<br>        (SPECIFY)<br><br>PRIVATE SECTOR<br>  PRIVATE HOSPITAL OR CLINIC ... 21<br>  PRIVATE LABORATORY ........ 22<br>  OTHER PRIVATE _____ 26<br>       (SPECIFY)<br><br>OTHER _____ 96<br>    (SPECIFY) | → 1001 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 914 | Do you know of a place where people can go to get tested for the AIDS virus? | YES ........................... 1<br>NO ............................ 2 | → 1001 |
| 915 | Where is that?<br><br>Any other place?<br><br>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).<br><br>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE) | PUBLIC SECTOR<br>  GOVT. HOSPITAL .............. A<br>  RURAL HEALTH UNIT (RHU)/<br>    URBAN HEALTH CENTER ..... B<br>  BARANGAY HEALTH<br>    STATION ................... C<br>  BARANGAY SUPPLY/SERVICE<br>    POINT OFFICER/BHW ........ D<br>  OTHER PUBLIC _____ E<br>          (SPECIFY)<br><br>PRIVATE SECTOR<br>  PRIVATE HOSPITAL<br>    OR CLINIC ................. F<br>  PHARMACY ................... G<br>  PRIVATE DOCTOR ............. H<br>  PRIVATE NURSE/MIDWIFE ...... I<br>  NGO ........................ J<br>  INDUSTRY-BASED<br>    CLINIC .................... K<br>  OTHER PRIVATE _____ L<br>          (SPECIFY)<br><br>OTHERS<br>  PUERICULTURE CENTER ...... M<br>  STORE ...................... N<br>  CHURCH ..................... O<br>  FRIENDS/RELATIVES ......... P<br>  OTHER _____ X<br>       (SPECIFY) | |

## SECTION 10.  OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 1001 | Have you ever had the following symptoms:<br><br>A cough for 2 weeks or longer?<br>A fever for 2 weeks or longer?<br>Chest pain or back pain?<br>Coughing up blood?<br>Sweating at night? | **YES**  **NO**<br>COUGH FOR 2+ WEEKS  .....  1    2<br>FEVER FOR 2+ WEEKS......  1    2<br>CHEST/BACK PAIN..........  1    2<br>BLOOD IN SPUTUM  ........  1    2<br>NIGHT SWEAT..............  1    2 | |
| 1002 | CHECK **1001**:<br><br>AT LEAST ONE ☐          NOT A SINGLE ☐<br>     "YES" ↓              "YES" (ALL "NO") | | → 1005 |
| 1003 | Did you seek consultation or treatment for the symptoms? | YES  ...........................  1<br>NO  ............................  2 | → 1005 |
| 1004 | Why didn't you seek treatment for the symptoms? | SYMPTOMS HARMLESS  ..........  1<br>COST...........................  2<br>DISTANCE.......................  3<br>EMBARASSED...................  4<br>SELF MEDICATION................  5<br>OTHER _____  6 | |
| 1005 | Have you ever heard of an illness called tuberculosis or TB? | YES  ...........................  1<br>NO  ............................  2 | → 1012 |
| 1006 | What signs and symptoms would make you think that someone might have tuberculosis?<br><br>PROBE: Anything else?<br><br>RECORD ALL MENTIONED. | COUGHING  .....................  A<br>COUGHING WITH SPUTUM  ........  B<br>COUGHING FOR SEVERAL WEEKS .  C<br>FEVER  .........................  D<br>BLOOD IN SPUTUM  ..............  E<br>LOSS OF APPETITE  ..............  F<br>NIGHT/SWEATING .................  G<br>PAIN IN CHEST OR BACK   ........  H<br>TIREDNESS / FATIGUE ............  I<br>WEIGHT LOSS   ..................  J<br><br>OTHER _____  X<br>          (SPECIFY)<br>DON'T KNOW  ...................  Z | |
| 1007 | What do you think is the cause of TB?<br><br>PROBE: Anything else?<br><br>RECORD ALL MENTIONED. | MICROBES/GERMS/BACTERIA  .....  A<br>INHERITED  .....................  B<br>LIFESTYLE  .....................  C<br>SMOKING   .....................  D<br>ALCOHOL DRINKING   ...........  E<br>FATIGUE  .......................  F<br>MALNUTRITION  ... ..............  G<br>UNHYGEINIC PRACTICES. ........  H<br>POLLUTION .....................  I<br>OTHER _____  X<br>          (SPECIFY)<br>DON'T KNOW  ...................  Z | |
| 1008 | How does TB spread from one person to another?<br><br>PROBE: Anything else?<br><br>RECORD ALL MENTIONED. | THROUGH THE AIR WHEN<br>   COUGHING OR SNEEZING ......  A<br>THROUGH SHARING UTENSILS   ...  B<br>THROUGH TOUCHING A PERSON<br>   WITH TB  .....................  C<br>THROUGH SHARING FOOD  ......  D<br>THROUGH SEXUAL CONTACT  .....  E<br>THROUGH MOSQUITO BITES ......  F<br>THROUGH SALIVA ................  G<br>OTHER _____  X<br>          (SPECIFY)<br>DON'T KNOW  ...................  Z | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 1009 | Can tuberculosis be cured? | YES ........................... 1<br>NO ............................. 2<br>DON'T KNOW ................... 8 | |
| 1010 | Would you be willing to work with someone who has been previously treated for tuberculosis? | YES ........................... 1<br>NO ............................. 2<br>DON'T KNOW/NOT SURE/<br>   DEPENDS ................... 8 | |
| 1011 | If a member of your family got tuberculosis, would you want it to remain a secret? | YES ........................... 1<br>NO ............................. 2<br>DON'T KNOW/NOT SURE/<br>   DEPENDS ................... 8 | |
| 1012 | Do you currently smoke cigarettes? | YES ........................... 1<br>NO ............................. 2 | → 1014 |
| 1013 | In the last 24 hours, how many cigarettes did you smoke? | CIGARETTES .............. ☐☐ | |
| 1014 | Do you currently smoke or use any other type of tobacco? | YES ........................... 1<br>NO ............................. 2 | → 1016 |
| 1015 | What (other) type of tobacco do you currently smoke or use?<br><br>RECORD ALL MENTIONED. | PIPE ........................... A<br>CHEWING TOBACCO ........... B<br>SNUFF ......................... C<br>CIGAR ......................... D<br>OTHER _____ X<br>           (SPECIFY) | |
| 1016 | 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 for 1016:

| | BIG PROB-LEM | NOT A BIG PROB-LEM |
|---|---|---|
| Getting permission to go? — PERMISSION TO GO | 1 | 2 |
| Getting money needed for treatment? — GETTING MONEY | 1 | 2 |
| The distance to the health facility? — DISTANCE | 1 | 2 |
| Having to take transport? — TAKING TRANSPORT | 1 | 2 |
| Not wanting to go alone? — GO ALONE | 1 | 2 |
| Concern that there may not be a female health provider? — NO FEMALE PROV. | 1 | 2 |
| Concern that there may not be any health provider? — NO PROVIDER | 1 | 2 |
| Concern that there may be no drugs available? — NO DRUGS | 1 | 2 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 1017 | CHECK HOUSEHOLD QUESTIONNAIRE **Q14** AND COMPARE NAME AND LINE NUMBER OF RESPONDENT IN COVER PAGE<br><br>WOMAN NOT SELECTED FOR WS MODULE ☐      SELECTED FOR WS MODULE ☐ | | **WS MODULE** |
| 1018 | RECORD THE TIME. | HOUR .................... ☐☐<br><br>MINUTES .................. ☐☐ | |