QUESTIONNAIRES

Appendix **E**

AUTHORITY: Commonwealth Act No. 591 authorizes the National Statistics Office to conduct this survey in order to collect information on fertility, family planning and health. **CONFIDENTIALITY** : Sec. 4 of CA No. 591 provides that all information obtained from Respondent is held ***STRICTLY CONFIDENTIAL.***	NATIONAL STATISTICS OFFICE **2013 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY** **HOUSEHOLD QUESTIONNAIRE** (ENGLISH)	**NDHS FORM 1** Serial Number: **NSCB Approval No. NSO-1229-01** **Expires: 30 June 2014**

Booklet ____ of _____ Booklets

IDENTIFICATION

PROVINCE _____

CITY/MUNICIPALITY _____

BARANGAY _____

EA .....

SAMPLE HOUSING UNIT SERIAL NUMBER .....

HOUSEHOLD CONTROL NUMBER .....

NDHS HOUSEHOLD NUMBER .....

NO. OF HOUSEHOLDS IN THE HOUSING UNIT .....

NAME OF HOUSEHOLD HEAD _____

ADDRESS _____

INTERVIEW RECORD

	1	2	3	FINAL VISIT
DATE				DAY .....
				MONTH .....
INTERVIEWER'S NAME				YEAR ... 2013
				INT. CODE.....
RESULT*				RESULT* .....
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS .....
TIME				

***RESULT CODES:**

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TIME OF INTERVIEW

TIME STARTED — HOUR ..... MINUTE .....

TOTAL HH MEMBERS AND VISITORS .....

TOTAL ELIGIBLE WOMEN .....

LINE NO. OF RESPONDENT TO HH QUEST .....

SUPERVISOR	**FIELD EDITOR**
Name and Signature / **Date**	**Name and Signature** / **Date**
OFFICE EDITOR	**ENCODER**

Hello. My name is _____and I am working with the National Statistics Office. We are conducting a national survey about health all over the Philippines. The information we collect will help the government plan health services. As part of the survey, we would first like to ask some questions about your household.

SECTION 1. HOUSEHOLD MEMBERSHIP

LINE NO.	ALL PERSONS: USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY
	Please give me the names of the persons who usually sleep and eat in your household and those who slept here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) sleep here last night?	How old is (NAME) as of his/her last birthday?	CIRCLE LINE NO. OF ALL WOMEN AGE 15-49
(101)	(102)	(103)	(104)	(105)	(106)	(107)	(108)
01		0 1	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	01
02			1 2	1 2	1 2		02
03			1 2	1 2	1 2		03
04			1 2	1 2	1 2		04
05			1 2	1 2	1 2		05
06			1 2	1 2	1 2		06
07			1 2	1 2	1 2		07
08			1 2	1 2	1 2		08
09			1 2	1 2	1 2		09
10			1 2	1 2	1 2		10

PUT AN X MARK IF CONTINUATION SHEET IS USED ☐ IF YES, ENTER IN THE ABOVE TABLE.

102A) Are there any other household members such as OFW, small children or infants that we have not listed? YES ☐ NO ☐

102B) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ☐ NO ☐

102C) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ☐ NO ☐

CODES FOR Q.103
(RELATIONSHIP TO HEAD OF HOUSEHOLD)

01	= HEAD	07	= PARENT-IN-LAW
02	= WIFE OR HUSBAND	08	= BROTHER OR SISTER
03	= SON OR DAUGHTER	09	= OTHER RELATIVE
04	= SON-IN-LAW OR DAUGHTER-IN-LAW	10	= ADOPTED/FOSTER/STEPCHILD
05	= GRANDCHILD	11	= NOT RELATED
06	= PARENT	98	= DON'T KNOW

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

LINE NO.	ALL PERSONS HEALTH INSURANCE Is (NAME) covered by PhilHealth or Medicare, GSIS, SSS, or any health insurance, either as member or dependent?	Which health insurance does (NAME) belong to? Any other health insurance? ENTER CODE	6 YEARS OLD AND OVER EVER ATTENDED SCHOOL Has (NAME) ever attended school? IF NO, GO TO NEXT HH MEMBER, OR IF LAST MEMBER SKIP TO 114	What is the highest grade/ year (NAME) completed? ENTER CODE
(109)	(110)	(111)	(112)	(113)
01	Y N DK 1 2→8 GO TO 112		Y N 1 2 GO TO NEXT MEMBER	
02	1 2→8 GO TO 112		1 2 GO TO NEXT MEMBER	
03	1 2→8 GO TO 112		1 2 GO TO NEXT MEMBER	
04	1 2→8 GO TO 112		1 2 GO TO NEXT MEMBER	
05	1 2→8 GO TO 112		1 2 GO TO NEXT MEMBER	
06	1 2→8 GO TO 112		1 2 GO TO NEXT MEMBER	
07	1 2→8 GO TO 112		1 2 GO TO NEXT MEMBER	
08	1 2→8 GO TO 112		1 2 GO TO NEXT MEMBER	
09	1 2→8 GO TO 112		1 2 GO TO NEXT MEMBER	
10	1 2→8 GO TO 112		1 2 GO TO NEXT MEMBER	

(114) SELECTION OF RESPONDENT FOR WOMEN'S SAFETY (WS) MODULE IF MORE THAN 1 ELIGIBLE WOMEN

USE THE TABLE BELOW TO SELECT RANDOM WOMAN RESPONDENT

COUNT THE TOTAL NO. OF ELIGIBLE WOMEN IN COL. 108, CIRCLE THE NO. IN THE TABLE.

IF ONLY ONE ELIGIBLE WOMAN, GO TO 115

CHECK COVER PAGE FOR THE LAST DIGIT OF THE NDHS SERIAL NO. CIRCLE THE LAST DIGIT IN THE TABLE.

CIRCLE THE NUMBER WHEREIN THE LAST DIGIT AND THE TOTAL NUMBER OF ELIGIBLE WOMEN MEET. THIS IS THE RANK OF THE RESPONDENT FOR THE WS MODULE.

LAST DIGIT OF SERIAL NO. IS	IF THE TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD IS						
	2	3	4	5	6	7	8
	RANK IS						
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

(115) RECORD THE NAME AND LINE NUMBER OF THE RESPONDENT FOR THE WOMEN'S SAFETY MODULE

NAME _____ LINE NUMBER ☐☐

CODES FOR Q.111
(HEALTH INSURANCE)

A = PHILHEALTH PAYING MEMBER
B = PHILHEALTH DEPENDENT OF PAYING MEMBER
C = PHILHEALTH INDIGENT MEMBER
D = PHILHEALTH DEPENDENT OF INDIGENT MEMBER
E = GSIS
F = SSS
G = PRIVATE INSURANCE COMPANY/HEALTH MAINTENANCE ORGANIZATION/ PRE-NEED INSURANCE PLAN COMPANY
X = OTHER, SPECIFY

CODES FOR Q.113
(HIGHEST GRADE/YEAR COMPLETED)

00 = NO GRADE COMPLETED
01 = PRE-SCHOOL
11 = ELEMENTARY GRADE 1
12 = ELEMENTARY GRADE 2
13 = ELEMENTARY GRADE 3
14 = ELEMENTARY GRADE 4
15 = ELEMENTARY GRADE 5
16 = ELEMENTARY GRADE 6
18 = ELEMENTARY GRADUATE
21 = HIGH SCHOOL YEAR 1
22 = HIGH SCHOOL YEAR 2
23 = HIGH SCHOOL YEAR 3
24 = HIGH SCHOOL YEAR 4
26 = HIGH SCHOOL GRADUATE
31 = POST SECONDARY YEAR 1
32 = POST SECONDARY YEAR 2 OR MORE
41 = COLLEGE YEAR 1
42 = COLLEGE YEAR 2
43 = COLLEGE YEAR 3
44 = COLLEGE YEAR 4
45 = COLLEGE YEAR 5
46 = COLLEGE YEAR 6 OR MORE
47 = COLLEGE GRADUATE, SPECIFY DEGREE
51 = POST BACCALAUREATE
98 = DON'T KNOW

SECTION 2. HEALTH CARE UTILIZATION

NO	QUESTIONS AND FILTERS	CODING CATEGORIES
201	In the last 30 days from (LAST MONTH) (SAME DATE) to present, has any member of your household been sick or injured? By injured, I mean cuts, burns, and injury that require medical attention.	YES ..... 1 NO ..... 2 (GO TO **206**)
202	How many is/are sick (injured) or got sick /injured at any time in the last 30 days? Now I would like to ask you some questions about each person who is sick/injured anytime in the last 30 days. Could you tell me the name of each household member who is sick/injured or got sick/injured in the last 30 days? ENTER IN **203** THE LINE NUMBER AND NAME OF EACH PERSON WHO IS SICK OR INJURED. ENTER THE LINE NUMBERS IN ASCENDING ORDER. ASK ALL QUESTIONS ABOUT ALL OF THESE PERSONS. IF THE PERSON IS DECEASED, ENTER '00' FOR LINE NUMBER. IF THERE ARE MORE THAN 3 PERSONS, USE ADDITIONAL QUESTIONNAIRE.	☐☐ **NO. OF SICK/ INJURED PERSONS**

SICK/INJURED PERSONS IN THE LAST 30 DAYS

		SICK PERSON 1	SICK PERSON 2	SICK PERSON 3
203	LINE NUMBER AND NAME FROM COL. (101) AND (102).	LINE NUMBER ..... ☐☐ NAME_____	LINE NUMBER ..... ☐☐ NAME_____	LINE NUMBER ..... ☐☐ NAME_____
204	What was (NAME IN **203**)'s illness or injury? IF COMMON NON-COMMUNICABLE OR INFECTIOUS DISEASES, PROBE: Was (NAME)'s illness diagnosed by a doctor? IF NOT DIAGNOSED SPECIFY IN 'OTHER'. IF YES, CIRCLE APPROPRIATE CODE.	COMMON NON-COMMUNICABLE DISEASES DIABETES ..... A CANCER ..... B HYPERTENSION ..... C COMMON INFECTIOUS DISEASES TUBERCULOSIS (TB)..... D ACUTE RESPIRATORY INFECTION ..... E ACUTE GASTRO-ENTERITIS ..... F COMMON COLDS AND COUGH/ FLU/FEVER .. G INJURY CUT/WOUND ..... H BURN ..... I FRACTURE/ BROKEN BONE ... J DISLOCATION/ SLIPPED DISK ..... K SURGERY ..... L OTHER _____ X (SPECIFY)	COMMON NON-COMMUNICABLE DISEASES DIABETES ..... A CANCER ..... B HYPERTENSION ..... C COMMON INFECTIOUS DISEASES TUBERCULOSIS (TB)..... D ACUTE RESPIRATORY INFECTION ..... E ACUTE GASTRO-ENTERITIS ..... F COMMON COLDS AND COUGH/ FLU/FEVER .. G INJURY CUT/WOUND ..... H BURN ..... I FRACTURE/ BROKEN BONE ... J DISLOCATION/ SLIPPED DISK ..... K SURGERY ..... L OTHER _____ X (SPECIFY)	COMMON NON-COMMUNICABLE DISEASES DIABETES ..... A CANCER ..... B HYPERTENSION ..... C COMMON INFECTIOUS DISEASES TUBERCULOSIS (TB)..... D ACUTE RESPIRATORY INFECTION ..... E ACUTE GASTRO-ENTERITIS ..... F COMMON COLDS AND COUGH/ FLU/FEVER .. G INJURY CUT/WOUND ..... H BURN ..... I FRACTURE/ BROKEN BONE ... J DISLOCATION/ SLIPPED DISK ..... K SURGERY ..... L OTHER _____ X (SPECIFY)
205		GO BACK TO **204** IN NEXT COLUMN; OR, IF NO MORE SICK PERSON IN 203, GO TO **206**	GO BACK TO **204** IN NEXT COLUMN; OR, IF NO MORE SICK PERSON IN 203, GO TO **206**	GO BACK TO **204** IN NEW QUESTIONNAIRE; OR, IF NO MORE SICK PERSON IN 203, GO TO **206**

206	In the last 30 days, has any member of your household visited a health facility for consultation/advice or treatment anywhere?	YES ..... 1 NO ..... 2 (GO TO **220**)
207	How many of your household members visited a health facility for consultation/advice or treatment anywhere in the last 30 days? Could you tell me the name of each household member who visited a health facility or sought advice or treatment in the last 30 days? ENTER IN **208**, AND **214** THE LINE NUMBER AND NAME OF EACH PERSON WHO VISITED A HEALTH FACILITY. ENTER THE LINE NUMBERS IN ASCENDING ORDER. ASK ALL QUESTIONS ABOUT ALL OF THESE PERSONS. IF MORE THAN ONE VISIT, ASK ONLY ABOUT THE FIRST VISIT IN THE LAST 30 DAYS. IF THE PERSON IS DECEASED, ENTER '00' FOR LINE NUMBER. IF THERE ARE MORE THAN 3 PERSONS, USE ADDITIONAL QUESTIONNAIRE.	☐☐ **NO. OF PERSONS WHO VISITED HEALTH FACILITY**

	PERSONS WHO VISITED A HEALTH FACILITY IN THE LAST 30 DAYS			
		OUT-PATIENT 1	OUT-PATIENT 2	OUT-PATIENT 3
208	LINE NUMBER AND NAME FROM COL. (101) AND (102).	LINE NUMBER ..... ☐☐ NAME _____	LINE NUMBER ..... ☐☐ NAME _____	LINE NUMBER ..... ☐☐ NAME _____
209	Why did (NAME IN 208) visit a health facility for consultation/ advice or treatment?	SICK/INJURED ..... 11 PRENATAL/POST NATAL CHECK-UP ..... 12 GAVE BIRTH ..... 13 DENTAL ..... 14 MEDICAL CHECK-UP ... 15 MEDICAL REQUIREMENT ..... 16 NHTS/CCT /4Ps REQUIREMENT ..... 17 OTHER _____ 96 (SPECIFY)	SICK/INJURED ..... 11 PRENATAL/POST NATAL CHECK-UP ..... 12 GAVE BIRTH ..... 13 DENTAL ..... 14 MEDICAL CHECK-UP ... 15 MEDICAL REQUIREMENT ..... 16 NHTS/CCT /4Ps REQUIREMENT ..... 17 OTHER _____ 96 (SPECIFY)	SICK/INJURED ..... 11 PRENATAL/POST NATAL CHECK-UP ..... 12 GAVE BIRTH ..... 13 DENTAL ..... 14 MEDICAL CHECK-UP ... 15 MEDICAL REQUIREMENT ..... 16 NHTS/CCT /4Ps REQUIREMENT ..... 17 OTHER _____ 96 (SPECIFY)
210	Where was consultation/advice or treatment first sought for (NAME IN 208)'s illness/injury/ check-up/ laboratory? IF "HOSPITAL", PROBE: Regional Hospital, Provincial Hospital, District Hospital, Health Center, or Private Hospital? IF "HEALTH WORKER/NURSE", PROBE: Did the health worker/nurse visit (NAME) or did (NAME) go to his/her clinic/home?	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP.... 12 DISTRICT HOSPITAL .. 13 MUNICIPAL HOSP. ... 14 RHU/URBAN HLTH CTR./LYING-IN ..... 15 BARANGAY HLTH ST. . 16 MOBILE CLINIC ..... 17 OTHER PUBLIC ..... 18 PRIVATE SECTOR PRIVATE HOSP./ CLINIC ..... 21 LYING-IN CLINIC/ BIRTHING HOME ... 22 PRIVATE CLINIC ..... 23 PRIVATE PHARMACY . 24 MOBILE CLINIC ..... 25 OTHER PRIVATE ..... 26 ALTERNATIVE MEDICAL HILOT/HERBALISTS . 31 THERAPEUTIC MASSAGE CENTER 32 OTHER ALTERNATIVE HEALING ..... 36 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET ... 41 FAITH HEALER ..... 42 OTHER _____ 96 (SPECIFY)	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP.... 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSP. ... 14 RHU/URBAN HLTH CTR./LYING-IN ..... 15 BARANGAY HLTH ST. . 16 MOBILE CLINIC ..... 17 OTHER PUBLIC ..... 18 PRIVATE SECTOR PRIVATE HOSP./ CLINIC ..... 21 LYING-IN CLINIC/ BIRTHING HOME ... 22 PRIVATE CLINIC ..... 23 PRIVATE PHARMACY .. 24 MOBILE CLINIC ..... 25 OTHER PRIVATE ..... 26 ALTERNATIVE MEDICAL HILOT/HERBALISTS . 31 THERAPEUTIC MASSAGE CENTER 32 OTHER ALTERNATIVE HEALING ..... 36 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET ... 41 FAITH HEALER ..... 42 OTHER _____ 96 (SPECIFY)	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP.... 12 DISTRICT HOSPITAL .. 13 MUNICIPAL HOSP. ... 14 RHU/URBAN HLTH CTR./LYING-IN ..... 15 BARANGAY HLTH ST. . 16 MOBILE CLINIC ..... 17 OTHER PUBLIC ..... 18 PRIVATE SECTOR PRIVATE HOSP./ CLINIC ..... 21 LYING-IN CLINIC/ BIRTHING HOME ... 22 PRIVATE CLINIC ..... 23 PRIVATE PHARMACY . 24 MOBILE CLINIC ..... 25 OTHER PRIVATE ..... 26 ALTERNATIVE MEDICAL HILOT/HERBALISTS . 31 THERAPEUTIC MASSAGE CENTER 32 OTHER ALTERNATIVE HEALING ..... 36 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET ... 41 FAITH HEALER ..... 42 OTHER _____ 96 (SPECIFY)
211	Was (NAME IN 208) advised for hospitalization/ confinement?	YES..... 1 NO 2	YES..... 1 NO 2	YES..... 1 NO 2
212	Was (NAME IN 208) confined in the hospital/clinic then?	YES..... 1 (GO TO 214) ← NO 2	YES..... 1 (GO TO 214) ← NO 2	YES..... 1 (GO TO 214) ← NO 2
213	What were the reasons why (NAME IN 208) was not confined in a hospital/clinic? What else?	FACILITY IS FAR ..... A NO MONEY ..... B WORRIED ABOUT TREATMENT COST ... C HOME REMEDY IS AVAILABLE ..... D HEALTH FACILITY IS NOT PHILHEALTH ACCREDITED ..... E NO NEED/REGULAR CHECK UP ONLY ..... F OTHER _____ X (SPECIFY)	FACILITY IS FAR ..... A NO MONEY ..... B WORRIED ABOUT TREATMENT COST ... C HOME REMEDY IS AVAILABLE ..... D HEALTH FACILITY IS NOT PHILHEALTH ACCREDITED ..... E NO NEED/REGULAR CHECK UP ONLY ..... F OTHER _____ X (SPECIFY)	FACILITY IS FAR ..... A NO MONEY ..... B WORRIED ABOUT TREATMENT COST ... C HOME REMEDY IS AVAILABLE ..... D HEALTH FACILITY IS NOT PHILHEALTH ACCREDITED ..... E NO NEED/REGULAR CHECK UP ONLY ..... F OTHER _____ X (SPECIFY)

		PERSONS WHO VISITED A HEALTH FACILITY IN THE LAST 30 DAYS		
		OUT-PATIENT 1	OUT-PATIENT 2	OUT-PATIENT 3
214	COPY LINE NUMBER AND NAME FROM **208**	LINE NUMBER ..... ☐☐ NAME_____	LINE NUMBER ..... ☐☐ NAME_____	LINE NUMBER ..... ☐☐ NAME_____
215	How long did it take to travel from your home to (NAME OF SOURCE IN **210**)?	HOURS ..... ☐☐ MINUTES ..... ☐☐	HOURS ..... ☐☐ MINUTES ..... ☐☐	HOURS ..... ☐☐ MINUTES ..... ☐☐
216	How much in total was the cost of transportation in going to (NAME OF SOURCE IN **210**) and back?	PhP ☐☐☐☐☐ FREE/NO COST ... 00000 IN KIND ..... 99996 DON'T KNOW 99998	PhP ☐☐☐☐☐ FREE/NO COST ... 00000 IN KIND ..... 99996 DON'T KNOW 99998	PhP ☐☐☐☐☐ FREE/NO COST ... 00000 IN KIND ..... 99996 DON'T KNOW 99998
217	How much in total was spent for (NAME IN **214**)'s consultation/advice or treatment at the (NAME OF SOURCE IN 210)? IF AMOUNT PAID IS P999,994 OR MORE, RECORD 999994.	COST IN PESOS 1 ☐☐☐☐☐☐ DONATION IN PESOS 2 0 0 ☐☐☐☐ FREE/NO COST . 0000000 STILL IN HOSPITAL ..... 9999995 IN KIND ..... 9999996 DON'T KNOW ..... 9999998 (GO TO **219**)	COST IN PESOS 1 ☐☐☐☐☐☐ DONATION IN PESOS 2 0 0 ☐☐☐☐ FREE/NO COST . 0000000 STILL IN HOSPITAL ..... 9999995 IN KIND ..... 9999996 DON'T KNOW ..... 9999998 (GO TO **219**)	COST IN PESOS 1 ☐☐☐☐☐☐ DONATION IN PESOS 2 0 0 ☐☐☐☐ FREE/NO COST . 0000000 STILL IN HOSPITAL ..... 9999995 IN KIND ..... 9999996 DON'T KNOW ..... 9999998 (GO TO **219**)
218	Now, I would like to know where you got the money to pay for consultation/advice or treatment at the (NAME OF SOURCE IN **210**). Did you use: A SalaryIncome? B Loan/Mortgage? C Savings? D Donation/Charity/ Assistance? E PhilHealth? F SSS/GSIS/ECC G HMO/Private/Pre-Need Insurance? X Other _____ (SPECIFY)	YES NO A ..... 1 2 B ..... 1 2 C ..... 1 2 D ..... 1 2 E ..... 1 2 F ..... 1 2 G ..... 1 2 X_____ (SPECIFY) 1 2	YES NO A ..... 1 2 B ..... 1 2 C ..... 1 2 D ..... 1 2 E ..... 1 2 F ..... 1 2 G ..... 1 2 X_____ (SPECIFY) 1 2	YES NO A ..... 1 2 B ..... 1 2 C ..... 1 2 D ..... 1 2 E ..... 1 2 F ..... 1 2 G ..... 1 2 X_____ (SPECIFY) 1 2
219		GO BACK TO **215** IN NEXT COLUMN; OR, IF NO MORE PERSON IN **214**, GO TO **220**	GO BACK TO **215** IN NEXT COLUMN; OR, IF NO MORE PERSON IN **214**, GO TO **220**	GO BACK TO **215** IN NEXT QUESTIONNAIRE; IF NO MORE PERSON IN **214**, GO TO **220**.

	PERSONS CONFINED IN A HOSPITAL IN THE LAST 12 MONTHS	
220	In the last 12 months from (CURRENT MONTH) 2012 to present, has any member of your household been confined in a hospital/ clinic?	YES ..... 1 NO ..... 2 (GO TO **301**)
221	How many were/have been confined in a hospital/clinic? Now I would like to ask you some questions about each person who was confined in a hospital/clinic in the last 12 months. Could you tell me the name of each household member who was/has been confined during the last 12 months? ENTER THE LINE NUMBER IN **222** AND **229** AND NAME OF EACH PERSON WHO WAS CONFINED IN A HOSPITAL. ENTER THE LINE NUMBERS IN ASCENDING ORDER. IF THE PERSON IS DECEASED, ENTER '00' FOR LINE NUMBER. IF THERE ARE MORE THAN 3 PERSONS, USE ADDITIONAL QUESTIONNAIRE.	☐☐ NO. OF PERSONS CONFINED

		IN-PATIENT 1	IN-PATIENT 2	IN-PATIENT 3
222	LINE NUMBER AND NAME FROM COL. (101) AND (102).	LINE NUMBER ..... ☐☐ NAME _____	LINE NUMBER ..... ☐☐ NAME _____	LINE NUMBER ..... ☐☐ NAME _____
223	Where was (NAME IN **222**) (last) confined? IF CONFINED MORE THAN ONCE, REPORT THE LAST ONE.	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSPITAL ..... 14 PRIVATE SECTOR PRIVATE HOSP. ..... 21 LYING-IN CLINIC/ BIRTHING HOME ... 22 PRIVATE CLINIC ..... 23 OTHER _____ (SPECIFY) 96 DON'T KNOW 98	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSPITAL ..... 14 PRIVATE SECTOR PRIVATE HOSP. ..... 21 LYING-IN CLINIC/ BIRTHING HOME ... 22 PRIVATE CLINIC ..... 23 OTHER _____ (SPECIFY) 96 DON'T KNOW 98	PUBLIC SECTOR REGIONAL HOSP./ PUBLIC MED. CTR . 11 PROVINCIAL HOSP. . 12 DISTRICT HOSPITAL . 13 MUNICIPAL HOSPITAL ..... 14 PRIVATE SECTOR PRIVATE HOSP. ..... 21 LYING-IN CLINIC/ BIRTHING HOME ... 22 PRIVATE CLINIC ..... 23 OTHER _____ (SPECIFY) 96 DON'T KNOW 98
224	Why was (NAME IN **222**) (last) confined in the hospital/clinic?	SICK/INJURED ..... 1 GAVE BIRTH ..... 2 EXECUTIVE CHECK UP ..... 3 OTHER _____ (SPECIFY) 6	SICK/INJURED ..... 1 GAVE BIRTH ..... 2 EXECUTIVE CHECK UP ..... 3 OTHER _____ (SPECIFY) 6	SICK/INJURED ..... 1 GAVE BIRTH ..... 2 EXECUTIVE CHECK UP ..... 3 OTHER _____ (SPECIFY) 6
225	How long was (NAME IN **222**) confined? IF CONFINED MORE THAN ONCE, REPORT THE LAST ONE.	DAYS ..... ☐☐☐ STILL CONFINED ... 995	DAYS ..... ☐☐☐ STILL CONFINED ... 995	DAYS ..... ☐☐☐ STILL CONFINED ... 995
226	Were you satisfied with the services in the (NAME OF SOURCE IN **223**)?	YES ..... 1 (GO TO **228**) ←┘ NO 2	YES ..... 1 (GO TO **228**) ←┘ NO 2	YES ..... 1 (GO TO **228**) ←┘ NO 2
227	Why were you not satisfied? Any other reasons?	INSUFFICIENT STAFF . A INEXPERIENCED STAFF B UNCARING OR RUDE STAFF ..... C UNFAIR TREATMENT ... D INSUFFICIENT MEDICINES ..... E INSUFFICIENT SUPPLIES ..... F INSUFFICIENT/MAL-FUNCTIONING EQUIPMENT ..... G POOR OR DIRTY ENVIRONMENTS ..... H TOO EXPENSIVE ..... I UNDER THE TABLE PAYMENT ..... J OTHER _____ (SPECIFY) X	INSUFFICIENT STAFF . A INEXPERIENCED STAFF B UNCARING OR RUDE STAFF ..... C UNFAIR TREATMENT ... D INSUFFICIENT MEDICINES ..... E INSUFFICIENT SUPPLIES ..... F INSUFFICIENT/MAL-FUNCTIONING EQUIPMENT ..... G POOR OR DIRTY ENVIRONMENTS ..... H TOO EXPENSIVE ..... I UNDER THE TABLE PAYMENT ..... J OTHER _____ (SPECIFY) X	INSUFFICIENT STAFF . A INEXPERIENCED STAFF B UNCARING OR RUDE STAFF ..... C UNFAIR TREATMENT ... D INSUFFICIENT MEDICINES ..... E INSUFFICIENT SUPPLIES ..... F INSUFFICIENT/MAL-FUNCTIONING EQUIPMENT ..... G POOR OR DIRTY ENVIRONMENTS ..... H TOO EXPENSIVE ..... I UNDER THE TABLE PAYMENT ..... J OTHER _____ (SPECIFY) X
228	Were medicines bought from any pharmacy or were services paid for in any laboratory, apart from the medicines/ services paid for in the hospital where (NAME IN **222**) was confined?	YES ..... 1 NO ..... 2 (GO TO **231**) ←┘	YES ..... 1 NO ..... 2 (GO TO **231**) ←┘	YES ..... 1 NO ..... 2 (GO TO **231**) ←┘

		PERSONS CONFINED IN A HOSPITAL IN THE LAST 12 MONTHS		
		IN-PATIENT 1	**IN-PATIENT 2**	**IN-PATIENT 3**
229	COPY LINE NUMBER AND NAME FROM **222**	LINE NUMBER ..... ☐☐ NAME _____	LINE NUMBER ..... ☐☐ NAME _____	LINE NUMBER ..... ☐☐ NAME _____
230	How much was paid for the medicines/services?	COST IN PESOS ☐☐☐☐☐☐	COST IN PESOS ☐☐☐☐☐☐	COST IN PESOS ☐☐☐☐☐☐
230a	How much was paid for out of/by: Salary/Loan/Sale of Properties? PhilHealth?	COST IN PESOS SALARY/LOAN/ SALE OF PROPERTIES ☐☐☐☐☐☐ PHILHEALTH ☐☐☐☐☐☐	COST IN PESOS SALARY/LOAN/ SALE OF PROPERTIES ☐☐☐☐☐☐ PHILHEALTH ☐☐☐☐☐☐	COST IN PESOS SALARY/LOAN/ SALE OF PROPERTIES ☐☐☐☐☐☐ PHILHEALTH ☐☐☐☐☐☐
231	How much was the total hospital bill for the (last) confinement in (NAME OF SOURCE IN **223**)? IF AMOUNT PAID IS P999,994 OR MORE, RECORD 999994.	COST IN PESOS 1 ☐☐☐☐☐☐ DONATION IN PESOS 2 0 0 ☐☐☐☐ FREE/NO COST . 0000000 STILL CONFINED 9999995 IN KIND ..... 9999996 DON'T KNOW ..... 9999998 (GO TO **234**)	COST IN PESOS 1 ☐☐☐☐☐☐ DONATION IN PESOS 2 0 0 ☐☐☐☐ FREE/NO COST . 0000000 STILL CONFINED 9999995 IN KIND ..... 9999996 DON'T KNOW ..... 9999998 (GO TO **234**)	COST IN PESOS 1 ☐☐☐☐☐☐ DONATION IN PESOS 2 0 0 ☐☐☐☐ FREE/NO COST . 0000000 STILL CONFINED 9999995 IN KIND ..... 9999996 DON'T KNOW ..... 9999998 (GO TO **234**)
232	How much was paid for out of/by: Salary/Loan/Sale of Properties? PhilHealth?	COST IN PESOS SALARY/LOAN/ SALE OF PROPERTIES ☐☐☐☐☐☐ PHILHEALTH ☐☐☐☐☐☐ (GO TO **234**)	COST IN PESOS SALARY/LOAN/ SALE OF PROPERTIES ☐☐☐☐☐☐ PHILHEALTH ☐☐☐☐☐☐ (GO TO **234**)	COST IN PESOS SALARY/LOAN/ SALE OF PROPERTIES ☐☐☐☐☐☐ PHILHEALTH ☐☐☐☐☐☐ (GO TO **234**)
233	IF PHILHEALTH WAS NOT AVAILED IN **232**, ASK: Why did (NAME) not avail of PhilHealth benefits? Any other reasons?	NOT A PHILHEALTH MEMBER ..... A PHILHEALTH MEMBER BUT NOT ELIGIBLE FOR BENEFITS ..... B PROBABLY USED PHIL-HEALTH BUT CANNOT REMEMBER AMOUNT BECAUSE BENEFIT WAS DEDUCTED UPON DISCHARGE FROM HOSPITAL ... C TOO MANY REQUIRE-MENTS TO COMPLY WITH BEFORE CAN AVAIL ..... D LIMITED HOSPITAL-IZATION BENEFITS . E CLAIMS PROCESSING TOO LONG ..... F OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	NOT A PHILHEALTH MEMBER ..... A PHILHEALTH MEMBER BUT NOT ELIGIBLE FOR BENEFITS ..... B PROBABLY USED PHIL-HEALTH BUT CANNOT REMEMBER AMOUNT BECAUSE BENEFIT WAS DEDUCTED UPON DISCHARGE FROM HOSPITAL ... C TOO MANY REQUIRE-MENTS TO COMPLY WITH BEFORE CAN AVAIL ..... D LIMITED HOSPITAL-IZATION BENEFITS . E CLAIMS PROCESSING TOO LONG ..... F OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	NOT A PHILHEALTH MEMBER ..... A PHILHEALTH MEMBER BUT NOT ELIGIBLE FOR BENEFITS ..... B PROBABLY USED PHIL-HEALTH BUT CANNOT REMEMBER AMOUNT BECAUSE BENEFIT WAS DEDUCTED UPON DISCHARGE FROM HOSPITAL ... C TOO MANY REQUIRE-MENTS TO COMPLY WITH BEFORE CAN AVAIL ..... D LIMITED HOSPITAL-IZATION BENEFITS . E CLAIMS PROCESSING TOO LONG ..... F OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
234	How many times was (NAME IN **229**) confined in a hospital/clinic in the last 12 months?	NUMBER OF TIMES CONFINED ..... ☐☐	NUMBER OF TIMES CONFINED ..... ☐☐	NUMBER OF TIMES CONFINED ..... ☐☐
235		GO BACK TO **223** IN NEXT COLUMN; OR, IF NO MORE PERSON IN **222**, GO TO **301.**	GO BACK TO **223** IN NEXT COLUMN; OR, IF NO MORE PERSON IN **222**, GO TO **301.**	GO BACK TO **223** OF NEW QUESTIONNAIRE; IF NO MORE PERSON IN **222**, GO TO **301**

SECTION 3. NONCOMMUNICABLE DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now, I would like to ask about your knowledge and opinion regarding some diseases and health practices. What do you do to keep yourself healthy? PROBE: Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	AVOID TOO MUCH FAT/FATTY FOOD ... A AVOID EXCESS INTAKE OF SALT AND SALTY FOOD ... B AVOID EXCESSIVE INTAKE OF/ DRINK MODERATELY ALCOHOLIC BEVERAGES ... C AVOID SMOKING ... D BE PHYSICALLY ACTIVE ... E CHECK UP BY DOCTORS ... F CONSUME MILK /MILK PRODUCTS ... G EAT ADEQUATE/BALANCED DIET/ ON TIME ... H EAT FISH, LEAN MEAT, POULTRY AND SOYA BEANS ... I EAT PLENTY OF FRUITS, VEGETABLES AND ROOTCROPS ... J HAVE ENOUGH SLEEP ... K MAINTAIN GOOD HYGIENE ... L MAINTAIN HAPPY PERSONALITY ... M MONITOR BLOOD PRESSURE ... N TAKE VITAMINS/FOOD SUPPLEMENT ... O DRINK PLENTY OF WATER ... P OTHER ... X NONE ... Z	
302	Have you ever heard of a disease called cancer?	YES ... 1 NO ... 2	→307
303	What kind of symptoms would make you suspect that a person may have cancer? PROBE: Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	BLEEDING ... A CHANGE OF BOWEL MOVEMENT ... B HOARSENESS OF VOICE ... C IRREGULAR URINATION ... D LUMP OR MASS IN ANY PART OF THE BODY ... E PERSISTENT PAIN ... F SORE (WOUND) THAT DOES NOT HEAL ... G SUDDEN WEIGHT LOSS ... H WEAK/PALE ... I FEVER ... J HAIR LOSS ... K OTHER ... X NONE ... Y DON'T KNOW ... Z	
304	Have you ever been screened/examined for cancer?	YES ... 1 NO ... 2	→307
305	What part of your body was screened? PROBE: Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	BLOOD ... A BONE ... B BREAST ... C CERVIX ... D ESOPHAGUS ... E LARYNX ... F LIVER ... G LUNG ... H MOUTH/ORAL CAVITY ... I OVARY ... J PROSTATE ... K STOMACH ... L UTERUS ... M OTHER ... X DON'T KNOW ... Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306	Where were you screened/examined? PROBE: Anywhere else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	PUBLIC/PRIVATE HOSPITAL ..... A HEALTH CENTER ..... B PRIVATE CLINIC ..... C COMPANY CLINIC ..... D SCHOOL CLINIC ..... E HOME/SELF/HOME VISIT ..... F SEMINAR ON RH ..... G MOBILE CLINIC ..... H OTHER ..... X DON'T KNOW ..... Z	
307	Have you been told on more than one occasion that your blood pressure is high?	YES ..... 1 NO ..... 2 BLOOD PRESSURE WAS NEVER TAKEN 3	
308	Have you ever heard of heart disease?	YES ..... 1 NO 2	→310
309	Who are likely to have heart disease? PROBE: Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	THOSE WHO SMOKE HEAVILY ..... A THOSE WHO ARE FAT (OBESE) ..... B THOSE WHO DRINK HEAVILY ..... C THOSE WHO EAT HIGH FAT, HIGH SALT DIET ..... D THOSE WHO ARE UNDER STRESS ..... E THOSE WHO DO NOT EXERCISE ..... F THOSE WHO HAVE ELEVATED BLOOD PRESSURE ..... G THOSE WITH FAMILY HISTORY OF HEART DISEASE ..... H THOSE WHO LACK SLEEP ..... I OTHER ..... X DON'T KNOW ..... Z	
310	Have you ever heard of diabetes?	YES ..... 1 NO 2	→401
311	Who are likely to have diabetes? PROBE: Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	FAT/OBESE PEOPLE ..... A HEAVY DRINKERS OF ALCOHOL ..... B HEAVY SMOKERS ..... C OLDER PEOPLE/MENOPAUSAL WOMEN ..... D PEOPLE WHO EAT PLENTY OF SWEETS AND FATTY FOODS ..... E THOSE WHO DO NOT EXERCISE REGULARLY ..... F THOSE WITH HISTORY OF DIABETES ..... G OTHER ..... X DON'T KNOW ..... Z	

SECTION 4. INFECTIOUS DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Have you ever heard of dengue fever?	YES ..... 1 NO 2	→405
402	How does dengue spread from one person to another? PROBE: Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	BLOOD BORNE/BLOOD TRANSFUSION ..... A CONTACT WITH DENGUE PATIENT ..... B DRINKING CONTAMINATED WATER ..... C DROPLETS/AIRBORNE ..... D MOSQUITO BITE ..... E POLLUTED AIR ..... F OTHER ..... X DON'T KNOW ..... Z	
403	Can dengue fever be prevented?	YES ..... 1 NO 2	→405
404	How can it be prevented? PROBE: Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	CLEANING THE SURROUNDINGS ..... A REMOVE BREEDING PLACES (STAGNANT WATER) OF MOSQUITOES INSIDE AND OUTSIDE THE HOUSE ..... B SPRAYING/FOGGING/FUMIGATION ..... C STAY AWAY FROM PEOPLE WITH DENGUE ..... D TAKE VITAMINS SO AS NOT TO GET SICK ..... E USE OF MOSQUITO COILS ..... F USE OF MOSQUITO NETS ..... G USE OF MOSQUITO REPELLANTS ..... H WASH HANDS BEFORE EATING ..... I OTHER ..... X DON'T KNOW ..... Z	
405	Have you ever had the following symptoms: A cough for 2 weeks or longer? A fever for 2 weeks or longer? Chest pain or back pain? Coughing up blood? Sweating at night?	YES NO COUGH FOR 2+ WEEKS ..... 1 2 FEVER FOR 2+ WEEKS ..... 1 2 CHEST/BACK PAIN ..... 1 2 BLOOD IN SPUTUM ..... 1 2 NIGHT SWEATS 1 2	
406	CHECK **405**: AT LEAST ONE "YES" ☐↓ NOT A SINGLE "YES" (ALL "NO") ☐		→409
407	Did you seek consultation or treatment for the symptoms?	YES ..... 1 NO 2	→ 409
408	Why didn't you seek treatment for the symptoms?	SYMPTOMS HARMLESS ..... A COST ..... B DISTANCE ..... C EMBARASSED ..... D SELF MEDICATION ..... E OTHER _____ X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
409	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2 →	501
410	What signs and symptoms would make you think that someone might have tuberculosis? PROBE: Anything else? RECORD ALL MENTIONED.	COUGHING ..... A COUGHING WITH SPUTUM ..... B COUGHING FOR SEVERAL WEEKS ..... C FEVER ..... D BLOOD IN SPUTUM ..... E LOSS OF APPETITE ..... F NIGHT SWEATING ..... G PAIN IN CHEST OR BACK ..... H TIREDNESS / FATIGUE ..... I WEIGHT LOSS ..... J OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
411	What do you think is the cause of TB? PROBE: Anything else? RECORD ALL MENTIONED.	MICROBES/GERMS/BACTERIA ..... A INHERITED ..... B LIFESTYLE ..... C SMOKING ..... D ALCOHOL DRINKING ..... E FATIGUE ..... F MALNUTRITION ..... G UNHYGIENIC PRACTICES ..... H POLLUTION ..... I OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
412	How does TB spread from one person to another? PROBE: Anything else? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ..... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH SHARING FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F THROUGH SALIVA ..... G OTHER _____ X (SPECIFY)(SPECIFY) DON'T KNOW ..... Z	
413	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
414	Would you be willing to work with someone who has been previously treated for tuberculosis?	YES ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
415	If a member of your family got tuberculosis, would you want it to remain a secret?	YES ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS 8	

SECTION 5. HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE .....21 DUG WELL PROTECTED WELL ..... 31 SEMI PROTECTED WELL ..... 32 UNPROTECTED WELL ..... 33 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER .....51 TANKER TRUCK .....61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER/ REFILLING STATION ..... 91 OTHER _____ 96 (SPECIFY)	→504 →504
502	Where is that water source located? IF CODE "61, 71 OR 91" IN 501, ENCIRCLE CODE '3'	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE 3	→504
503	How long does it take to go there, get water, and come back?	MINUTES ..... ☐☐☐ DON'T KNOW 998	
504	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→506
505	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE ..... B STRAIN THROUGH A CLOTH/SPONGE ..... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
506	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM.....11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ...14 FLUSH, DON'T KNOW WHERE ...15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE .....21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT .....23 COMPOSTING TOILET ..... 31 BUCKET TOILET .....41 DROP TYPE/OVERHANG TYPE ..... 51 NO FACILITY/BUSH/FIELD ..... 61 PUBLIC TOILET .....71 OTHER _____ 96 (SPECIFY)	→508

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
507	Do you share this toilet facility with other households?	YES ..... 1 NO 2	
508	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 KEROSENE ..... 05 COAL, LIGNITE ..... 06 CHARCOAL ..... 07 WOOD ..... 08 STRAW/SHRUBS/GRASS ..... 09 AGRICULTURAL CROP ..... 10 ANIMAL DUNG ..... 11 NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER _____ 96 (SPECIFY)	→511
509	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE ..... 1 IN A SEPARATE BUILDING ..... 2 OUTDOORS ..... 3 OTHER _____ 6 (SPECIFY)	→511
510	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO 2	
511	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND ..... 11 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 FINISHED FLOOR PARQUET OR POLISHED WOOD . 31 VINYL, LINOLEUM ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35 MARBLE ..... 36 OTHER _____ 96 (SPECIFY)	
512	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF ..... 11 THATCH/PALM LEAF (NIPA) ..... 12 SOD/GRASS (COGON) ..... 13 RUDIMENTARY ROOFING RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 MAKESHIFT/CARDBOARD ..... 24 FINISHED ROOFING GALVANIZED IRON/ALUMINUM ... 31 WOOD ..... 32 CALAMINE/CEMENT FIBER ..... 33 CERAMIC TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
513	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS CANE/PALM/TRUNKS ..... 11 DIRT ..... 12 RUDIMENTARY WALLS BAMBOO ..... 21 STONE WITH MUD ..... 22 UNCOVERED ADOBE ..... 23 PLYWOOD ..... 24 MAKESHIFT/CARDBOARD/ REUSED MATERIAL ..... 25 FINISHED WALLS CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT/HOLLOW BLOCKS ..... 34 COVERED ADOBE ..... 35 WOOD PLANKS/SHINGLES ..... 36 GALVANIZED IRON/ALUMINUM ... 37 OTHER _____ 96 (SPECIFY)	
514	What is the tenure status of your lot?	OWNED/BEING AMORTIZED/ OWNER-LIKE POSSESSION ..... 1 RENTED ..... 2 RENT-FREE W/ OWNER CONSENT 3 RENT-FREE W/O OWNER CONSENT 4	
515	How many rooms in this household are used for sleeping?	ROOMS ..... ☐☐	
516	Does your household have: Electricity? Radio/radio cassette? Television? Landline/wireless landline telephone? Cellular phone? Personal computer or laptop? Washing machine? Refrigerator/freezer? CD or VCD or DVD player? Component or karaoke?	YES NO ELECTRICITY ..... 1 2 RADIO ..... 1 2 TELEVISION ..... 1 2 LANDLINE/WIRELESS..... 1 2 CELLULAR PHONE ..... 1 2 PC OR LAPTOP ..... 1 2 WASHING MACHINE ..... 1 2 REF/FREEZER ..... 1 2 CD/VCD/DVD PLAYER ..... 1 2 COMPONENT/KARAOKE 1 2	
517	Does your household or any member of your household own: Bicycle or trisikad/pedicab? Motorcycle or tricycle? Animal-drawn cart/sledge? Car or jeep or van? Tractor? Non-motorized boat or banca? Motorized boat or banca?	YES NO BICYCLE / TRISIKAD ..... 1 2 MOTORCYCLE / TRICYCLE ... 1 2 ANIMAL-DRAWN CART/ SLEDGE ..... 1 2 CAR / JEEP / VAN ..... 1 2 TRACTOR ..... 1 2 NON-MOTORIZED BOAT OR BANCA ..... 1 2 MOTORIZED BOAT OR BANCA 1 2	
518	Is your household or any member of your household a beneficiary of the Pantawid Pamilyang Pilipino Program (4Ps) or a recipient of Conditional Cash Transfer (CCT) program of the government?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
519	RECORD THE TIME	HOUR ☐☐ MINUTES ☐☐	

INTERVIEWER'S OBSERVATION

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

AGE-BIRTH DATE CONSISTENCY CHART

Age	Has not had birthday in 2013	Has already had birthday in 2013
	Don't Know	
0	2012	--
1	2011	2012
2	2010	2011
3	2009	2010
4	2008	2009
5	2007	2008
6	2006	2007
7	2005	2006
8	2004	2005
9	2003	2004
10	2002	2003
11	2001	2002
12	2000	2001
13	1999	2000
14	1998	1999
15	1997	1998
16	1996	1997
17	1995	1996
18	1994	1995
19	1993	1994
20	1992	1993
21	1991	1992
22	1990	1991
23	1989	1990
24	1988	1989
25	1987	1988
26	1986	1987
27	1985	1986
28	1984	1985
29	1983	1984
30	1982	1983
31	1981	1982
32	1980	1981
33	1979	1980
34	1978	1979
35	1977	1978
36	1976	1977
37	1975	1976
38	1974	1975
39	1973	1974

Age	Has not had birthday in 2013	Has already had birthday in 2013
	Don't Know	
40	1972	1973
41	1971	1972
42	1970	1971
43	1969	1970
44	1968	1969
45	1967	1968
46	1966	1967
47	1965	1966
48	1964	1965
49	1963	1964
50	1962	1963
51	1961	1962
52	1960	1961
53	1959	1960
54	1958	1959
55	1957	1958
56	1956	1957
57	1955	1956
58	1954	1955
59	1953	1954
60	1952	1953
61	1951	1952
62	1950	1951
63	1949	1950
64	1948	1949
65	1947	1948
66	1946	1947
67	1945	1946
68	1944	1945
69	1943	1944
70	1942	1943
71	1941	1942
72	1940	1941
73	1939	1940
74	1938	1939
75	1937	1938
76	1936	1937
77	1935	1936
78	1934	1935
79	1933	1934