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 the Respondent is held STRICTLY CONFIDENTIAL.	NATIONAL STATISTICS OFFICE **2013 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY** INDIVIDUAL WOMAN'S QUESTIONNAIRE (ENGLISH)	NDHS FORM 2 NSCB Approval No. NSO-1229-02 Expires: 30 June 2014

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 .... ☐☐ MONTH ....
INTERVIEWER'S NAME	_____	_____	_____	YEAR ...... 2 0 1 3 INT. CODE .....
RESULT*	_____	_____	_____	RESULT* ....
NEXT VISIT: DATE:	_____	_____		TOTAL NUMBER OF VISITS: ☐
TIME:	_____	_____		

*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]

LOCAL LANGUAGE OF RESPONDENT** ☐

TRANSLATOR USED   YES ... 1
                 NO 2

LANGUAGE OF INTERVIEW** ☐

**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		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION

Hello. My name is _____ and I am working with the National Statistics Office. We are conducting a national survey about health of women and children all over the Philippines. 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?

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	**RECORD THE TIME STARTED.**	HOUR . . . . □□ MINUTES . . . . □□	
102	At the time of your birth, did your mother usually live in a city, in a town proper/poblacion, in the barrio or rural area, or abroad?	CITY . . . . 1 TOWN PROPER/POBLACION . . . . . 2 BARRIO/RURAL AREA . . . . 3 ABROAD . . . . 4 DON'T KNOW 5	
103	In (MONTH OF INTERVIEW) 2008, did you live in a city, in a town proper/poblacion, in the barrio or rural area, or abroad?	CITY . . . . 1 TOWN PROPER/POBLACION . . . . . 2 BARRIO/RURAL AREA . . . . 3 ABROAD . . . . 4 DON'T KNOW 5	
104	In what month and year were you born?	MONTH . . . . □□ DON'T KNOW MONTH . . . . 98 YEAR . . . . □□□□ DON'T KNOW YEAR 9998	
105	How old were you on your last birthday? COMPARE AND CORRECT **104 AND/OR 105** IF INCONSISTENT.	AGE IN COMPLETED YEARS □□	
106	Have you ever attended school?	YES . . . . 1 NO 2	→108
107	What is the highest grade or year you completed?	□□ _____ (SPECIFY)	
108	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
109	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
110	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
111	Do you check e-mail or surf the internet at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
112	What is your religion?	ROMAN CATHOLIC . . . . 1 PROTESTANT . . . . 2 IGLESIA NI KRISTO . . . . 3 AGLIPAY . . . . 4 ISLAM . . . . 5 OTHER _____ 6 (SPECIFY) NONE 7	
113	How do you classify yourself? Are you a Tagalog, Cebuano, Ilocano, Ilonggo, Bicolano, Waray, Kapampangan, or something else?	TAGALOG . . . . 1 CEBUANO . . . . 2 ILOCANO . . . . 3 ILONGGO . . . . 4 BICOLANO . . . . 5 WARAY . . . . 6 KAPAMPANGAN . . . . 7 OTHER _____ 8 (SPECIFY)	

SECTION 2. REPRODUCTION

Now I would like to ask about all the pregnancies you have had during your life. By this I mean all the children born to you, whether they were born alive or dead, whether they are still living or not, whether they live with you or somewhere else, and 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 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 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME .... ☐☐ DAUGHTERS AT HOME ..... ☐☐	
204	Do you have any sons or daughters whom you have given birth to who are alive but do not live with you?	YES .... 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE .... ☐☐ DAUGHTERS ELSEWHERE ☐☐	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES .... 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD .... ☐☐ 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 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**: 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? YES ☐ NO ☐ → PROBE AND CORRECT **201-210** AS NECESSARY.		
212	CHECK **210**: ONE OR MORE ☐ NO ☐ PREGNANCIES 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. (IF THERE ARE MORE THAN 8 BIRTHS, USE ADDITIONAL QUESTIONNAIRE). | | | | | | IF BORN ALIVE | | |

214	215	216	217	218	218A	218B	219	220	221
L I N E N U M B E R	Think back to the time of your (first/next) pregnancy. Were any of these pregnancies twins?	Was the baby born alive, born dead, or lost before full term?	Did that baby cry, move, or breathe when it was born?	How many months did the pregnancy last? RECORD IN COMPLETED MONTHS	CHECK 216: IF CODE '1', GO TO 219. IF CODE '2', GO TO 218B IF CODE '3', GO TO 227.	CHECK 217: IF CODE '1', GO TO 219. IF CODE '2', GO TO 227.	What name was given to that child?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: When is his/her birthday?
01	SINGLE 1 MULTI . . 2	BORN ALIVE . . . 1 (GO TO 218)↵ BORN DEAD . . . 2 LOST BEFORE FULL TERM . . . . 3 (GO TO 218)↵	YES . . 1 NO . . . 2	MONTHS ☐☐	1 →219 2 →218B 3 →227	1 →219 2 →227	(NAME)	BOY . 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐
02	SINGLE 1 MULTI . . 2	BORN ALIVE . . . 1 (GO TO 218)↵ BORN DEAD . . . 2 LOST BEFORE FULL TERM . . . . 3 (GO TO 218)↵	YES . . 1 NO . . . 2	MONTHS ☐☐	1 →219 2 →218B 3 →227	1 →219 2 →227	(NAME)	BOY . 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐
03	SINGLE 1 MULTI . . 2	BORN ALIVE . . . 1 (GO TO 218)↵ BORN DEAD . . . 2 LOST BEFORE FULL TERM . . . . 3 (GO TO 218)↵	YES . . 1 NO . . . 2	MONTHS ☐☐	1 →219 2 →218B 3 →227	1 →219 2 →227	(NAME)	BOY . 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐
04	SINGLE 1 MULTI . . 2	BORN ALIVE . . . 1 (GO TO 218)↵ BORN DEAD . . . 2 LOST BEFORE FULL TERM . . . . 3 (GO TO 218)↵	YES . . 1 NO . . . 2	MONTHS ☐☐	1 →219 2 →218B 3 →227	1 →219 2 →227	(NAME)	BOY . 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐
05	SINGLE 1 MULTI . . 2	BORN ALIVE . . . 1 (GO TO 218)↵ BORN DEAD . . . 2 LOST BEFORE FULL TERM . . . . 3 (GO TO 218)↵	YES . . 1 NO . . . 2	MONTHS ☐☐	1 →219 2 →218B 3 →227	1 →219 2 →227	(NAME)	BOY . 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐
06	SINGLE 1 MULTI . . 2	BORN ALIVE . . . 1 (GO TO 218)↵ BORN DEAD . . . 2 LOST BEFORE FULL TERM . . . . 3 (GO TO 218)↵	YES . . 1 NO . . . 2	MONTHS ☐☐	1 →219 2 →218B 3 →227	1 →219 2 →227	(NAME)	BOY . 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐
07	SINGLE 1 MULTI . . 2	BORN ALIVE . . . 1 (GO TO 218)↵ BORN DEAD . . . 2 LOST BEFORE FULL TERM . . . . 3 (GO TO 218)↵	YES . . 1 NO . . . 2	MONTHS ☐☐	1 →219 2 →218B 3 →227	1 →219 2 →227	(NAME)	BOY . 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐
08	SINGLE 1 MULTI . . 2	BORN ALIVE . . . 1 (GO TO 218)↵ BORN DEAD . . . 2 LOST BEFORE FULL TERM . . . . 3 (GO TO 218)↵	YES . . . 1 NO . . . 2	MONTHS ☐☐	1 →219 2 →218B 3 →227	1 →219 2 →227	(NAME)	BOY . 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐

IW-4

IF BORN ALIVE	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	L I N E N U M B E R
Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER (NDHS FORM 1) OF CHILD RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MO.; MOS. IF LESS THAN 2 YEARS, OR YEARS, IF 2 OR MORE YEARS;	In what month and year did this pregnancy end?	Did you or someone else do anything to end this pregnancy?	Were there any other pregnancies between the previous pregnancy and this pregnancy including any children who died after birth?	
YES . 1 NO .. 2 →226	AGE IN YEARS	YES . 1 NO .. 2	HOUSEHOLD LINE NUMBER (GO TO NEXT PREGNANCY)	DAYS .. 1 MOS ... 2 YEARS . 3 (GO TO NEXT PREGNANCY)	MONTH YEAR	YES ... 1 NO 2		01
YES . 1 NO .. 2 →226	AGE IN YEARS	YES . 1 NO .. 2	HOUSEHOLD LINE NUMBER (GO TO 229)	DAYS .. 1 MOS ... 2 YEARS . 3 (GO TO 229)	MONTH YEAR	YES ... 1 NO 2	YES ... 1 ↓ ADD BIRTH NO ... 2 ↓ NEXT BIRTH	02
YES . 1 NO .. 2 →226	AGE IN YEARS	YES . 1 NO .. 2	HOUSEHOLD LINE NUMBER (GO TO 229)	DAYS .. 1 MOS ... 2 YEARS . 3 (GO TO 229)	MONTH YEAR	YES ... 1 NO 2	YES ... 1 ↓ ADD BIRTH NO ... 2 ↓ NEXT BIRTH	03
YES . 1 NO .. 2 →226	AGE IN YEARS	YES . 1 NO .. 2	HOUSEHOLD LINE NUMBER (GO TO 229)	DAYS .. 1 MOS ... 2 YEARS . 3 (GO TO 229)	MONTH YEAR	YES ... 1 NO 2	YES ... 1 ADD BIRTH NO ... 2 ↓ NEXT BIRTH	04
YES . 1 NO .. 2 →226	AGE IN YEARS	YES . 1 NO .. 2	HOUSEHOLD LINE NUMBER (GO TO 229)	DAYS .. 1 MOS ... 2 YEARS . 3 (GO TO 229)	MONTH YEAR	YES ... 1 NO 2	YES ... 1 ↓ ADD BIRTH NO ... 2 ↓ NEXT BIRTH	05
YES . 1 NO .. 2 →226	AGE IN YEARS	YES . 1 NO .. 2	HOUSEHOLD LINE NUMBER (GO TO 229)	DAYS .. 1 MOS ... 2 YEARS . 3 (GO TO 229)	MONTH YEAR	YES ... 1 NO 2	YES ... 1 ↓ ADD BIRTH NO ... 2 ↓ NEXT BIRTH	06
YES . 1 NO .. 2 →226	AGE IN YEARS	YES . 1 NO .. 2	HOUSEHOLD LINE NUMBER (GO TO 229)	DAYS .. 1 MOS ... 2 YEARS . 3 (GO TO 229)	MONTH YEAR	YES ... 1 NO 2	YES ... 1 ↓ ADD BIRTH NO ... 2 ↓ NEXT BIRTH	07
YES . 1 NO .. 2 →226	AGE IN YEARS	YES . 1 NO .. 2	HOUSEHOLD LINE NUMBER (GO TO 229)	DAYS .. 1 MOS ... 2 YEARS . 3 (GO TO 229)	MONTH YEAR	YES ... 1 NO 2	YES ... 1 ADD BIRTH NO ... 2 ↓ NEXT BIRTH	08

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	Have you had any pregnancy since the last pregnancy mentioned? EXCLUDE CURRENT PREGNANCY	YES .... 1 NO 2	→ 215

231	COMPARE **210** WITH NUMBER OF PREGNANCIES IN HISTORY AND PUT X MARK:
	
	NUMBERS ☐ NUMBERS ARE ☐
	ARE SAME DIFFERENT → (PROBE AND RECONCILE)
	
	CHECK: FOR EACH PREGNANCY: YEAR IS RECORDED IN **221 OR 227.**
	
	   FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN **223.**
	
	   FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN **226.**
	
	   FOR AGE AT DEATH 12 MONTHS OR 1 YR: PROBE FOR EXACT NO. OF MONTHS.		

232	CHECK **221** AND ENTER THE NUMBER OF LIVE BIRTHS SINCE **JANUARY 2008.** IF NONE, RECORD '0' ☐		
233	Are you pregnant now?	YES .... 1 NO .... 2 UNSURE 8	→ 237
234	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS	MONTHS .... ☐☐	
235	When you got pregnant did you want to get pregnant at that time?	YES .... 1 NO 2	→ 237
236	Did you want to have a baby later on or did you not want any (more) children?	LATER .... 1 NO MORE 2	
237	When did your last menstrual period start? _____ (DATE, IF GIVEN) IF SAME DAY, RECORD "00"	DAYS AGO .... 1 ☐☐ WEEKS AGO .... 2 ☐☐ MONTHS AGO .... 3 ☐☐ YEARS AGO .... 4 ☐☐ IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH .... 995 NEVER MENSTRUATED 996	→ 239
238	How old were you when you had your first menstrual period?	AGE .... ☐☐	
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant? 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 NO .... 2 DON'T KNOW 8	→ 301

240	Is this time
	  just before her period begins,
	  during her period,
	  right after her period has ended,
	  or half way between two periods?
		JUST BEFORE HER PERIOD
		  BEGINS 1
		DURING HER PERIOD 2
		RIGHT AFTER HER
		  PERIOD HAS ENDED 3
		HALFWAY BETWEEN
		  TWO PERIODS 4
		
		OTHER _____ 6
		     (SPECIFY)
		DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	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. Have you ever heard of (METHOD)?	
01	**Female Sterilization/Ligation**. PROBE: Women can have an operation to avoid having any more children.	YES .... 1 NO 2
02	**Male Sterilization/Vasectomy**. PROBE: Men can have an operation to avoid having any more children.	YES .... 1 NO 2
03	**IUD**. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES .... 1 NO 2
04	**Injectables**. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES .... 1 NO 2
05	**Implants**. PROBE: Women can have one or more 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
06	**Patch**. PROBE: Women can put a hormonal patch on their upper outer arm, buttocks, abdomen or thigh to avoid getting pregnant.	YES .... 1 NO 2
07	**Pill**. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES .... 1 NO 2
08	**Condom**. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES .... 1 NO 2
09	**Female Condom**. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES .... 1 NO 2
10	**Mucus/Billings/Ovulation**. PROBE: Women can monitor the cervical mucus to determine the days of the month they are most likely to get pregnant.	YES .... 1 NO 2
11	**Basal Body Temperature**. PROBE: Women can monitor the body temperature to determine the days of the month they are most likely to get pregnant.	YES .... 1 NO 2
12	**Symptothermal**. PROBE: It is a combination of Basal Body Temperature and Mucus, Bilings, Ovulation Method.	YES .... 1 NO 2
13	**Standard Days Method**. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she or her husband/partner uses a condom or does not have sexual intercourse.	YES .... 1 NO 2
14	**Lactational Amenorrhea Method (LAM)**.	YES .... 1 NO 2
15	**Calendar or Rhythm or Periodic Abstinence**. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES .... 1 NO 2
16	**Withdrawal**. PROBE: Men can be careful and pull out before climax.	YES .... 1 NO 2
17	**Emergency Contraception**. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	Have you or your husband/partner ever used anything or tried in any way to delay or avoid getting pregnant? IF NO, PROBE: At anytime in your life, have you or your sexual partner ever used or tried in any way to delay or avoid getting pregnant?	YES .... 1 NO 2	→ 336
303	CHECK 233: NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE		→ 326
304	Are you or your husband/partner currently doing something or using any method to delay or avoid getting pregnant?	YES .... 1 NO 2	→ 326

305	Which method are you using?
	
	CIRCLE ALL MENTIONED.
	
	IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD CIRCLED IN THE LIST.
		FEMALE STERILIZATION .... A
		MALE STERILIZATION .... B
		IUD C
		INJECTABLES .... D
		IMPLANTS .... E
		PATCH .... F
		PILL .... G
		CONDOM .... H
		FEMALE CONDOM I
		DIAPHRAGM .... J
		FOAM/JELLY/CREAM .... K
		MUCUS/BILLINGS/OVULATION . L
		BASAL BODY TEMPERATURE ... M
		SYMPTOTHERMAL .... N
		STANDARD DAYS .... O
		LAM .... P
		CALENDAR/RHYTHM/
		    PERIODIC ABSTINENCE ..... Q
		WITHDRAWAL .... R
		OTHER TRADITIONAL METHOD . X
		OTHER MODERN
		    METHOD _____ Y
		            (SPECIFY)
			→ 311
			
			→ 310
			
			→ 306
			→ 308
			→ 310
			
			→ 313
			
			→ 310

306	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	TRUST PILL .... 01 LOGENTROL .... 02 DEPROPOVERA (DMP) .... 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
307	How many pill cycles did you get the last time?	NUMBER OF PILL CYCLES .... ☐☐ DON'T KNOW 98	→ 310
308	What is the brand name of the condoms you (your husband/partner) are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	TRUST CONDOM .... 01 FRENZY .... 02 PREMIERE .... 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
309	How many condoms did you (your husband/partner) get the last time?	NUMBER OF CONDOMS .... ☐☐ DON'T KNOW 98	
310	The last time you obtained (HIGHEST METHOD IN LIST IN 305), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST IN PESOS .... ☐☐☐ FREE .... 000 DON'T KNOW 998	→ 313

IW-8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

311	In what facility did the sterilization take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE WRITE THE NAME OF THE FACILITY/PLACE.
	
	_____
	(NAME OF FACILITY/PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL............ 11
		  RURAL/URBAN HEALTH
		    CENTER 12
		  OTHER PUBLIC _____16
		          (SPECIFY)
		
		PRIVATE SECTOR
		  PRIVATE HOSPITAL
		    OR CLINIC ...., 21
		  PRIVATE DOCTOR 22
		  OTHER PRIVATE_____26
		         (SPECIFY)
		OTHER _____96
		      (SPECIFY)	

311A	CHECK 305: CODE 'A' ⬜ CODE 'B' ⬜ CIRCLED CIRCLED 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 NO .... 2 DON'T KNOW 8	
312	How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had? IF COST OF STERILIZATION WAS INCLUDED IN COST OF NORMAL DELIVERY, SEPARATE OR ESTIMATE COST.	COST IN ⬜⬜⬜⬜⬜ PESOS FREE .... 00000 DONE WITH CAESARIAN SECTION .... 99996 DON'T KNOW 99998	
313	CHECK 305: LIGATED/ ⬜ OTHER ⬜ VASECTOMIZED METHOD In what month and year was the sterilization (ligation/vasectomy) performed? Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (STERILIZATION/CURRENT METHOD) now without stopping? ESTIMATE THE MONTH AND YEAR BASED ON THE LENGTH OF CONTINUOUS USE	MONTH .... ⬜⬜ YEAR .... ⬜⬜⬜⬜	
314	CHECK 313/221 AND 227: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YES ⬜ NO ⬜ YEAR OF START OF USE OF CONTRACEPTION IN 313 GO BACK TO 313 , PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
315	CHECK **305**: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN **305**, CIRCLE CODE FOR HIGHEST METHOD IN THE LIST.	FEMALE STERILIZATION .... 01 MALE STERILIZATION .... 02 IUD .... 03 INJECTABLES .... 04 IMPLANTS .... 05 PATCH .... 06 PILL .... 07 CONDOM .... 08 FEMALE CONDOM .... 09 DIAPHRAGM .... 10 FOAM/JELLY/CREAM .... 11 MUCUS/BILLINGS/OVULATION . 12 BASAL BODY TEMPERATURE . 13 SYMPTOTHERMAL .... 14 STANDARD DAYS .... 15 LAM .... 16 CALENDAR/RHYTHM/ PERIODIC ABSTINENCE ..... 17 WITHDRAWAL .... 18 OTHER TRADITIONAL METHOD . 95 OTHER MODERN METHOD 96	→ **318** → **325** →**316** → **316** →**325** → **316**

316	CHECK **315**
	
	CODES '03-11' CODES '12-17'
	  CIRCLED CIRCLED
	
	Where did you obtain Where did you learn
	(CURRENT METHOD how to use the
	FROM **315**) when you (CURRENT METHOD
	started using it? FROM **315**)?
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE FACILITY/PLACE.
	
	_____
	(NAME OF FACILITY/PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL............ 11
		  RURAL HEALTH UNIT (RHU)/
		    URBAN HEALTH CENTER . 12
		  BARANGAY HEALTH STATION . 13
		  BARANGAY SUPPLY/SERVICE
		    POINT OFFICER/BHW 14
		  OTHER PUBLIC _____15
		          (SPECIFY)
		PRIVATE SECTOR
		  PRIVATE HOSPITAL OR CLINIC 21
		  PHARMACY 22
		  PRIVATE DOCTOR 23
		  PRIVATE NURSE/MIDWIFE ... 24
		  NGO 25
		  INDUSTRY-BASED CLINIC ... 26
		  OTHER PRIVATE_____27
		          (SPECIFY)
		OTHERS
		  PUERICULTURE CENTER ... 31
		  STORE 32
		  CHURCH 33
		  FRIENDS/RELATIVES 34
		  OTHER _____96
		          (SPECIFY)	

317	CHECK **305**: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN **305**, CIRCLE CODE FOR HIGHEST METHOD IN THE LIST.	IUD .... 03 INJECTABLES .... 04 IMPLANTS .... 05 PATCH .... 06 PILL .... 07 CONDOM .... 08 FEMALE CONDOM .... 09 DIAPHRAGM .... 10 FOAM/JELLY/CREAM .... 11 MUCUS/BILLINGS/OVULATION . 12 BASAL BODY TEMPERATURE ... 13 SYMPTOTHERMAL .... 14 STANDARD DAYS .... 15 LAM .... 16 CALENDAR/RHYTHM/ PERIODIC ABSTINENCE ..... 17 OTHER MODERN METHOD 96	→ **324** → **321**

IW-10

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	CHECK 305: LIGATED/ VASECTOMIZED ☐　　　OTHER METHOD ☐ When you/your husband/ partner were sterilized at (SOURCE OF METHOD FROM 311) in (DATE FROM 313), were/was you/your husband/partner told about side effects or problems you might have with the method?　　You obtained (CURRENT METHOD FROM 315/ 317) from (SOURCE OF METHOD FROM 316 in (DATE FROM 313). At that time, were you told about side effects or problems you might have with the method?	YES .... 1 NO 2	→ 320
319	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES .... 1 NO 2	→ 321
320	Were you told what to do if you experienced side effects or problems?	YES .... 1 NO 2	
321	CHECK 318: CODE '1' CIRCLED ☐　　　CODE '1' NOT CIRCLED OR NOT ASKED ☐ At that time, were you told about other methods of family planning that you could use?　　When you (were sterilized/ obtained/learned (CURRENT METHOD FROM 317)) from (SOURCE OF METHOD FROM 311 OR 316) were you told about other methods of family planning that you could use?	YES .... 1 NO 2	→ 323
322	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES .... 1 NO 2	
323	CHECK 305: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 305, CIRCLE CODE FOR HIGHEST METHOD IN THE LIST.	FEMALE STERILIZATION ....01 MALE STERILIZATION .... 02 IUD........................... 03 INJECTABLES .... 04 IMPLANTS .... 05 PATCH .... 06 PILL ....07 CONDOM .... 08 FEMALE CONDOM .... 09 DIAPHRAGM .... 10 FOAM/JELLY/CREAM .... 11 MUCUS/BILLINGS/OVULATION 12 BASAL BODY TEMPERATURE ...13 SYMPTOTHERMAL .... 14 STANDARD DAYS .... 15 LAM ....16 CALENDAR/RHYTHM/ 　PERIODIC ABSTINENCE .....17 WITHDRAWAL .... 18 OTHER TRADITIONAL METHOD 95 OTHER MODERN METHOD 96	→ 325 → 325

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

324	Where did you obtain (CURRENT METHOD) the **last** time?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE FACILITY/PLACE.
	
	_____
	(NAME OF FACILITY/PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL 11
		  RURAL HEALTH UNIT (RHU)/
		    URBAN HEALTH CENTER . 12
		  BARANGAY HEALTH STATION . 13
		  BARANGAY SUPPLY/SERVICE
		    POINT OFFICER/BHW 14
		  OTHER PUBLIC _____15
		         (SPECIFY)
		PRIVATE SECTOR
		  PRIVATE HOSPITAL
		    OR CLINIC 21
		  PHARMACY 22
		  PRIVATE DOCTOR 23
		  PRIVATE NURSE/MIDWIFE . . . 24
		  NGO 25
		  INDUSTRY-BASED CLINIC . . . 26
		  OTHER PRIVATE_____27
		         (SPECIFY)
		OTHERS
		  PUERICULTURE CENTER . . . 31
		  STORE 32
		  CHURCH 33
		  FRIENDS/RELATIVES 34
		  OTHER _____96
		         (SPECIFY)	

325	CHECK **313**: (STARTED USING CURRENT METHOD CONTINUOUSLY) AFTER (AUGUST/ ☐ BEFORE OR IN ☐ SEPTEMBER) 2012 (AUGUST/SEPTEMBER) 2012		→ **338**
326	Now, I would like to ask you some questions about your family planning practice one year ago. In (CURRENT MONTH) 2012, were you/was your partner doing something or using any method to delay or avoid getting pregnant? IF PREGNANT IN (CURRENT MONTH) 2012, CIRCLE '2'.	YES . . . . 1 NO 2	→ **330**

327	Which method were you (husband/partner) using in (CURRENT MONTH) 2012?
	
	IF MORE THAN ONE METHOD MENTIONED, CIRCLE METHOD HIGHEST IN THE LIST.
		IUD 03
		INJECTABLES 04
		IMPLANTS 05
		PATCH 06
		PILL 07
		CONDOM 08
		FEMALE CONDOM 09
		DIAPHRAGM 10
		FOAM/JELLY/CREAM 11
		MUCUS/BILLINGS/OVULATION . 12
		BASAL BODY TEMPERATURE . . . 13
		SYMPTOTHERMAL 14
		STANDARD DAYS 15
		LAM 16
		CALENDAR/RHYTHM/
		  PERIODIC ABSTINENCE 17
		WITHDRAWAL 18
		OTHER TRADITIONAL METHOD . 95
		OTHER MODERN
		  METHOD _____ 96
		        (SPECIFY)	

328	COMPARE **305 AND 327**: (IF MORE THAN ONE METHOD IN **305**, CHOOSE **METHOD HIGHEST IN THE LIST.**) DIFFERENT ☐ METHOD ☐ SAME METHOD ☐ METHODS IN **305** IN **305** NOT IN **305 & 327** **& 327** ASKED		→ **334**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
329	In what month and year did you stop using (METHOD IN **327**)?	MONTH .... ☐☐ YEAR .... ☐☐☐	

329A	Why did you stop using (METHOD IN **327**)?	NOT HAVING SEX 01
		INFREQUENT SEX/HUSBAND
		  AWAY/OLD 02
		BECAME PREGNANT
		  WHILE USING 03
		WANTED TO BECOME
		  PREGNANT 04
		HUSBAND/PARTNER
		  DISAPPROVED 05
		WANTED MORE EFFECTIVE
		  METHOD 06
		SIDE EFFECTS/HEALTH
		  CONCERNS 07
		LACK OF ACCESS 08
		METHOD NOT AVAILABLE 09
		COSTS TOO MUCH 10
		INCONVENIENT TO USE 11
		UP TO GOD/FATALISTIC 12
		DIFFICULT TO GET PREGNANT . 13
		MENOPAUSE/
		  HYSTERECTOMY 14
		MARITAL DISSOLUTION/
		  SEPARATION 15
		OTHER _____ 96
		       (SPECIFY)
		DON'T KNOW 98
			→338

330	CHECK **233** PREGNANT ☐ NOT PREGNANT ☐ ↓ OR UNSURE		→334
331	Immediately prior to this pregnancy, were you **(husband/partner)** using any method to delay or avoid getting pregnant?	YES .... 1 NO 2	→334

332	What method did you use?
	
	IF MORE THAN ONE METHOD MENTIONED, CIRCLE METHOD HIGHEST IN THE LIST.
		IUD 03
		INJECTABLES 04
		IMPLANTS 05
		PATCH 06
		PILL 07
		CONDOM 08
		FEMALE CONDOM 09
		DIAPHRAGM 10
		FOAM/JELLY/CREAM 11
		MUCUS/BILLINGS/OVULATION 12
		BASAL BODY TEMPERATURE ... 13
		SYMPTOTHERMAL 14
		STANDARD DAYS 15
		LAM 16
		CALENDAR/RHYTHM/
		  PERIODIC ABSTINENCE 17
		WITHDRAWAL 18
		OTHER TRADITIONAL METHOD . 95
		OTHER MODERN
		  METHOD _____ 96
		       (SPECIFY)	

333	Did you become pregnant while using (METHOD IN **332**) or did you stop to get pregnant, or did you stop for some other reason?	BECAME PREGNANT
		  WHILE USING 1
		WANTED TO BECOME
		  PREGNANT 2
		STOP FOR OTHER REASON 3	

334	Did you use any (other) method(s) between (CURRENT MONTH) 2012 and (CURRENT MONTH) 2013?	YES .... 1 NO 2	→338

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

335	What are these methods?
	
	CIRCLE ALL MENTIONED
		IUD C
		INJECTABLES ....D
		IMPLANTS ....E
		PATCH .... F
		PILL .... G
		CONDOM .... H
		FEMALE CONDOM I
		DIAPHRAGM .... J
		FOAM/JELLY/CREAM .... K
		MUCUS/BILLINGS/OVULATION ..L
		BASAL BODY TEMPERATURE ....M
		SYMPTOTHERMAL .... N
		STANDARD DAYS .... O
		LAM .... P
		CALENDAR/RHYTHM/
		   PERIODIC ABSTINENCE ..... Q
		WITHDRAWAL .... R
		OTHER TRADITIONAL METHOD . X
		OTHER MODERN
		   METHOD _____ Y
		         (SPECIFY)
			→338

336	Do you know of a place/person where you can obtain a method of family planning?	YES .... 1 NO 2	→ 338

337	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE FACILITY/PLACE.
	
	_____
	(NAME OF FACILITY/PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL............ A
		  RURAL HEALTH UNIT (RHU)/
		    URBAN HEALTH CENTER . B
		  BARANGAY HEALTH STATION . C
		  BARANGAY SUPPLY/SERVICE
		    POINT OFFICER/BHW ..... D
		  OTHER PUBLIC _____ E
		       (SPECIFY)
		PRIVATE SECTOR
		  PRIVATE HOSPITAL
		    OR CLINIC............... F
		  PHARMACY .... G
		  PRIVATE DOCTOR .... H
		  PRIVATE NURSE/MIDWIFE ... I
		  NGO .... J
		  INDUSTRY-BASED CLINIC ... K
		  OTHER PRIVATE_____ L
		       (SPECIFY)
		OTHERS
		  PUERICULTURE CENTER ..... M
		  STORE .... N
		  CHURCH .... O
		  FRIENDS/RELATIVES .... P
		  OTHER _____ X
		       (SPECIFY)	

338	In the last 12 months, were you visited by a health worker who talked to you about family planning?	YES .... 1 NO 2	
339	In the last 12 months, have you visited a health facility for care for yourself (or your children) or any purpose?	YES .... 1 NO 2	→ 401
340	Did any staff member at the health facility speak to you about family planning methods?	YES .... 1 NO 2	

SECTION 4. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK **232**:		
	ONE OR MORE BIRTHS IN 2008 OR LATER ☐ ↓	NO BIRTHS IN 2008 OR LATER ☐ ──────────→ **544**	

402	CHECK **221**: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 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.)

403	PREGNANCY HISTORY LINE NO. FROM **214** IN PREGNANCY HISTORY	LAST BIRTH PREG. HISTORY LINE NO....... ☐☐	NEXT-TO-LAST BIRTH PREG. HISTORY LINE NO. .... ☐☐	SECOND-FROM-LAST BIRTH PREG. HISTORY LINE NO. .... ☐☐
404	FROM **219** AND **222**	NAME_____ LIVING ☐ DEAD ☐ ↓ ↓	NAME_____ LIVING ☐ DEAD ☐ ↓ ↓	NAME_____ LIVING ☐ DEAD ☐ ↓ ↓
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES .... 1 (SKIP TO **409**)◄─┘ NO 2	YES .... 1 (SKIP TO **431**) ◄─ NO 2	YES .... 1 (SKIP TO **431**)◄─ NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER .... 1 NO MORE .... 2 (SKIP TO **408**)◄─┘	LATER .... 1 NO MORE .... 2 (SKIP TO **431**) ◄─	LATER .... 1 NO MORE .... 2 (SKIP TO **431**)◄─
407	How much longer did you want to wait? 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 **431**) ◄─	MONTHS ... 1 ☐☐ YEARS ..... 2 DON'T KNOW .... 998 (SKIP TO **431**) ◄─
408	Immediately before you became pregnant with (NAME), were you using any method to delay or avoid getting pregnant?	YES .... 1 NO 2		
409	During your pregnancy with (NAME), did you see anyone for prenatal care for this pregnancy?	YES .... 1 NO .... 2 (SKIP TO **419**) ◄─┘		
410	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PROFESSIONAL DOCTOR .... A NURSE .... B MIDWIFE .... C HILOT .... D OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____

411	Where did you receive prenatal care for this pregnancy?
	
	Anywhere else?
	
	Anyone else?
	
	PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE FACILITY/PLACE.
	
	_____
	_____
	_____
	(NAME OF FACILITY/
	PLACE)
		HOME
		  YOUR HOME .... A
		  OTHER HOME ..... B
		
		PUBLIC SECTOR
		  GOVT. HOSPITAL ... C
		  RURAL/URBAN
		    HEALTH CENTER . D
		  BARANGAY HEALTH
		    STATION .... E
		  BARANGAY SUPPLY/
		    SERVICE POINT
		    OFFICER/BHW ... F
		  OTHER PUBLIC
		  _____ G
		    (SPECIFY)
		PRIVATE SECTOR
		  PVT. HOSPITAL/
		    CLINIC .... H
		  PRIVATE DOCTOR . I
		  PRIVATE NURSE/
		    MIDWIFE .... J
		  NGO .... K
		  INDUSTRY-BASED
		    CLINIC L
		  OTHER PRIVATE
		  _____ M
		    (SPECIFY)
		OTHER _____ X
		      (SPECIFY)		

412	How many months pregnant were you when you first received prenatal care for this pregnancy?	MONTHS ... ☐☐ DON'T KNOW 98		
413	How many times did you receive prenatal care for this pregnancy?	NO OF TIMES . ☐☐ DON'T KNOW 98		

414	**CHECK 413:**	ONCE ☐ MORE ☐
		       THAN
		       ONCE
		(SKIP TO OR DK
		 416)		

415	How many months pregnant were you the last time you received prenatal care?	MONTHS ... ☐☐ DON'T KNOW 98		
416	As part of your prenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT .... 1 2 HEIGHT .... 1 2 BP .... 1 2 URINE .... 1 2 BLOOD 1 2		

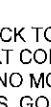| NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
417	During (any of) your prenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES .... 1 NO .... 2 (SKIP TO **419**) ◄┐ DON'T KNOW 8		
418	Were you told where to go if you had any of these complications?	YES .... 1 NO .... 2 DON'T KNOW 8		

419	What symptoms or conditions did you experience during your pregnancy with (NAME), if any?
	
	Anything else?
		VAGINAL BLEEDING ..A
		HEADACHE .... B
		DIZZINESS C
		BLURRED VISION ....D
		SWOLLEN FACE ......E
		SWOLLEN HANDS/
		   FEET .... F
		PALE OR ANEMIC ....G
		OTHER _____X
		    (SPECIFY)
		NONE .... Y		

420	During this pregnancy, did you set aside any money in case of an emergency?	YES .... 1 NO .... 2 CANNOT REMEMBER 8		
421	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is , convulsions after birth?	YES .... 1 NO .... 2 (SKIP TO **424**) ◄┐ DON'T KNOW........ 8		
422	During this pregnancy, how many times did you get this tetanus injection?	TIMES .... ☐ DON'T KNOW........ 8		
423	**CHECK 422:**	2 OR MORE OTHER TIMES ☐ ☐ (SKIP TO **427**)		
424	At any time before this pregnancy, did you receive any tetanus injections?	YES .... 1 NO .... 2 (SKIP TO **427**) ◄┐ DON'T KNOW........ 8		
425	Before this pregnancy, how many times did you receive a tetanus injection? IF 5 OR MORE TIMES, RECORD '5'.	TIMES .... ☐ DON'T KNOW 8		
426	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO .... ☐☐		
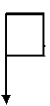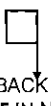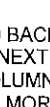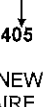
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____

427	During this pregnancy, were you given or did you buy any iron tablet/capsule or iron with folic acid tablet/capsule?
	
	SHOW TABLETS/ CAPSULES
		YES, IRON ONLY 1
		YES, IRON WITH
		  FOLIC ACID 2
		NO 3
		  (SKIP TO **429**) ◄─┐
		DON'T KNOW 8		

428	During the whole pregnancy, for how many days did you take the tablet/capsule? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS ..... ☐☐☐ DON'T KNOW 998		
429	During this pregnancy, did you take any drug for intestinal worms?	YES .... 1 NO .... 2 DON'T KNOW 8		
430	Around the time of the birth of (NAME), did you have any of the following problems: Long labor, that is, your regular contractions lasted more than 12 hours? Excessive bleeding, so much that you thought you might die? A high fever with a bad-smelling vaginal discharge (Sepsis)? Loss of conciousness?	**YES NO** LONG LABOR ... 1 2 BLEEDING ..... 1 2 SEPSIS .... 1 2 LOSS OF CONCIOUSNESS . 1 2		

431	Was (NAME) weighed at birth?	YES 1
		
		NO 2
		  (SKIP TO **433**) ◄─┐
		DON'T KNOW 8
			YES 1
			
			NO 2
			  (SKIP TO **433**) ◄─┐
			DON'T KNOW 8
				YES 1
				
				NO 2
				  (SKIP TO **433**) ◄─┐
				DON'T KNOW 8

432	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS OR POUNDS FROM HEALTH CARD/ BOOKLET, IF AVAILABLE.	KILOGRAMS (KG) FROM CARD/BOOKLET 1 ☐.☐☐ POUNDS (LBS) FROM CARD/BOOKLET 2 ☐.☐☐ KILOGRAMS (KG) FROM RECALL 3 ☐.☐☐ POUNDS (LBS) FROM RECALL 4 ☐.☐☐ DON'T KNOW ... 9998	KILOGRAMS (KG) FROM CARD/BOOKLET 1 ☐.☐☐ POUNDS (LBS) FROM CARD/BOOKLET 2 ☐.☐☐ KILOGRAMS (KG) FROM RECALL 3 ☐.☐☐ POUNDS (LBS) FROM RECALL 4 ☐.☐☐ DON'T KNOW ... 9998	KILOGRAMS (KG) FROM CARD/BOOKLET 1 ☐.☐☐ POUNDS (LBS) FROM CARD/BOOKLET 2 ☐.☐☐ KILOGRAMS (KG) FROM RECALL 3 ☐.☐☐ POUNDS (LBS) FROM RECALL 4 ☐.☐☐ DON'T KNOW ... 9998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____

433	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	
	PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.
	
	IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.
		HEALTH PERSONNEL
		  DOCTOR .... A
		  NURSE .... B
		  MIDWIFE C
		
		OTHER PERSON
		  HILOT .... D
		  RELATIVE/FRIEND . E
		  OTHER _____ X
		      (SPECIFY)
		NO ONE .... Y
			HEALTH PERSONNEL
			  DOCTOR .... A
			  NURSE .... B
			  MIDWIFE C
			
			OTHER PERSON
			  HILOT .... D
			  RELATIVE/FRIEND ... E
			  OTHER _____ X
			      (SPECIFY)
			NO ONE .... Y
				HEALTH PERSONNEL
				  DOCTOR .... A
				  NURSE .... B
				  MIDWIFE C
				
				OTHER PERSON
				  HILOT .... D
				  RELATIVE/FRIEND ... E
				  OTHER _____ X
				      (SPECIFY)
				NO ONE .... Y

434	How much did you pay in total for the delivery of (NAME)? INCLUDE COST OF DOCTORS, NURSES, HOSPITAL, ETC.	COST IN PESOS 1 [ ][ ][ ][ ][ ] DONATION IN PESOS 2 [ ][ ][ ][ ][ ] FREE/NO COST . 000000 IN KIND .... 999996 DON'T KNOW ... 999998		
435	When (NAME) was born, was he/she placed on your abdomen or chest, or had contact with your skin within the first hour of life?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8

436	Where did you give birth to (NAME)?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE WRITE THE NAME OF THE FACILITY/PLACE
	
	_____
	(NAME OF FACILITY/ PLACE)
		HOME
		  YOUR HOME 11
		   (SKIP TO 440) ←⌐
		  OTHER HOME 12
		
		PUBLIC SECTOR
		  GOVT. HOSPITAL ... 21
		  GOV'T. HEALTH
		   CENTER 22
		   (SKIP TO 438) ←⌐
		  OTHER PUBLIC____ 26
		   (SPECIFY) |
		  (SKIP TO 438) ←⌐
		
		PRIVATE SECTOR
		  PRIVATE HOSPITAL/
		   CLINIC 31
		  OTHER PRIVATE____ 36
		    (SPECIFY)
		
		OTHER _____ 96
		  (SPECIFY) |
		  (SKIP TO 438) ←⌐
			HOME
			  YOUR HOME 11
			   (SKIP TO 450) ←⌐
			  OTHER HOME 12
			
			PUBLIC SECTOR
			  GOVT. HOSPITAL ... 21
			  GOV'T. HEALTH
			   CENTER 22
			   (SKIP TO 450) ←⌐
			  OTHER PUBLIC____ 26
			   (SPECIFY) |
			  (SKIP TO 450) ←⌐
			
			PRIVATE SECTOR
			  PRIVATE HOSPITAL/
			   CLINIC 31
			  OTHER PRIVATE____ 36
			    (SPECIFY)
			
			OTHER _____ 96
			  (SPECIFY) |
			  (SKIP TO 450) ←⌐
				HOME
				  YOUR HOME 11
				   (SKIP TO 450) ←⌐
				  OTHER HOME 12
				
				PUBLIC SECTOR
				  GOVT. HOSPITAL ... 21
				  GOV'T. HEALTH
				   CENTER 22
				   (SKIP TO 450) ←⌐
				  OTHER PUBLIC____ 26
				   (SPECIFY) |
				  (SKIP TO 450) ←⌐
				
				PRIVATE SECTOR
				  PRIVATE HOSPITAL/
				   CLINIC 31
				  OTHER PRIVATE____ 36
				    (SPECIFY)
				
				OTHER _____ 96
				  (SPECIFY) |
				  (SKIP TO 450) ←⌐

437	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES .... 1 (SKIP TO **442**) ◄┘ NO 2		
439	Did anyone check on your health after you left the facility?	YES .... 1 (SKIP TO **442**) ◄┘ NO .... 2 (SKIP TO **445**) ◄┘		

440	Why didn't you deliver in a health facility?
	
	PROBE: Any other reason?
	
	RECORD ALL MENTIONED.
		COST TOO MUCH ... A
		FACILITY NOT OPEN . B
		TOO FAR/ NO TRANS-
		   PORTATION C
		DON'T TRUST
		   FACILITY/POOR
		   QUALITY SERVICE . D
		NO FEMALE PROVID-
		   ER AT FACILITY ... E
		HUSBAND/FAMILY
		   DID NOT ALLOW ... F
		NOT NECESSARY ... G
		NOT CUSTOMARY ... H
		OTHER _____X
		       (SPECIFY)		

441	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES .... 1 NO .... 2 (SKIP TO **445**) ◄┘		

442	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		   DOCTOR 11
		   NURSE 12
		   MIDWIFE 13
		
		OTHER PERSON
		   HILOT .... 21 ┐
		   RELATIVE/FRIEND . 22 ┤
		   OTHER_____96 ┘
		         (SPECIFY)
		   (SKIP TO **445**) ◄──		

443	How long after delivery did the first check-up take place? IF LESS THAN ONE HOUR, RECORD '00' IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ... 1 DAYS ..... 2 WEEKS ... 3 DON'T KNOW 998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
444	Did you receive the following services at that time:			
		YES NO DK		
	Abdominal examination?	ABDOMINAL EXAM 1 2 8		
	Breast examination?	BREAST EXAM 1 2 8		
	Internal examination or IE?	INTERNAL EXAM 1 2 8		
	Family planning advice?	FAMILY PLANNING ADVICE 1 2 8		
	Breastfeeding advice?	BREASTFEEDING ADVICE 1 2 8		
	Baby care advice?	BABY CARE ADVICE 1 2 8		
	Vitamin A capsule?	VITAMIN A ... 1 2 8		
	Iron supplement?	IRON SUPPLEMENT 1 2 8		
	Complete physical check-up including blood pressure?	COMPLETE PHYSICAL CHECK-UP INCL .BLOOD PRESSURE . 1 2 8		
	Any other service? _____ (Specify)	ANY OTHER SERVICE ... 1 2 8		
445	In the two months after (NAME) was born, did any health care provider or traditional birth attendant check on (NAME)'s health?	YES .... 1 NO .... 2 (SKIP TO **449**) ←┤ DON'T KNOW 8		

446	How many hours, days or weeks after the birth of (NAME) did the first check-up take place?
	
	IF LESS THAN ONE DAY, RECORD HOURS.
	IF LESS THAN ONE WEEK, RECORD DAYS.
		HRS AFTER
		  BIRTH ... 1 ☐☐
		DAYS AFTER
		  BIRTH ... 2 ☐☐
		WKS AFTER
		  BIRTH ... 3 ☐☐
		
		DON'T KNOW 998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____

447	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE 12
		  MIDWIFE 13
		
		OTHER PERSON
		  HILOT 21
		  RELATIVE/FRIEND . 22
		  OTHER_____96
		     (SPECIFY)		

448	Where did this first check-up of (NAME) take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE FACILITY/PLACE.
	
	_____
	(NAME OF FACILITY/
	PLACE)
		HOME
		  YOUR HOME 11
		  OTHER HOME 12
		
		PUBLIC SECTOR
		  GOVT. HOSPITAL ... 21
		  RURAL HEALTH UNIT/
		  URBAN HEALTH
		    CENTER 22
		  BARANGAY HEALTH
		    STATION........ 23
		  BARANGAY SUPPLY/
		    SERVICE POINT
		    OFFICER/BHW ... 24
		  OTHER PUBLIC____26
		    (SPECIFY)
		
		PRIVATE SECTOR
		  PRIVATE HOSPITAL/
		    CLINIC.......... 31
		  PRIVATE DOCTOR . 32
		  PRIVATE NURSE/
		    MIDWIFE 33
		  NGO 34
		  INDUSTRY-BASED
		    CLINIC.......... 35
		  OTHER PRIVATE
		  ____ ... 36
		    (SPECIFY)
		OTHER_____96
		    (SPECIFY)		

449	Has your menstrual period returned since the birth of (NAME)?	YES 1
		  (SKIP TO 451) ←┘
		NO 2
		  (SKIP TO 452) ←┘		

450	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1
			NO 2
			  (SKIP TO 454) ←┘
				YES 1
				NO 2
				  (SKIP TO 454) ←┘

451	For how many months after the birth of (NAME) did you not have a period?	MONTHS ..... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW 98
452	**CHECK 233:** IS RESPONDENT PREGNANT?	NOT ☐ PREGNANT☐ PREG- OR NANT UNSURE ↓ ↓ (SKIP TO 454)		
453	Have you had sexual intercourse since the birth of (NAME)?	YES .... 1 NO .... 2 (SKIP TO 455) ←┘		
454	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS....... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW 98
455	Did you ever breastfeed (NAME)?	YES .... 1 (SKIP TO 457) ←┘ NO 2	YES .... 1 NO 2	YES .... 1 NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
456	**CHECK 404:** IS CHILD LIVING?	LIVING ☐ DEAD ☐ ↓(SKIP TO **466**) (GO BACK TO **405** IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO **501**)		
457	How long after birth did you first put (NAME) to the breast? PROBE: When did you start breastfeeding (NAME)? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ..... 000 HOURS ... 1 ☐☐ DAYS 2		
458	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES .... 1 NO .... 2 (SKIP TO **460**) ←┘		
459	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) ..... A┐ PLAIN WATER .... B┤ SUGAR OR GLU- COSE WATER ..... C┤ GRIPE WATER .... D┤ SUGAR-SALT-WATER SOLUTION .... E┤ FRUIT JUICE .... F┤ INFANT FORMULA ... G┤ TEA/INFUSIONS ..... H┤ HONEY .... I┤ OTHER_____X┤ (SPECIFY) (SKIP TO **462**) ←		
460	Was (NAME) ever given water or anything else to drink or eat other than breastmilk?	YES .... 1 NO .... 2 (SKIP TO **462**) ←┘		
461	How many months old was (NAME) when you first started giving him/ her any food or liquid other than breastmilk?	MONTHS ..... ☐☐		
462	**CHECK : 404** IS CHILD LIVING?	LIVING DEAD ☐ ☐ ↓ GO BACK TO **405** IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO **501**	LIVING DEAD ☐ ☐ ↓ GO BACK TO **405** IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO **501**	LIVING DEAD ☐ ☐ ↓ GO BACK TO **405** IN NEXT-TO- COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO **501**
463	Are you still breastfeeding (NAME)?	YES .... 1 NO .... 2 (SKIP TO **466**) ←┘		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
464	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . . . . . [ ][ ]		
465	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . . . . . [ ][ ]		
466	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
467		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

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 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	PREGNANCY HISTORY LINE NO. FROM **214** IN PREGNANCY HISTORY	LAST BIRTH PREG. HISTORY LINE NO. ... ☐☐	NEXT-TO-LAST BIRTH PREG. HISTORY LINE NO. ...... ☐☐	SECOND-FROM-LAST BIRTH PREG. HISTORY LINE NO. ...... ☐☐
503	FROM **219** AND **222**	NAME_____ LIVING ☐ DEAD ☐ (GO TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **544**)	NAME_____ LIVING ☐ DEAD ☐ (GO TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **544**)	NAME_____ LIVING ☐ DEAD ☐ (GO TO **503** IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO **544**)
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**) ← YES, NOT SEEN...... 2 (SKIP TO **508**) ← NO CARD/ BOOKLET 3	YES, SEEN .... 1 (SKIP TO **506**) ← YES, NOT SEEN ...... 2 (SKIP TO **508**) ← NO CARD/ BOOKLET 3	YES, SEEN .... 1 (SKIP TO **506**) ← YES, NOT SEEN ...... 2 (SKIP TO **508**) ← NO CARD/ BOOKLET 3
505	Did you ever have a vaccination card/ booklet for (NAME)?	YES .... 1 (SKIP TO **508**) ← NO 2	YES .... 1 (SKIP TO **508**) ← NO 2	YES .... 1 (SKIP TO **508**) ← NO 2

506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD/BOOKLET. (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. (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. (4) IF PENTAVALENT IS RECORDED, ASK IF THE PENTAVALENT VACCINE WAS GIVEN IN A PUBLIC OR PRIVATE CLINIC/HOSPITAL. **ENCIRCLE 1 - PUBLIC, 2 - PRIVATE. IF '1' IS CIRCLED, RECORD DATES ON THE LINES FOR HEPA B, DPT AND HiB.**

	1 PUBLIC 2 PRIVATE	1 PUBLIC 2 PRIVATE	1 PUBLIC 2 PRIVATE
	LAST BIRTH	**NEXT-TO-LAST BIRTH**	**SECOND-FROM-LAST BIRTH**
	MONTH DAY YEAR	MONTH DAY YEAR	MONTH DAY YEAR
BCG			
HEPA B0			
HEPA B1			
HEPA B2			
HEPA B3			
DPT 1			
DPT 2			
DPT 3			
HiB 1			
HiB 2			
HiB 3			
POLIO 1			
POLIO 2			
POLIO 3			
MEASLES			
MMR			
RV1			
RV2			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
506A	CHECK 506:	BCG TO OTHER RV2 ALL RECORDED ☐ ☐ (GO TO 510) ↓	BCG TO OTHER RV2 ALL RECORDED ☐ ☐ (GO TO 510) ↓	BCG TO OTHER RV2 ALL RECORDED ☐ ☐ (GO TO 510) ↓
507	Has (NAME) received any vaccinations that are not recorded on this card/ booklet including vaccinations given in an immunization day campaign like: Ligtas Tigdas, MRSIA, NGO, Medical Mission? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, HIB 1-3, HEPA B0-B3, PENTA 1-3 OR "5-IN-1" MMR/MEASLES AND/OR RV VACCINES.	YES .... 1¬ (PROBE FOR VACCINATIONS AND WRITE '60' IF RECEIVED BEFORE AGE 1 OR '61' IF AFTER AGE 1 IN THE CORRESPONDING **MONTH** COLUMN IN 506) (SKIP TO 510) ←┘ NO .... 2 (SKIP TO 510) ←┐ DON'T KNOW 8	YES .... 1¬ (PROBE FOR VACCINATIONS AND WRITE '60' IF RECEIVED BEFORE AGE 1 OR '61' IF AFTER AGE 1 IN THE CORRESPONDING **MONTH** COLUMN IN 506) (SKIP TO 510) ←┘ NO .... 2 (SKIP TO 510) ←┐ DON'T KNOW 8	YES .... 1¬ (PROBE FOR VACCINATIONS AND WRITE '60' IF RECEIVED BEFORE AGE 1 OR '61' IF AFTER AGE 1 IN THE CORRESPONDING **MONTH** COLUMN IN 506) (SKIP TO 510) ←┘ NO .... 2 (SKIP TO 510) ←┐ DON'T KNOW 8
508	Did (NAME) ever have any vaccinations to prevent him/ her from getting diseases, including vaccinations received in an immunization campaign like: Ligtas Tigdas, MRSIA, NGO, Medical Mission?	YES .... 1 NO .... 2 (SKIP TO 510) ←┐ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 510) ←┐ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 510) ←┐ DON'T KNOW 8
509	Please tell me if (NAME) had 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 NO .... 2 (SKIP TO 509C) ←┐ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 509C) ←┐ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 509C) ←┐ DON'T KNOW 8
509B	Did (NAME) receive the BCG vaccine before his/her first birthday?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2
509C	A Pentavalent or "5-in-1" vaccine?	YES .... 1 NO .... 2 (SKIP TO 509F) ←┐ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 509F) ←┐ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 509F) ←┐ DON'T KNOW 8
509D	How many times was Pentavalent received?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐
509E	Did (NAME) receive the Pentavalent from a public or private hospital/clinic? ASK FOR COMPONENTS OF PENTAVALENT VACCINE. AND RECORD INDIVIDUAL VACCINE IN 509F, 509J, 509M, AND/OR 509Q.	PUBLIC .... 1 PRIVATE 2	PUBLIC .... 1 PRIVATE 2	PUBLIC .... 1 PRIVATE 2
509F	A Hepatitis B vaccine, that is, an injection given in the thigh or arm, to prevent him/her from getting liver diseases?	YES .... 1 NO .... 2 (SKIP TO 509J) ←┐ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 509J) ←┐ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 509J) ←┐ DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
509G	Was the first <u>Hepatitis B</u> vaccine received within 24 hours after birth?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2
509H	How many times was a Hepatitis B injection received?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐
509I	Did (NAME) receive the <u>fourth (last) Hepatitis B</u> vaccine before his/her first birthday?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2
509J	A DPT vaccination, that is, an injection given 6, 10 & 14 weeks in the thigh, sometimes at the same time as polio vaccine?	YES .... 1 NO .... 2 (SKIP TO **509M**) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO **509M**) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO **509M**) ←┤ DON'T KNOW 8
509K	How many times was the DPT vaccination received?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐
509L	Did (NAME) receive the <u>third (last) DPT</u> vaccine before his/her first birthday?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2
509M	Polio vaccine, that is, injections or drops in the mouth?	YES .... 1 NO .... 2 (SKIP TO **509Q**) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO **509Q**) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO **509Q**) ←┤ DON'T KNOW 8
509N	Was the first polio vaccine received six weeks after birth or later?	6 WEEKS AFTER BIRTH........... 1 LATER 2	6 WEEKS AFTER BIRTH........... 1 LATER 2	6 WEEKS AFTER BIRTH........... 1 LATER 2
509O	How many times was the polio vaccine received?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐
509P	Did (NAME) receive the <u>third (last) polio</u> vaccine before his/her first birthday?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2
509Q	A HiB vaccination, that is, an injection given in the thigh to prevent him/her from getting meningitis, pneumonia and epiglottitis?	YES .... 1 NO .... 2 (SKIP TO **509T**) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO **509T**) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO **509T**) ←┤ DON'T KNOW 8
509R	How many times was the HiB vaccination received?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐
509S	Did (NAME) receive the <u>third (last) HiB</u> vaccine before his/her first birthday?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2
509T	A measles injection-that is, a shot in the upper arm at the age of 9 months or older.	YES .... 1 NO .... 2 (SKIP TO **509V**) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO **509V**) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO **509V**) ←┤ DON'T KNOW 8
509U	Did (NAME) receive the measles vaccine before his/her first birthday?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2
509V	A measles, mumps, rubella or MMR vaccine-that is a shot in the upper arm at the age of 12 months or older.	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
509W	A rotavirus vaccine (RV) injection against diarrhea?	YES .... 1 NO .... 2 (SKIP TO **510**) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO **510**) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO **510**) ←┤ DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
509X	How many times was the rotavirus vaccine (RV) received?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐
509Y	Did (NAME) receive the second (last) rotavirus vaccine before he/she was 8 months old?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2
510	Within the last six months, has (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW SAMPLE	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
511	In the last seven days, did (NAME) take iron syrup/ drops (like this/any of these)? SHOW PICTURE	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
512	Was (NAME) given any drug for intestinal worms in the last six months? IF BELOW 2 YEARS OLD ENCIRCLE CODE '2'.	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
513	Has (NAME) had diarrhea in the last 2 weeks?	YES .... 1 NO .... 2 (SKIP TO 527) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 527) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 527) ←┤ DON'T KNOW 8
514	Was there any blood in the stools?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
515	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, more than usual or nothing to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS .... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE .... 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS .... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE .... 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS .... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE .... 4 NOTHING TO DRINK . 5 DON'T KNOW 8
516	When (NAME) had diarrhea, was he/ she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS .... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE .... 4 NOTHING TO EAT ... 5 DON'T KNOW 8	MUCH LESS .... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE .... 4 NOTHING TO EAT ... 5 DON'T KNOW 8	MUCH LESS .... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE .... 4 NOTHING TO EAT ... 5 DON'T KNOW 8
517	Did you seek advice or treatment for the diarrhea?	YES .... 1 NO .... 2 (SKIP TO 522)←──┘	YES .... 1 NO .... 2 (SKIP TO 522)←──┘	YES .... 1 NO .... 2 (SKIP TO 522)←──┘

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____

518	Where did you seek advice or treatment?
	
	Anywhere/anyone else?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE FACILITY/PLACE.
	
	_____
	
	_____
	
	NAME OF FACILITY/PLACE
		PUBLIC SECTOR
		  GOVT. HOSPITAL . A
		  RURAL HEALTH
		    UNIT (RHU)/
		    URBAN HEALTH
		    CENTER (UHC) . B
		  BARANGAY HEALTH
		    STATION (BHS) . C
		  BARANGAY SUPPLY/
		    SERVICE POINT
		    OFFICER/BHW . D
		  OTHER PUBLIC
		  _____ . E
		    (SPECIFY)
		
		PRIVATE SECTOR
		  PRIVATE HOSPITAL
		    OR CLINIC ..... F
		  PHARMACY .... G
		  PRIVATE DOCTOR . H
		  PRIVATE NURSE/
		    MIDWIFE I
		  NGO .... J
		  INDUSTRY-BASED
		    CLINIC .... K
		  OTHER PRIVATE
		  _____ . L
		    (SPECIFY)
		OTHERS
		  PUERICULTURE
		    CENTER .... M
		  STORE .... N
		  CHURCH .... O
		  FRIENDS/
		    RELATIVES ..... P
		  OTHER _____ X
		    (SPECIFY)
			PUBLIC SECTOR
			  GOVT. HOSPITAL . A
			  RURAL HEALTH
			    UNIT (RHU)/
			    URBAN HEALTH
			    CENTER (UHC) . B
			  BARANGAY HEALTH
			    STATION (BHS) . C
			  BARANGAY SUPPLY/
			    SERVICE POINT
			    OFFICER/BHW . D
			  OTHER PUBLIC
			  _____ . E
			    (SPECIFY)
			
			PRIVATE SECTOR
			  PRIVATE HOSPITAL
			    OR CLINIC ..... F
			  PHARMACY .... G
			  PRIVATE DOCTOR . H
			  PRIVATE NURSE/
			    MIDWIFE I
			  NGO .... J
			  INDUSTRY-BASED
			    CLINIC .... K
			  OTHER PRIVATE
			  _____ . L
			    (SPECIFY)
			OTHERS
			  PUERICULTURE
			    CENTER .... M
			  STORE .... N
			  CHURCH .... O
			  FRIENDS/
			    RELATIVES ..... P
			  OTHER _____ X
			    (SPECIFY)
				PUBLIC SECTOR
				  GOVT. HOSPITAL . A
				  RURAL HEALTH
				    UNIT (RHU)/
				    URBAN HEALTH
				    CENTER (UHC) . B
				  BARANGAY HEALTH
				    STATION (BHS) . C
				  BARANGAY SUPPLY/
				    SERVICE POINT
				    OFFICER/BHW . D
				  OTHER PUBLIC
				  _____ . E
				    (SPECIFY)
				
				PRIVATE SECTOR
				  PRIVATE HOSPITAL
				    OR CLINIC ..... F
				  PHARMACY .... G
				  PRIVATE DOCTOR . H
				  PRIVATE NURSE/
				    MIDWIFE I
				  NGO .... J
				  INDUSTRY-BASED
				    CLINIC .... K
				  OTHER PRIVATE
				  _____ . L
				    (SPECIFY)
				OTHERS
				  PUERICULTURE
				    CENTER .... M
				  STORE .... N
				  CHURCH .... O
				  FRIENDS/
				    RELATIVES ..... P
				  OTHER _____ X
				    (SPECIFY)

519	CHECK 518:	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ ↓ (SKIP TO 521) ←	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ ↓ (SKIP TO 521) ←	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ ↓ (SKIP TO 521) ←
520	Where did you first seek advice or treatment? USE LETTER CODE FROM 518.	FIRST PLACE ..... ☐	FIRST PLACE ..... ☐	FIRST PLACE ..... ☐
521	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS .... ☐☐	DAYS .... ☐☐	DAYS .... ☐☐
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called Oresol or from Hydrite tablet or a solution called Pedialyte b) A government-recommended home-made fluid?	**YES NO DK** FLUID FROM ORS PKT ... 1 2 8 HOMEMADE FLUID 1 2 8	**YES NO DK** FLUID FROM ORS PKT ... 1 2 8 HOMEMADE FLUID 1 2 8	**YES NO DK** FLUID FROM ORS PKT ... 1 2 8 HOMEMADE FLUID 1 2 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____

523	Was anything (else) given to treat the diarrhea?	YES 1
		NO 2
		  (SKIP TO **527**) ←⌐
		DON'T KNOW 8
			YES 1
			NO 2
			  (SKIP TO **527**) ←⌐
			DON'T KNOW 8
				YES 1
				NO 2
				  (SKIP TO **527**) ←⌐
				DON'T KNOW 8

524	What (else) was given to treat the diarrhea?
	
	Anything else?
	
	RECORD ALL TREATMENTS GIVEN.
		PILL OR SYRUP
		  ANTIBIOTIC .... A
		  ANTIMOTILITY ..... B
		  ZINC C
		  UNKNOWN PILL
		    OR SYRUP ..... D
		
		INJECTION
		  ANTIBIOTIC .... E
		  NON-ANTIBIOTIC ... F
		  UNKNOWN .... G
		
		INTRAVENOUS (IV) ... H
		
		HOME REMEDY/
		  HERBAL MEDICINE I
		
		OTHER _____ X
		  (SPECIFY)
		
		DON'T KNOW .... Z
			PILL OR SYRUP
			  ANTIBIOTIC .... A
			  ANTIMOTILITY ..... B
			  ZINC C
			  UNKNOWN PILL
			    OR SYRUP ..... D
			
			INJECTION
			  ANTIBIOTIC .... E
			  NON-ANTIBIOTIC ... F
			  UNKNOWN .... G
			
			INTRAVENOUS (IV) ... H
			
			HOME REMEDY/
			  HERBAL MEDICINE I
			
			OTHER _____ X
			  (SPECIFY)
			
			DON'T KNOW .... Z
				PILL OR SYRUP
				  ANTIBIOTIC .... A
				  ANTIMOTILITY ..... B
				  ZINC C
				  UNKNOWN PILL
				    OR SYRUP ..... D
				
				INJECTION
				  ANTIBIOTIC .... E
				  NON-ANTIBIOTIC ... F
				  UNKNOWN .... G
				
				INTRAVENOUS (IV) ... H
				
				HOME REMEDY/
				  HERBAL MEDICINE I
				
				OTHER _____ X
				  (SPECIFY)
				
				DON'T KNOW .... Z

525	CHECK **524**:
	
	GIVEN ZINC?
		CODE "C" CODE "C"
		CIRCLED NOT
		         CIRCLED
		☐ ☐
		
		  (SKIP TO **527**) ←
		↓
			CODE "C" CODE "C"
			CIRCLED NOT
			         CIRCLED
			☐ ☐
			
			  (SKIP TO **527**) ←
			↓
				CODE "C" CODE "C"
				CIRCLED NOT
				         CIRCLED
				☐ ☐
				
				  (SKIP TO **527**) ←
				↓

526	How many days was (NAME) given zinc drops/tablet/syrup?	DAYS .... ☐☐ DON'T KNOW 98	DAYS .... ☐☐ DON'T KNOW 98	DAYS .... ☐☐ DON'T KNOW 98
527	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8

528	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1
		NO 2
		  (SKIP TO **531**) ←⌐
		DON'T KNOW 8
			YES 1
			NO 2
			  (SKIP TO **531**) ←⌐
			DON'T KNOW 8
				YES 1
				NO 2
				  (SKIP TO **531**) ←⌐
				DON'T KNOW 8

529	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
		NO 2
		  (SKIP TO **532**) ←⌐
		DON'T KNOW 8
			YES 1
			NO 2
			  (SKIP TO **532**) ←⌐
			DON'T KNOW 8
				YES 1
				NO 2
				  (SKIP TO **532**) ←⌐
				DON'T KNOW 8

530	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY .... 1⌐
		NOSE ONLY .... 2⌐
		BOTH .... 3⌐
		OTHER _____ 6⌐
		  (SPECIFY)
		DON'T KNOW .... 8⌐
		  (SKIP TO **532**) ←
			CHEST ONLY .... 1⌐
			NOSE ONLY .... 2⌐
			BOTH .... 3⌐
			OTHER _____ 6⌐
			  (SPECIFY)
			DON'T KNOW .... 8⌐
			  (SKIP TO **532**) ←
				CHEST ONLY .... 1⌐
				NOSE ONLY .... 2⌐
				BOTH .... 3⌐
				OTHER _____ 6⌐
				  (SPECIFY)
				DON'T KNOW .... 8⌐
				  (SKIP TO **532**) ←

531	CHECK **527**:
	
	HAD FEVER?
		YES NO OR DK
		☐ ☐
		
		  (GO BACK TO
		  503 IN NEXT
		  COLUMN; OR,
		  IF NO MORE
		  BIRTHS, GO
		  TO **541**)
			YES NO OR DK
			☐ ☐
			
			  (GO BACK TO
			  503 IN NEXT
			  COLUMN; OR,
			  IF NO MORE
			  BIRTHS, GO
			  TO **541**)
				YES NO OR DK
				☐ ☐
				
				  (GO TO **503** IN
				  NEXT-TO LAST
				  COLUMN OF NEW
				  QUESTIONNAIRE;
				  OR IF NO MORE
				  BIRTHS, GO TO
				  541)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
532	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? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS .... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE.............. 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS .... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE.............. 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS .... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE.............. 4 NOTHING TO DRINK . 5 DON'T KNOW 8
533	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? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS .... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE.............. 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS .... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE.............. 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS .... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE.............. 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD . 6 DON'T KNOW 8
534	Did you seek advice or treatment for the fever/cough of (NAME)?	YES .... 1 NO .... 2 (SKIP TO 539) ◄──┘	YES .... 1 NO .... 2 (SKIP TO 539) ◄──┘	YES .... 1 NO .... 2 (SKIP TO 539) ◄──┘

535	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE FACILITY/ PLACE.
	
	_____
	
	_____
	
	(NAME OF FACILITY/PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL . A
		  RURAL HEALTH
		    UNIT (RHU)/
		    URBAN HEALTH
		    CENTER (UHC) . B
		  BARANGAY HEALTH
		    STATION (BHS) . C
		  BARANGAY SUPPLY/
		    SERVICE POINT
		    OFFICER/BHW . D
		  OTHER PUBLIC
		  _____ . E
		    (SPECIFY)
		
		PRIVATE SECTOR
		  PRIVATE HOSPITAL
		    OR CLINIC ..... F
		  PHARMACY .... G
		  PRIVATE DOCTOR . H
		  PRIVATE NURSE/
		    MIDWIFE I
		  NGO .... J
		  INDUSTRY-BASED
		    CLINIC .... K
		  OTHER PRIVATE
		  _____ . L
		    (SPECIFY)
		
		OTHERS
		  PUERICULTURE
		    CENTER .... M
		  STORE .... N
		  CHURCH .... O
		  FRIENDS/
		    RELATIVES ..... P
		  OTHER _____ X
		    (SPECIFY)
			PUBLIC SECTOR
			  GOVT. HOSPITAL . A
			  RURAL HEALTH
			    UNIT (RHU)/
			    URBAN HEALTH
			    CENTER (UHC) . B
			  BARANGAY HEALTH
			    STATION (BHS) . C
			  BARANGAY SUPPLY/
			    SERVICE POINT
			    OFFICER/BHW . D
			  OTHER PUBLIC
			  _____ . E
			    (SPECIFY)
			
			PRIVATE SECTOR
			  PRIVATE HOSPITAL
			    OR CLINIC ..... F
			  PHARMACY .... G
			  PRIVATE DOCTOR . H
			  PRIVATE NURSE/
			    MIDWIFE I
			  NGO .... J
			  INDUSTRY-BASED
			    CLINIC .... K
			  OTHER PRIVATE
			  _____ . L
			    (SPECIFY)
			
			OTHERS
			  PUERICULTURE
			    CENTER .... M
			  STORE .... N
			  CHURCH .... O
			  FRIENDS/
			    RELATIVES ..... P
			  OTHER _____ X
			    (SPECIFY)
				PUBLIC SECTOR
				  GOVT. HOSPITAL . A
				  RURAL HEALTH
				    UNIT (RHU)/
				    URBAN HEALTH
				    CENTER (UHC) . B
				  BARANGAY HEALTH
				    STATION (BHS) . C
				  BARANGAY SUPPLY/
				    SERVICE POINT
				    OFFICER/BHW . D
				  OTHER PUBLIC
				  _____ . E
				    (SPECIFY)
				
				PRIVATE SECTOR
				  PRIVATE HOSPITAL
				    OR CLINIC ..... F
				  PHARMACY .... G
				  PRIVATE DOCTOR . H
				  PRIVATE NURSE/
				    MIDWIFE I
				  NGO .... J
				  INDUSTRY-BASED
				    CLINIC .... K
				  OTHER PRIVATE
				  _____ . L
				    (SPECIFY)
				
				OTHERS
				  PUERICULTURE
				    CENTER .... M
				  STORE .... N
				  CHURCH .... O
				  FRIENDS/
				    RELATIVES ..... P
				  OTHER _____ X
				    (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
536	CHECK 535:	TWO OR ☐ MORE CODES CIRCLED ONLY ONE CODE ☐ CIRCLED (SKIP TO 539) ←	TWO OR ☐ MORE CODES CIRCLED ONLY ONE CODE ☐ CIRCLED (SKIP TO 539) ←	TWO OR ☐ MORE CODES CIRCLED ONLY ONE CODE ☐ CIRCLED (SKIP TO 539) ←
537	Where did you first seek advice or treatment? USE LETTER CODE FROM 535.	FIRST PLACE ..... ☐	FIRST PLACE ..... ☐	FIRST PLACE ..... ☐
538	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS .... ☐☐	DAYS .... ☐☐	DAYS .... ☐☐
539	At any time during the illness, did (NAME) take any medicines for the fever/cough?	YES .... 1 NO .... 2 (GO BACK TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 541) DON'T KNOW 8	YES .... 1 NO .... 2 (GO BACK TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 541) DON'T KNOW 8	YES .... 1 NO .... 2 (GO BACK TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 541) DON'T KNOW 8
540	What medicine did (NAME) take? Any other medicines? RECORD ALL MENTIONED. EXAMPLES OF PARACETAMOL: TEMPRA, BIOGESIC, CALPOL, PANADOL EXAMPLES OF IBUPROFEN: DOLAN, ADVIL, MEDICOL EXAMPLES OF DECON-GESTANT: DIMETAPP, TYLENOL PLUS FLU EXAMPLES OF ANTIBIOTIC: AMOXYCILIN, CEFALEXIN	ANTIMALARIAL DRUGS .... A ANTIBIOTIC DRUGS DROPS/SYRUP/ PILL .... B INJECTION .... C OTHER DRUGS ASPIRIN .... D PARACETAMOL ... E IBUPROFEN .... F DECONGESTANT . G EXPECTORANT ... H NEBULES .... I OTHER _____ X (SPECIFY) DON'T KNOW .... Z	ANTIMALARIAL DRUGS .... A ANTIBIOTIC DRUGS DROPS/SYRUP/ PILL .... B INJECTION .... C OTHER DRUGS ASPIRIN .... D PARACETAMOL ... E IBUPROFEN .... F DECONGESTANT . G EXPECTORANT ... H NEBULES .... I OTHER _____ X (SPECIFY) DON'T KNOW .... Z	ANTIMALARIAL DRUGS .... A ANTIBIOTIC DRUGS DROPS/SYRUP/ PILL .... B INJECTION .... C OTHER DRUGS ASPIRIN .... D PARACETAMOL ... E IBUPROFEN .... F DECONGESTANT . G EXPECTORANT ... H NEBULES .... I OTHER _____ X (SPECIFY) DON'T KNOW .... Z

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
541	CHECK 219, 221 AND 224, ALL ROWS: NUMBER OF CHILDREN BORN IN 2008 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 542) _____ (NAME)		→ 544

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____

542	The last time (NAME FROM 541) passed stools, what was done to dispose of the stools?		CHILD USED TOILET 01
			PUT/RINSED INTO TOILET 02
			PUT/RINSED
			   INTO DRAIN OR DITCH 03
			THROWN INTO GARBAGE 04
			BURIED 05
			LEFT IN THE OPEN 06
			THROWN INTO RIVER/SEA 07
			OTHER _____96
			           (SPECIFY)	

543	CHECK 522(a), ALL COLUMNS:
	
	         NO CHILD ☐ ANY CHILD ☐
	    RECEIVED FLUID RECEIVED FLUID
	  FROM ORS PACKET/ FROM ORS PACKET/
	HYDRITE TABLET/PEDIALYTE ↓ HYDRITE TABLET/PEDIALYTE
				→ 601

544	Have you ever heard of a special product called Oresol or Hydrite or Pedialyte that you can get to treat diarrhea?		YES .... 1 NO 2	

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 YES, CURRENTLY LIVING WITH A MAN .... 2 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 YES, FORMERLY LIVED WITH A MAN .... 2 NO 3	→ 609
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED .... 1 DIVORCED/ANNULLED .... 2 SEPARATED 3	→ 606
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER .... 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME_____ LINE NO. .... ☐☐	
606	Have you been married or lived with a man only once or more than once?	ONLY ONCE .... 1 MORE THAN ONCE 2	
607	CHECK 606: MARRIED/ ☐ MARRIED/ ☐ LIVED WITH A MAN LIVED WITH A MAN ONLY ONCE ↓ MORE THAN ONCE ↓ 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 .... ☐☐ DON'T KNOW MONTH .... 98 YEAR .... ☐☐☐☐ 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. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE .... 00 AGE IN YEARS .... ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 613 → 613

611	CHECK 105:
	    CURRENT AGE ☐ CURRENT AGE ☐
	         15-24 25-49
			→ 621

612	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES .... 1 NO .... 2 DON'T KNOW/UNSURE 8	→ 621
613	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO .... 1 ☐☐ WEEKS AGO .... 2 ☐☐ MONTHS AGO .... 3 ☐☐ YEARS AGO .... 4 ☐☐	→ 621
614	The last time you had sexual intercourse with this person, was a condom used?	YES .... 1 NO 2	→ 616
615	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES .... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

616	What was your relationship to this person with whom you had sexual intercourse?
	IF BOYFRIEND:
	Were you living together as if married?
	
	IF YES, CIRCLE '2'.
	IF NO, CIRCLE '3'.
		HUSBAND 1
		LIVE-IN PARTNER 2
		BOYFRIEND NOT LIVING WITH
		  RESPONDENT 3
		CASUAL ACQUAINTANCE 4
		PROSTITUTE 5
		OTHER _____ 6
		     (SPECIFY)
			→ 620

617	How long ago did you first have sexual intercourse with this person?	DAYS AGO .... 1 WEEKS AGO .... 2 MONTHS AGO .... 3 YEARS AGO 4	
618	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NO. OF TIMES IS 95 OR MORE, WRITE '95.'	NUMBER OF TIMES	
619	How old is this person?	AGE OF PARTNER .... DON'T KNOW 98	
620	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NO. OF PARTNERS IS GREATER THAN 95,WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME .... DON'T KNOW 98	
621	PRESENCE OF OTHERS DURING THIS SECTION	YES NO CHILDREN < 10 .... 1 2 MALE ADULTS .... 1 2 FEMALE ADULTS 1 2	
622	Do you know of a place where a person can get condoms?	YES .... 1 NO 2	→ 701

623	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE FACILITY/ PLACE.
	
	_____
	
	_____
	
	(NAME OF FACILITY/PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL .... A
		  RHU/UHC .... B
		  BHS C
		  BSPO/BHW .... D
		  OTHER PUBLIC _____ E
		      (SPECIFY)
		PRIVATE SECTOR
		  PRIVATE HOSPITAL/CLINIC .... F
		  PHARMACY .... G
		  PRIVATE DOCTOR .... H
		  PRIVATE NURSE/MIDWIFE I
		  NGO .... J
		  INDUSTRY-BASED CLINIC .... K
		  OTHER PRIVATE_____ L
		      (SPECIFY)
		OTHERS
		  PUERICULTURE CENTER .... M
		  STORE .... N
		  CHURCH .... O
		  FRIENDS/RELATIVES .... P
		  OTHER _____ X
		      (SPECIFY)	

624	If you wanted to, could you yourself get a condom?	YES .... 1 NO .... 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 305: NEITHER STERILIZED OR NOT ASKED ↓ HE OR SHE STERILIZED ☐————————		→ 715
702	CHECK 233: PREGNANT ☐↓ NOT PREGNANT OR UNSURE ☐————————		→ 704
703	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 ANOTHER CHILD . . . . 1 NO MORE . . . . 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711
704	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?	HAVE (A/ANOTHER) CHILD . . . . 1 NO MORE/NONE . . . . 2 SAYS SHE CAN'T GET PREGNANT. . . . . 3 UNDECIDED/DON'T KNOW 8	 → 707 → 715 → 710
705	CHECK 233: NOT PREGNANT OR UNSURE ☐↓ PREGNANT ☐↓ How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? 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 ☐☐ SOON/NOW . . . . 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE . . . . 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	 → 710 → 715 → 710
706	CHECK 233: NOT PREGNANT OR UNSURE ☐↓ PREGNANT ☐————————		→ 711
707	CHECK 304: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐↓ NOT CURRENTLY USING ☐↓ CURRENTLY USING ☐————————		→ 715
708	CHECK 705: NOT ASKED ☐↓ 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐↓ 00-23 MONTHS OR 00-01 YEAR ☐————————		→ 711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

709 — CHECK **704**:

WANTS TO HAVE A/ANOTHER CHILD LATER ☐	WANTS NO MORE/NONE ☐
You have said that you do not want (a/another) child soon, can you tell me why you are not using a method to prevent pregnancy?	You have said that you do not want any (more) children, can you tell me why you are not using a method to prevent pregnancy?
Any other reason?	Any other reason?

RECORD ALL REASONS MENTIONED.

NOT MARRIED . . . . A

FERTILITY-RELATED REASONS
NOT HAVING SEX . . . . B
INFREQUENT SEX C
MENOPAUSAL/HYSTERECTOMY . D
CAN'T GET PREGNANT . . . . E
NOT MENSTRUATED SINCE
    LAST BIRTH . . . . F
BREASTFEEDING . . . . G
UP TO GOD/FATALISTIC . . . . H

OPPOSITION TO USE
RESPONDENT OPPOSED I
HUSBAND/PARTNER OPPOSED . . . J
OTHERS OPPOSED . . . . K
RELIGIOUS PROHIBITION L

LACK OF KNOWLEDGE
KNOWS NO METHOD . . . . M
KNOWS NO SOURCE . . . . N

METHOD-RELATED REASONS
SIDE EFFECTS/HEALTH
    CONCERNS . . . . O
LACK OF ACCESS/TOO FAR . . . . . P
COSTS TOO MUCH . . . . Q
PREFERRED METHOD NOT
    AVAILABLE . . . . R
NO METHOD AVAILABLE . . . . S
INCONVENIENT TO USE . . . . T
INTERFERES WITH BODY'S
    NORMAL PROCESSES . . . . U

OTHER _____ X
              (SPECIFY)
DON'T KNOW . . . . Z

---

710 — CHECK **304**: USING A CONTRACEPTIVE METHOD?

NOT ASKED ☐	NOT CURRENTLY USING ☐	CURRENTLY USING ☐ → **715**

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711 — Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?

YES 1
NO . . . . 2 → **713**
DON'T KNOW . . . . 8 → **713**

---

712 — Which contraceptive method would you prefer to use?

FEMALE STERILIZATION 01
MALE STERILIZATION 02
IUD 03
INJECTABLES 04
IMPLANTS 05
PATCH 06
PILL 07
CONDOM 08
FEMALE CONDOM 09
DIAPHRAGM 10
FOAM/JELLY/CREAM 11
MUCUS/BILLINGS/OVULATION 12
BASAL BODY TEMPERATURE 13
SYMPTOTHERMAL 14
STANDARD DAYS METHOD 15
LAM 16
CALENDAR/RHYTHM/
    PERIODIC ABSTINENCE 17
WITHDRAWAL 18
OTHER METHOD _____ 96
               (SPECIFY)
UNSURE 98

→ **715**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

713	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED 11
		
		FERTILITY-RELATED REASONS
		NOT HAVING SEX 22
		INFREQUENT SEX 23
		MENOPAUSAL/HYSTERECTOMY . 24
		DIFFICULT/CAN'T
		    GET PREGNANT 25
		UP TO GOD/FATALISTIC 26
		WANTS AS MANY CHILDREN
		    AS POSSIBLE/WANTS TO
		    HAVE CHILDREN 27
		
		OPPOSITION TO USE
		RESPONDENT OPPOSED 31
		HUSBAND/PARTNER OPPOSED 32
		OTHERS OPPOSED 33
		RELIGIOUS PROHIBITION 34
		
		LACK OF KNOWLEDGE
		KNOWS NO METHOD 41
		KNOWS NO SOURCE 42
		
		METHOD-RELATED REASONS
		SIDE EFFECTS/
		    HEALTH CONCERNS 51
		LACK OF ACCESS/TOO FAR 52
		COSTS TOO MUCH 53
		PREFERRED METHOD
		    NOT AVAILABLE 54
		NO METHOD AVAILABLE 55
		INCONVENIENT TO USE 56
		INTERFERES WITH BODY'S
		    NORMAL PROCESSES 57
		
		OTHER _____ 96
		        (SPECIFY)
		DON'T KNOW 98
			→ 715

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

715	CHECK 222:
	
	HAS LIVING ☐ NO LIVING ☐
	CHILDREN CHILDREN OR
	       ↓ NOT ASKED ↓
	
	If you could go back to If you could choose exactly
	the time you did not have the number of children to
	any children and could have in your whole life, how
	choose exactly the many would that be?
	number of children to
	have in your whole life,
	how many would that be?
	
	PROBE FOR A NUMERIC RESPONSE.
		NONE 00
		
		NUMBER . . . . ☐☐
		
		OTHER _____ 96
		        (SPECIFY)
			⟶ 717
			
			⟶ 717

716	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 NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	
717	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine, poster, leaflet or brochure? Read about family planning online or from the internet?	YES NO RADIO . . . . 1 2 TELEVISION . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2 ONLINE OR INTERNET 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718	In the last 12 months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES .... 1 NO 2	→ 722
719	With whom? Anyone else? RECORD ALL PERSONS MENTIONED. DO NOT READ OUT RESPONSES.	HUSBAND/PARTNER .... A MOTHER .... B FATHER .... C SISTER(S) .... D BROTHER(S) .... E DAUGHTER .... F SON .... G MOTHER-IN-LAW .... H FRIENDS/NEIGHBORS/OFFICEMATES I OTHER _____ X (SPECIFY)	
720	In the last 12 months, have you encouraged your friends, neighbors, relatives or other persons to use family planning?	YES .... 1 NO 2	→ 722
721	Who did you encourage? Anyone else? RECORD ALL PERSONS MENTIONED. DO NOT READ OUT RESPONSES.	HUSBAND/PARTNER .... A MOTHER .... B FATHER .... C SISTER(S) .... D BROTHER(S) .... E DAUGHTER .... F SON .... G MOTHER-IN-LAW .... H FRIENDS/NEIGHBORS/OFFICEMATES I OTHER _____ X (SPECIFY)	
722	CHECK 601: YES, CURRENTLY MARRIED ☐ YES, LIVING WITH A MAN ☐ NO, NOT IN UNION ☐ _____		→ 801
723	CHECK 304: CURRENTLY USING ☐ NOT CURRENTLY OR NOT ASKED CIRCLED ☐ _____		→ 726
724	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 MAINLY HUSBAND/PARTNER .... 2 JOINT DECISION .... 3 OTHER _____ 6 (SPECIFY)	
725	CHECK 305: NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐ _____		→ 801
726	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 MORE CHILDREN .... 2 FEWER CHILDREN .... 3 DON'T KNOW 8	

320 • *Appendix E*   IW-39

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK **601 AND 602**: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ NEVER MARRIED AND NEVER LIVED WITH A MAN ☐		→803 → 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 NO 2	→ 805
804	What is the highest grade/year he completed?	☐☐ _____ (SPECIFY)	
805	CHECK **801**: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/LIVED WITH A MAN ☐ 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?	☐☐☐ _____ _____ _____	
806	Aside from your own housework, have you done any work in the last seven days?	YES .... 1 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 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 NO 2	→ 810
809	Have you done any work in the last 12 months?	YES .... 1 NO 2	→ 814
810	What is your occupation (that is, what kind of work did you mainly do in the last 12 months)?	☐☐☐ _____ _____ _____	
811	Do you do this work in a family farm/business for someone else, or are you self-employed? IF FAMILY FARM/BUSINESS, PROBE IF OWNER IS A HOUSEHOLD MEMBER.	FAMILY FARM/BUSINESS .... 1 FOR SOMEONE ELSE .... 2 SELF-EMPLOYED 3	
812	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR .... 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
813	Do you earn in cash or kind for this work or are you not paid at all?	CASH ONLY .... 1 CASH AND KIND .... 2 IN KIND ONLY .... 3 NOT PAID 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	CHECK **601**: CURRENTLY ☐ NOT IN UNION ☐ MARRIED/LIVING WITH A MAN ↓		→823
815	CHECK **813**: CODE **1 OR 2** ☐ OTHER OR ☐ CIRCLED ↓ NOT ASKED		→818

816	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1
		HUSBAND/PARTNER 2
		RESPONDENT AND
		   HUSBAND/PARTNER JOINTLY ... 3
		OTHER _____ 6
		            (SPECIFY)	

817	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 LESS THAN HIM .... 2 ABOUT THE SAME .... 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY .... 4 DON'T KNOW 8	→ 819

818	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?
	
	IF HUSBAND/PARTNER IS UNEMPLOYED, EVEN IF HE GETS FINANCIAL SUPPORT FROM PARENTS/OTHERS, CIRCLE '4'
		RESPONDENT 1
		HUSBAND/PARTNER 2
		RESPONDENT AND
		   HUSBAND/PARTNER JOINTLY 3
		HUSBAND/PARTNER HAS
		   NO EARNINGS 4
		OTHER _____ 6
		            (SPECIFY)	

819	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT .... 1 HUSBAND/PARTNER .... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE 4	
820	Who usually makes decisions about making major household purchases?	RESPONDENT .... 1 HUSBAND/PARTNER .... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE .... 4 NOT APPLICABLE 6	
821	Who usually makes decisions about making purchases for daily household needs?	RESPONDENT .... 1 HUSBAND/PARTNER .... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE .... 4 NOT APPLICABLE 6	
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT .... 1 HUSBAND/PARTNER .... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE .... 4 NOT APPLICABLE 6	
823	Do you own this house or any other house? IF YES, ASK: Are you the sole owner or do you own it jointly with someone else?	ALONE ONLY .... 1 JOINTLY ONLY .... 2 BOTH ALONE AND JOINTLY .... 3 DOES NOT OWN 4	
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY .... 1 JOINTLY ONLY .... 2 BOTH ALONE AND JOINTLY .... 3 DOES NOT OWN 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ PRES./ NOT LISTEN. NOT PRES. LISTEN. CHILDREN < 10 . 1 2 3 HUSBAND ..... 1 2 3 OTHER MALES . 1 2 3 OTHER FEMALES 1 2 3	
826	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: YES NO DK If she goes out without telling him? GOES OUT .... 1 2 8 If she neglects the children? NEGL. CHILDREN ... 1 2 8 If she argues with him? ARGUES .... 1 2 8 If she refuses to have sex with him? REFUSES SEX ..... 1 2 8 If she burns the food? BURNS FOOD 1 2 8		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES .... 1 NO 2	→ 1001
902	HIV is the virus that causes AIDS. In your opinion, can people reduce their chance of getting the HIV, by having just one uninfected sex partner who has no other sex partners?	YES .... 1 NO .... 2 DON'T KNOW 8	
903	Can people get the HIV from mosquito bites?	YES .... 1 NO .... 2 DON'T KNOW 8	
904	Can people reduce their chance of getting the HIV by using a condom every time they have sex?	YES .... 1 NO .... 2 DON'T KNOW 8	
905	Can people get the HIV by sharing food with a person who has AIDS?	YES .... 1 NO .... 2 DON'T KNOW 8	
906	Can people get the HIV by hugging or shaking hands with a person who is infected?	YES .... 1 NO .... 2 DON'T KNOW 8	
907	Is it possible for a healthy-looking person to have the HIV?	YES .... 1 NO .... 2 DON'T KNOW 8	
908	Have you ever been tested for HIV?	YES .... 1 NO 2	→ 913
909	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES .... 1 NO .... 2 DON'T KNOW 8	
910	How many months ago was your most recent HIV test?	MONTHS AGO .... ☐☐ 2 OR MORE YEARS AGO 95	
911	Did you get the result?	YES .... 1 NO 2	

912	Where was the test done?
	
	 PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	 IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE FACILITY/PLACE.
	
	 _____
	 (NAME OF FACILITY/PLACE)
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL ... 11
		   OTHER PUBLIC
		   SECTOR _____ 16
		            (SPECIFY)
		 PRIVATE SECTOR
		   PRIVATE HOSPITAL/CLINIC ... 21
		   PRIVATE LABORATORY 22
		   OTHER PRIVATE _____ 26
		          (SPECIFY)
			→ 1001

913	Do you know of a place where people can go to get tested for the HIV?	YES .... 1 NO 2	→ 1001

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE FACILITY/PLACE. _____ (NAME OF FACILITY/PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL ... A RURAL HEALTH UNIT/ URBAN HEALTH CENTER ... B BARANGAY HEALTH STATION C BARANGAY SUPPLY/SERVICE POINT OFFICER/BHW ..... D OTHER PUBLIC_____ E (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC ... F PHARMACY .... G PRIVATE DOCTOR .... H PRIVATE NURSE/MIDWIFE ... I NGO .... J INDUSTRY-BASED CLINIC K OTHER PRIVATE_____ L (SPECIFY) OTHERS PUERICULTURE CENTER ... M STORE .... N CHURCH .... O FRIENDS/RELATIVES .... P OTHERS _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Do you currently smoke cigarettes?	YES .... 1 NO 2	→1003
1002	In the last 24 hours, how many sticks of cigarettes did you smoke?	NUMBER OF STICKS OF CIGARETTES .... ☐☐	
1003	Do you currently smoke or use any (other) type of tobacco?	YES .... 1 NO 2	→1005
1004	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE .... A CHEWING TOBACCO .... B SNUFF .... C CIGAR .... D OTHER _____ X (SPECIFY)	

1005	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 a big problem?
	
	 Getting permission to go to the doctor?
	
	 Getting money needed for advice or treatment?
	
	 The distance to the health facility?
	
	 Not wanting to go alone?
		BIG NOT A BIG
		           PROB- PROB-
		           LEM LEM
		
		 PERMISSION TO GO . 1 2
		
		 GETTING MONEY ... 1 2
		
		 DISTANCE.......... 1 2
		
		 GO ALONE 1 2	

1006	RECORD THE TIME.	HOUR.................. ☐☐ MINUTES .... ☐☐	

1007	CHECK HOUSEHOLD QUESTIONNAIRE **Q115** AND COMPARE NAME AND LINE NUMBER OF RESPONDENT IN COVER PAGE
	
	 WOMAN NOT SELECTED ☐ SELECTED FOR ☐
	      FOR WS MODULE WS MODULE
	
	           END INTERVIEW
			FORM
			 →**3 - WS**
			 MODULE

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

_____

_____
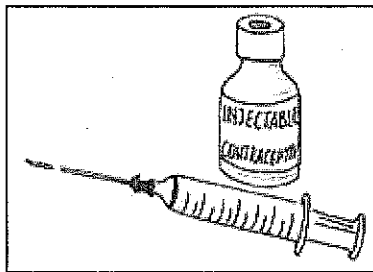
SOME CONTRACEPTIVE METHODS
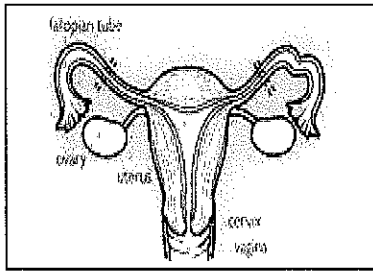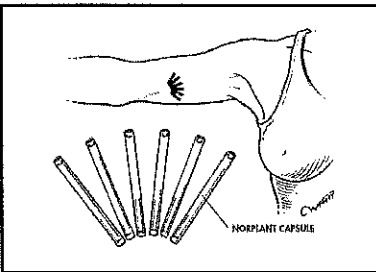

01 FEMALE STERILIZATION/LIGATION
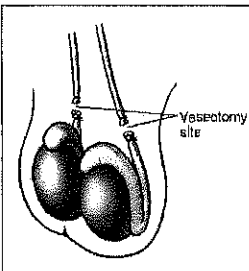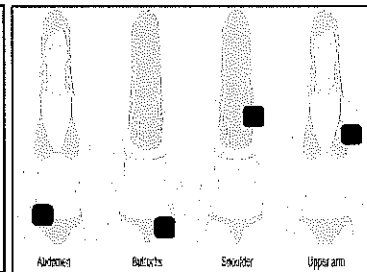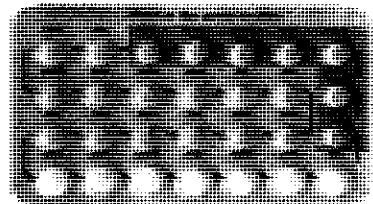

02 MALE STERILIZATION/
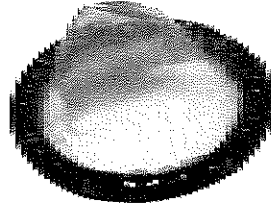VASECTOMY
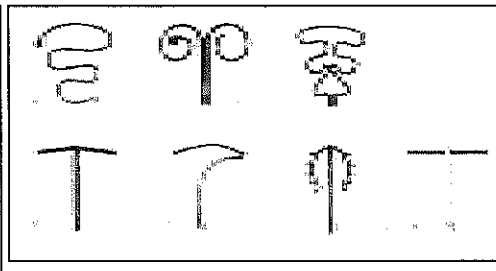
03 INTRAUTERINE DEVICE (IUD)
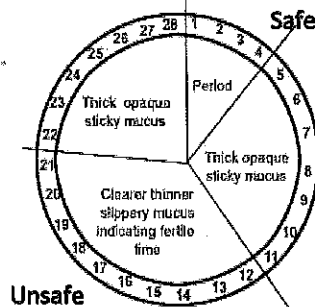

04 INJECTABLES

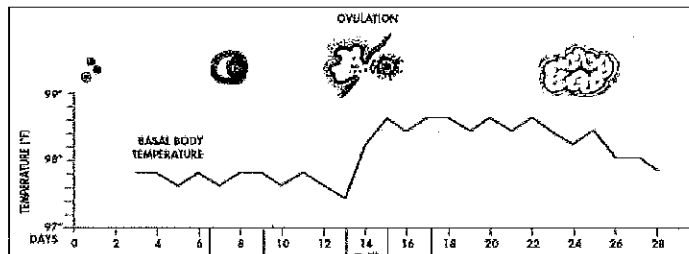05 IMPLANTS

06 PATCH

07 PILL
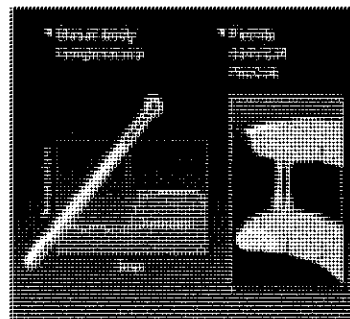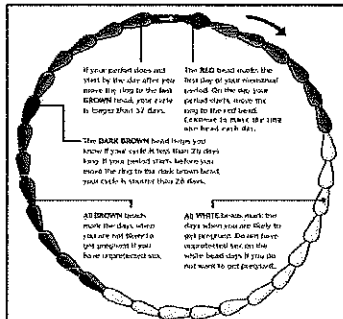

08 MALE CONDOM

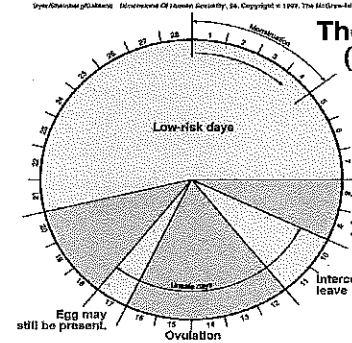09 FEMALE CONDOM

10 MUCUS/BILLINGS/OVULATION

11 BASAL BODY TEMPERATURE

12 SYMPTOTHERMAL

13 STANDARD DAYS METHOD

14 CALENDAR/RHYTHM/PERIODIC
ABSTINENCE

KNOWLEDGE OF FERTILE PERIOD