

AUTHORITY: Section 6 of RA 10625 authorizes the Philippine Statistics Authority to conduct the survey in order to collect information on fertility, family planning, and health. CONFIDENTIALITY: Section 26 of Republic Act 10625 provides that all information obtained from Respondent is held STRICTLY CONFIDENTIAL .	2017 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY HOUSEHOLD QUESTIONNAIRE	FORMATTING DATE: 23 JUNE 2017 CEBUANO LANGUAGE: 11 July 2017 PSA APPROVAL NO: PSA-1713 EXPIRES ON 31 APRIL 2018
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IDENTIFICATION	BOOKLET ___ OF ___ BOOKLETS
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REGION _____ PROVINCE _____ CITY/MUNICIPALITY _____ BARANGAY _____ EA HUSN HSN NDHS HOUSEHOLD NUMBER NUMBER OF HOUSEHOLDS IN THE HOUSING UNIT NAME OF HOUSEHOLD HEAD _____ ADDRESS _____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>																																								

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR <table border="1" style="display: inline-table; text-align: center;"> <tr><td>2</td><td>0</td><td>1</td><td>7</td></tr> </table> INT. NO. <table border="1" style="display: inline-table; text-align: center;"> <tr><td></td><td></td><td></td><td></td></tr> </table>	2	0	1	7				
2	0	1	7									
INTERVIEWER'S NAME	_____	_____	_____	RESULT* <table border="1" style="display: inline-table; text-align: center;"> <tr><td></td><td></td><td></td><td></td></tr> </table>								
RESULT*	_____	_____	_____	RESULT* <table border="1" style="display: inline-table; text-align: center;"> <tr><td></td><td></td><td></td><td></td></tr> </table>								
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; text-align: center;"> <tr><td></td><td></td></tr> </table>								
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; text-align: center;"> <tr><td></td><td></td></tr> </table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; text-align: center;"> <tr><td></td><td></td></tr> </table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; text-align: center;"> <tr><td></td><td></td></tr> </table>								

LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="display: inline-table;"> <tr><td>0</td><td>7</td></tr> </table>	0	7	LANGUAGE OF INTERVIEW**	<table border="1" style="display: inline-table;"> <tr><td></td><td></td></tr> </table>			LOCAL LANGUAGE OF RESPONDENT**	<table border="1" style="display: inline-table;"> <tr><td></td><td></td></tr> </table>			TRANSLATOR USED (YES = 1, NO = 2)	<table border="1" style="display: inline-table;"> <tr><td></td><td></td></tr> </table>		
0	7														
LANGUAGE OF QUESTIONNAIRE**		CEBUANO		**LANGUAGE CODES:		03 ILOCANO	06 HILIGAYNON								
				01 ENGLISH		04 BIKOL	07 CEBUANO								
				02 TAGALOG		05 WARAY									

TEAM SUPERVISOR (TS)	NAME	TS NUMBER	<table border="1" style="display: inline-table;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				

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INTRODUCTION AND CONSENT

Hello. Ako si _____ nagtrabaho sa Philippine National Statistics Office. Aduna kami gipahigayon karon nga nasudnong surbey bahin sa lain-laing isyu mahitungod sa panglawas. Ang mga impormasyon nga among makuha dako ug tabang sa atong gobyerno aron sa pagpapalano sa ng mga serbisyo panglawas. Pinaagi sa surbey adunay mga pangutana ako bahin sa inyong panimalay. Ang tanan nga imong tubag mahimong secreto bisan kanus-a. Hinaot nga unta nga mag partisipar ka kay importante kanamo ang imong tubag. Karon, mangutana ko ug mga impormasyon bahin sa mga tawong kasagarang nagpuyo sa imong panimalay ug sa mga bisita nga natulog gabi-i.

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED .. 2 → END



100	RECORD THE TIME.	<div style="display: flex; justify-content: space-between;"><div>HOURS</div><div>MINUTES</div></div> <div style="display: flex; align-items: center; justify-content: flex-end;"><div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 30px; height: 30px;"></div></div>
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HOUSEHOLD SCHEDULE

							IF AGE 0-4 YEARS	IF AGE 15 OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	BIRTH REGISTRATION	MARITAL STATUS	ELIGIBILITY
1	2	3	4	5	6	7	8A	8	9
	<p>Palihog ihatag kanako ang mga ngalan sa mga tawo nga kasagarang nagpuyo sa panimalay ug kadtong mga bisita nimo na nagit-og sa inyo gabii, gikan sa pangulo sa panimalay.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX RESIDENCE AND AGE FOR EACH PERSON, ASK QUESTIONS 7A-7C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-19 FOR EACH PERSON.</p>	<p>Unsa man ang relasyon ni (NAME) sa pangulo sa panimalay?</p> <p>SEE CODES BELOW.</p>	<p>Si (NAME) ba lalake o babaye?</p>	<p>Si (NAME) ba kasagaran nagpuyo dinhi?</p>	<p>Natulog ba si (NAME) dinhi gabii?</p>	<p>Pila ang edad ni (NAME) sa miagi niyang adlaw nga natawhan o birthday?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>Si (NAME) ba adunay birth certificate?</p> <p>IF NO, PROBE: Ang pagkatawo ba ni (NAME) na rehistro sa civil registrar?</p> <p>1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW</p>	<p>Unsa man ang imong estado sa pagka karon?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ ANNULLED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	<input type="text"/>	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	10

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

7A) Aduna bay laing miyembro sa panimalay sama sa OFW, mga bata o bag-o gianak nga wala nato nalista?

YES ☐

ADD TO TABLE

NO ☐

7B) Aduna pa bay laing tao nga dili miyembro sa pamilya parehas sa kaabang, mga nag-renta o mga higala nga kasagaran nagpuyo?

YES ☐

ADD TO TABLE

NO ☐

7C) Aduna pa bay laing bisita o tagahuwat nakitu-og o laing tao nga nakitu-og gabii na wala nato mailista?

YES ☐

ADD TO TABLE

NO ☐

01 = HEAD

02 = WIFE OR HUSBAND

03 = SON OR DAUGHTER

04 = SON-IN-LAW OR

DAUGHTER-IN-LAW

05 = GRANDCHILD

06 = PARENT

07 = PARENT-IN-LAW

08 = BROTHER OR SISTER

09 = OTHER RELATIVE

10 = ADOPTED/FOSTER/

STEPCHILD

11 = NOT RELATED

98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	HEALTH INSURANCE		IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS									
	9A	9B	16	17	18	19								
	Si (NAME) ba sakop ng Philhealth o Medicare, GSIS, SSS, o bisag insurance, o dependent?	Asa man nga health insurance si (NAME) naapil? Aduna pa bay laing health insurance? SEE CODES IN MARGIN. RECORD ALL MENTIONED	Nakaeskwela ba si (NAME) sukad?	Unsa ang kinatasang ang/grado ang nahuman ni (NAME)? SEE CODES BELOW.	Si (Name) naka skwela ba sa bisan unsang higayon kaniadtong 2016-2017?	Sa kadtong tuiga, unsa man ang grado ni (NAME) ato? SEE CODES BELOW.								
01	Y N DK 1 2 8 ↓ GO TO 16	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					Y N 1 2 ↓ NEXT LINE	GRADE <table border="1"><tr><td></td><td></td></tr></table>			Y N 1 2 ↓ NEXT LINE	GRADE <table border="1"><tr><td></td><td></td></tr></table>		
02	1 2 8 ↓ GO TO 16	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>			1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>		
03	1 2 8 ↓ GO TO 16	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>			1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>		
04	1 2 8 ↓ GO TO 16	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>			1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>		
05	1 2 8 ↓ GO TO 16	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>			1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>		
06	1 2 8 ↓ GO TO 16	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>			1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>		
07	1 2 8 ↓ GO TO 16	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>			1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>		
08	1 2 8 ↓ GO TO 16	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>			1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>		
09	1 2 8 ↓ GO TO 16	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>			1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>		
10	1 2 8 ↓ GO TO 16	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>			1 2 ↓ NEXT LINE	<table border="1"><tr><td></td><td></td></tr></table>		

**CODES FOR Q. 9B:
HEALTH INSURANCE**

PHILHEALTH

A = FORMAL ECONOMY
B = INFORMAL ECONOMY
C = INDIGENT/NHTS-PR
D = SPONSORED
E = LIFETIME MEMBER
F = SENIOR CITIZEN
G = OVERSEAS FILIPINO MEMBER

OTHER INSURANCE

H = GSIS
I = SSS
J = PRIVATE INSURANCE COMPANY/
HEALTH MAINTENANCE ORGANIZATION
PRE-NEED INSURANCE PLAN COMPANY
X = OTHER _____

SPECIFY:

CODES FOR Qs. 17 AND 19: EDUCATION (USE CODES 11-17 AND 21-24 FOR Q. 17 ONLY)

00 = NO GRADE COMPLETED
01 = NURSERY
02 = KINDERGARTEN
10 = PRESCHOOL

ELEMENTARY

11 = GRADE 1 15 = GRADE 5
12 = GRADE 2 16 = GRADE 6
13 = GRADE 3 17 = GRADUATE
14 = GRADE 4

HIGH SCHOOL

21 = H.S. YEAR 1
22 = H.S. YEAR 2
23 = H.S. YEAR 3
24 = H.S. GRADUATE

POST-SECONDARY

31 = POST-SEC YEAR 1
32 = POST SEC YEAR 2 OR MORE
33 = GRADUATE

K TO 12 PROGRAM

41 = GRADE 1 45 = GRADE 5 49 = GRADE 9
42 = GRADE 2 46 = GRADE 6 50 = GRADE 10
43 = GRADE 3 47 = GRADE 7 51 = GRADE 11
44 = GRADE 4 48 = GRADE 8 52 = GRADE 12

COLLEGE

61 = COL. YEAR 1
62 = COL. YEAR 2
63 = COL. YEAR 3
64 = COL. YEAR 4
65 = COL. YEAR 5
66 = COL. YEAR 6 OR MORE
67 = COL. GRADUATE

71 = SPED UNDERGRADUATE
72 = SPED GRADUATE

POST BACCALAUREATE

81 = MASTER'S DEG. UNDERGRAD
82 = MASTER'S DEG. GRADUATE
83 = DOCTORATE DEG. UNDERGRAD
84 = DOCTORATE DEG. GRADUATE

98 = DON'T KNOW

SELECTION OF WOMAN FOR THE WOMEN'S SAFETY MODULE IF MORE THAN 1 ELIGIBLE RESPONDENT

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE WOMEN'S SAFETY QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD SERIAL NUMBER IS '0116' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSE- HOLD SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

100	NAME OF SELECTED WOMAN	_____	HH LINE NUMBER OF SELECTED WOMAN	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	Unsa man ang kasagaran kuhaanan sa tubig ilimnon para sa mga sakop sa imong panimalay?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER/REFILLING STATION 91 OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>	<div style="position: relative; height: 300px;"> → 106 → 103 → 103 </div>
102	Unsa man ang kasagaran kuhaanan sa tubig para sa ubang galamiton sama sa para luto o panglaba?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>	<div style="position: relative; height: 300px;"> → 106 </div>
103	Asa man dapit ang kuhaanan sa tubig?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<div style="position: relative; height: 100px;"> → 105 </div>
104	Unsa man kadugayon ang pag-adto didto, pagkuha ug tubig, ug pagbalik?	MINUTES <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> DON'T KNOW 998	
105	CHECK 101 AND 102: CODE '14' OR '21' CIRCLED? <div style="display: flex; justify-content: space-around;"> <div>YES <input type="checkbox"/></div> <div>NO <input type="checkbox"/> _____ → 107</div> </div>		
106	Sa miaging duha ka semana, wala ba ang kuhaanan ani nga tubig sa tibuok adlaw?	YES 1 NO 2 DON'T KNOW 8	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Aduna ka bay gihimo sa tubig aron mas luwas kining imnon?	YES 1 NO 2 DON'T KNOW 8	→ 109
108	Unsa man ang kasagaran nimong gihimo sa tubig aron mas luwas kining imnon? Aduna pay lain? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/etc) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY) DON'T KNOW Z	
109	Unsa mang klaseha sa kalibangan ang kasagarang gigamit sa mga sakop sa inyong panimalay? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT .. 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 PUBLIC TOILET 71 OTHER _____ 96 (SPECIFY)	→ 113
109A	CHECK 109: CODE '12', '13', '21', '22', '23', OR '31' CIRCLED? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 110
109B	Adunay bay higayon nga ang inyong kasilyas nga gigamit napuno?	YES 1 NO 2	→ 110
109C	Unsa man ang inyong gihimo sa panahon nga kini napuno?	REMOVED BY A SERVICE PROVIDER TO A TREATMENT PLANT 01 REMOVED BY A SERVICE PROVIDER AND BURIED IN A COVERED PIT 02 REMOVED BY A SERVICE PROVIDER TO DON'T KNOW WHERE 03 EMPTIED BY HOUSEHOLD AND BURIED IN A COVERED PIT 04 EMPTIED BY HOUSEHOLD TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE 05 CLOSED/COVERED AND CONSTRUCTED A A NEW LATRINE/SEPTIC TANK 06 OTHER 96 DON'T KNOW 98	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	Duna bay laing panimalay nga mogamit sa inyong gigamit nga nga kasilyas?	YES 1 NO 2	→ 112
111	Aduna pa bay laing panimalay nga mogamit sa inyong kaugalingong kasilyas?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" style="display: inline-table; width: 40px; height: 20px; text-align: center; vertical-align: middle;">0</table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
112	Asa man ni nahimotang ang kasilyas?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	
113	Unsa mang klaseha sa sugnod ang kasagarang gigamit sa inyong panimalay para sa pagluto?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY) _____	→ 116
114	Asa man mo kasagarang magluto, sa kusina nga laing kwarto sa balay, sa kusina nga dili lain ang kwarto sa balay, kusina nga lain sa balay o sa gawas sa balay?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY) _____	→ 116
115	Aduna ba moy laing kwarto nga gigamit nga kusina?	YES 1 NO 2	
116	Pila ka kwarto niining panimalay ang gigamit para katulganan?	ROOMS <table border="1" style="display: inline-table; width: 40px; height: 20px; text-align: center; vertical-align: middle;"></table>	
117	Kani nga panimalay, aduna bay mga binuhi sama sa baboy, baka, manok	YES 1 NO 2	→ 119
118	Pila man sa mga musunod ang panimalay namuhi niani? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Bakang gatasan? b) Baka? c) Kabayo? d) Baboy? e) Kanding? f) Karnero? g) Mga manok?	a) CARABAO <table border="1" style="display: inline-table; width: 40px; height: 20px; text-align: center; vertical-align: middle;"></table> b) CATTLE <table border="1" style="display: inline-table; width: 40px; height: 20px; text-align: center; vertical-align: middle;"></table> c) HORSES <table border="1" style="display: inline-table; width: 40px; height: 20px; text-align: center; vertical-align: middle;"></table> d) SWINE <table border="1" style="display: inline-table; width: 40px; height: 20px; text-align: center; vertical-align: middle;"></table> e) GOATS <table border="1" style="display: inline-table; width: 40px; height: 20px; text-align: center; vertical-align: middle;"></table> f) SHEEP <table border="1" style="display: inline-table; width: 40px; height: 20px; text-align: center; vertical-align: middle;"></table> g) CHICKENS/DUCKS/POULTRY <table border="1" style="display: inline-table; width: 40px; height: 20px; text-align: center; vertical-align: middle;"></table>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
119	Aduna bay miyembro aning panimalay nga nanag-iyá og umahan?	YES 1 NO 2	→ 121				
120	Pila man ang ektarya niining umahan? IF 95 OR MORE, CIRCLE '950'.	HECTARES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> 95 OR MORE HECTARES 950 DON'T KNOW 998					
121	Ang inyo bang panimalay naa ani: a) Elektrisidad? b) Radyo / radio cassette? c) Television? d) Non-mobile telephone (landline)? e) Computer or laptop? f) Refrigerator? g) Washing machine? h) Air conditioner? i) DVD player? j) Audio component or karaoke machine? k) Cable services?	YES NO a) ELECTRICITY 1 2 b) RADIO 1 2 c) TELEVISION 1 2 d) NON-MOBILE TELEPHONE .. 1 2 e) COMPUTER/LAPTOP 1 2 f) REFRIGERATOR 1 2 g) WASHING MACHINE 1 2 h) AIR CONDITIONER 1 2 i) DVD PLAYER 1 2 j) AUDIO COMPONENT/KARAOKE 1 2 k) CABLE SERVICES 1 2					
122	Bisag kinsa nga sakop sa inyong panimalay nanag-iyá ba ug: a) Relo? b) Cellphone o mobile phone? c) Bisikleta? d) Motorsiklo, motor scooter or tricycle? e) Karumata nga guyuron ug hayop? f) Kotse, truck, jeep or van? g) Bangka nga de motor? h) Bangka nga walay motor?	YES NO a) WATCH 1 2 b) MOBILE PHONE 1 2 c) BICYCLE 1 2 d) MOTORCYCLE/SCOOTER 1 2 e) ANIMAL-DRAWN CART 1 2 f) CAR/TRUCK 1 2 g) BOAT WITH MOTOR 1 2 h) BOAT WITHOUT MOTOR 1 2					
123A	Ang imo bang sakop o bisan kinsa sa mga sakop nimo sa pamilya nakadawat ug benepisyo sa Pantawid Pamilyang Pilipino Proram (4Ps)?	YES 1 NO 2	→ 124				
123B	Kanus a man ni nga panimalay na rehistro na miyembro sa 4Ps.	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px; text-align: center;">2</td><td style="width: 30px; height: 20px; text-align: center;">0</td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> DON'T KNOW 9998	2	0			
2	0						
124	Aduna bay manigarilyo dinhi sulod sa panimalay? Ka adlaw ba, kada semana, kada buwan o katagsa sa usa ka bulan o wala gayud?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS OFTEN THAN ONCE A MONTH 4 NEVER 5					
124A	Unsa man ang estado sa pagpanag-iyá niining balay ug lote nga inyong gipuy-an?	OWN HOUSE AND LOT OR OWNER-LIKE POSSESSION OF HOUSE AND LOT 1 OWN HOUSE, RENT LOT 2 OWN HOUSE, RENT-FREE LOT WITH CONSENT OF OWNER 3 OWN HOUSE, RENT-FREE LOT WITHOUT CONSENT OF OWNER 4 RENT HOUSE/ROOM INCLUDING LOT 5 RENT FREE HOUSE AND LOT WITH CONSENT OF OWNER 6 RENT FREE HOUSE AND LOT WITHOUT CONSENT OF OWNER 7 NOT APPLICABLE 8					

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
139	Gusto nako mahibaw an kung asa kasagaran ang mga miyembro sa panimalay manghugas sa kamot. Palihog tudlui akoasa kagaran manghugas sa kamot ang miyembro sa panimalay?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE 4 NOT OBSERVED, OTHER REASON 5	→ 142
140	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
141	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 MARBLE 36 OTHER 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF (NIPA) 12 SOD/GRASS (COGON) 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 MAKESHIFT/CARDBOARD 24 FINISHED ROOFING METAL/GALVANIZED IRON/ALUMINUM 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER 96 (SPECIFY)	
144	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 MAKESHIFT/CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT HOLLOW BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 GALVANIZED IRON/ALUMINUM 37 OTHER 96 (SPECIFY)	

SECTION 2. HEALTH CARE UTILIZATION
SICK/INJURED PERSONS IN LAST 30 DAYS

201	Sa miaging 30 ka adlaw, aduna bay sakop sa inyong panimalay nga may balatian o injury? Kanang na-injure, buot nako ipasabot samad, paso, ug injury nga nagkinahanglan ug medical attention.	YES 1 NO 2	→ 206	
202	Pila ang nagkasakit/nasamad/naaksidente bisan kanus-a sa miaging 30 adlaw?	NUMBER OF SICK/ INJURED PERSONS <input type="text"/> <input type="text"/>		
203	<p>Karon gusto ko mangutana nimo kabahin sa kada tawo nga adunay balatian/naaksidente/nasamad bisan kanus-a sulod sa miaging 30 adlaw. Mahimo bang isulti nimo naku ang kadausa ka myembro nga sakop sa panimalay nga nagkasakit o nasamad o nagkasakit/nadisgrasya/nasamaran sa miaging 30 adlaw?</p> <p>ENTER IN 203A THE LINE NUMBER AND IN 203B THE NAME OF EACH PERSON WHO IS SICK OR INJURED. ENTER THE LINE NUMBERS IN ASCENDING ORDER.</p> <p>IF THE PERSON IS DECEASED OR NO LONGER IN THE HOUSEHOLD, ENTER '00' FOR LINE NUMBER. IF THERE ARE MORE THAN 3 PERSONS, USE AN ADDITIONAL QUESTIONNAIRE(S).</p>			
203A	LINE NUMBER FROM COLUMN 1 IN HOUSEHOLD SCHEDULE	SICK PERSON 1 LINE <input type="text"/> <input type="text"/>	SICK PERSON 2 LINE <input type="text"/> <input type="text"/>	SICK PERSON 3 LINE <input type="text"/> <input type="text"/>
203B	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	NAME	NAME	NAME
204	<p>Unsa may balatian o injury ni (NAME)?</p> <p>IF COMMON NON-COMMUNICABLE OR INFECTIOUS DISEASE, PROBE: Ang sakit ba ni (NAME) nasuta sa dokdor?</p>	<p>COMMON NON-COMMUNICABLE DISEASES</p> <p>DIABETES A CANCER B HYPERTENSION .. C</p> <p>COMMON INFECTIOUS DISEASES</p> <p>TUBERCULOSIS (TB) D ACUTE RESPIRATORY INFECTION E ACUTE GASTRO-ENTERITIS F</p> <p>COMMON COLDS, COUGH/FLU/FEVER G</p> <p>INJURY</p> <p>CUT/WOUND H BURN I FRACTURE/BROKEN BONE J DISLOCATION/SLIPPED DISK .. K SURGERY L</p> <p>OTHER X (SPECIFY)</p>	<p>COMMON NON-COMMUNICABLE DISEASES</p> <p>DIABETES A CANCER B HYPERTENSION .. C</p> <p>COMMON INFECTIOUS DISEASES</p> <p>TUBERCULOSIS (TB) D ACUTE RESPIRATORY INFECTION E ACUTE GASTRO-ENTERITIS F</p> <p>COMMON COLDS, COUGH/FLU/FEVER G</p> <p>INJURY</p> <p>CUT/WOUND H BURN I FRACTURE/BROKEN BONE J DISLOCATION/SLIPPED DISK .. K SURGERY L</p> <p>OTHER X (SPECIFY)</p>	<p>COMMON NON-COMMUNICABLE DISEASES</p> <p>DIABETES A CANCER B HYPERTENSION .. C</p> <p>COMMON INFECTIOUS DISEASES</p> <p>TUBERCULOSIS (TB) D ACUTE RESPIRATORY INFECTION E ACUTE GASTRO-ENTERITIS F</p> <p>COMMON COLDS, COUGH/FLU/FEVER G</p> <p>INJURY</p> <p>CUT/WOUND H BURN I FRACTURE/BROKEN BONE J DISLOCATION/SLIPPED DISK .. K SURGERY L</p> <p>OTHER X (SPECIFY)</p>
204A	CHECK 204: ANY QUESTION A-F CIRCLED?	YES NO <input type="checkbox"/> ↓ (SKIP TO 205) ←	YES NO <input type="checkbox"/> ↓ (SKIP TO 205) ←	YES NO <input type="checkbox"/> ↓ (SKIP TO 205) ←
204B	CHECK 204: CODE A (DIABETES) CIRCLED?	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 204D) ←	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 204D) ←	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 204D) ←
204C	Ang (DIABETES) ba ni (NAME) nasuta sa dokdor?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

	LINE NUMBER FROM COLUMN 1 IN HOUSEHOLD SCHEDULE	SICK PERSON 1 LINE NUMBER <input type="text"/> <input type="text"/>	SICK PERSON 2 LINE NUMBER <input type="text"/> <input type="text"/>	SICK PERSON 3 LINE NUMBER <input type="text"/> <input type="text"/>
204D	CHECK 204: CODE B (CANCER) CIRCLED?	CODE 'B' CIRCLED <input type="checkbox"/> ↓ CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 204F) ←	CODE 'B' CIRCLED <input type="checkbox"/> ↓ CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 204F) ←	CODE 'B' CIRCLED <input type="checkbox"/> ↓ CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 204F) ←
204E	Ang (CANCER) ba ni (NAME) nasuta sa dokdor?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
204F	CHECK 204: CODE C (HYPERTENSION) CIRCLED?	CODE 'C' CIRCLED <input type="checkbox"/> ↓ CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 204H) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓ CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 204H) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓ CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 204H) ←
204G	Ang (HYPERTENSION) ba ni (NAME) nasuta sa dokdor?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
204H	CHECK 204: CODE D (TUBERCULOSIS) CIRCLED?	CODE 'D' CIRCLED <input type="checkbox"/> ↓ CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 204J) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓ CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 204J) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓ CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 204J) ←
204I	Ang (TUBERCULOSIS) ba ni (NAME) nasuta sa dokdor?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
204J	CHECK 204: CODE E (ACUTE RESPIRATORY INFECTION) CIRCLED?	CODE 'E' CIRCLED <input type="checkbox"/> ↓ CODE 'E' NOT CIRCLED <input type="checkbox"/> (SKIP TO 204L) ←	CODE 'E' CIRCLED <input type="checkbox"/> ↓ CODE 'E' NOT CIRCLED <input type="checkbox"/> (SKIP TO 204L) ←	CODE 'E' CIRCLED <input type="checkbox"/> ↓ CODE 'E' NOT CIRCLED <input type="checkbox"/> (SKIP TO 204L) ←
204K	Ang (ACUTE RESPIRATORY INFECTION) ba ni (NAME) nasuta sa dokdor?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
204L	CHECK 204: CODE F (ACUTE GASTROENTERITIS) CIRCLED?	CODE 'F' CIRCLED <input type="checkbox"/> ↓ CODE 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 205) ←	CODE 'F' CIRCLED <input type="checkbox"/> ↓ CODE 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 205) ←	CODE 'F' CIRCLED <input type="checkbox"/> ↓ CODE 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 205) ←
204M	Ang (ACUTE GASTROENTERITIS) ba ni (NAME) nasuta sa dokdor?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
205		GO TO 204 IN NEXT COLUMN; OR IF NO MORE SICK PERSONS, GO TO 206.	GO TO 204 IN NEXT COLUMN; OR IF NO MORE SICK PERSONS, GO TO 206.	GO TO 204 IN NEW QUESTIONNAIRE; OR IF NO MORE SICK PERSONS, GO TO 206.

SECTION 2. HEALTH CARE UTILIZATION
PERSONS WHO VISITED A HEALTH FACILITY IN LAST 30 DAYS

206	Sa miaging 30 ka adlaw, aduna bay sakop sa imong panimalay nga miduaw sa usa ka pasilidad sa panglawas aron mangayo ug tambag o magpatambal bisan asa?	YES 1 NO 2	→ 220	
207	Pila sa sakop sa panimalay and ninduwaw sa pasilidad panglawas o nangyo ug tambag o nagpatambal sa miaging 30 adlaw?	NUMBER OF PERSONS WHO VISITED A HEALTH FACILITY/OTHER PLACE FOR TREATMENT <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>		
207A	<p>Mahimo ba nimo isulti naku ang ngalan sa kada sakop sa inyong panimalay nga nimbisita sa "pasilidad panglawas" niadtong 30 adlaw?</p> <p>ENTER THE LINE NUMBER AND NAME OF EACH PERSON WHO VISITED A HEALTH FACILITY IN 208A AND 208B. ENTER THE LINE NUMBERS IN ASCENDING ORDER.</p> <p>IF MORE THAN ONE VISIT, ASK ONLY ABOUT THE FIRST VISIT IN THE LAST 30 DAYS.</p> <p>IF THE PERSON IS DECEASED OR NO LONGER IN THE HOUSEHOLD, ENTER '00' FOR LINE NUMBER.</p> <p>IF THERE ARE MORE THAN 3 PERSONS, USE AN ADDITIONAL QUESTIONNAIRE(S).</p>			
208A	LINE NUMBER FROM COLUMN 1 IN HOUSEHOLD SCHEDULE	OUT-PATIENT 1 LINE NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	OUT-PATIENT 2 LINE NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	OUT-PATIENT 3 LINE NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
208B	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	NAME	NAME	NAME
209	Ngano man miadto o nangayo ug tambag o nagpatambal si (NAME) sa "pasilidad panglawas"?	SICK/INJURED 11 PRENATAL/POSTNATAL CHECKUP 12 GAVE BIRTH 13 DENTAL 14 MEDICAL CHECK-UP 15 MEDICAL REQUIREMENT 16 4Ps REQUIREMENT 17 OTHER 96 (SPECIFY)	SICK/INJURED 11 PRENATAL/POSTNATAL CHECKUP 12 GAVE BIRTH 13 DENTAL 14 MEDICAL CHECK-UP 15 MEDICAL REQUIREMENT 16 4Ps REQUIREMENT 17 OTHER 96 (SPECIFY)	SICK/INJURED 11 PRENATAL/POSTNATAL CHECKUP 12 GAVE BIRTH 13 DENTAL 14 MEDICAL CHECK-UP 15 MEDICAL REQUIREMENT 16 4Ps REQUIREMENT 17 OTHER 96 (SPECIFY)
210	Diin kamo nangayo ug tambag o magpatambal para sa balatian/injured/suta/laboratory o ni (NAME)? IF "HOSPITAL," PROBE: Regional Hospital, Provincial Hospital, District Hospital, Health Center, or Private Hospital? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR REGIONAL HOSP/ PUBLIC MED CTR 21 PROVINCIAL HOSP 22 DISTRICT HOSP 23 MUNICIPAL HOSP .. 24 RHU/URBAN HEALTH CTR/LYING-IN .. 25 BARANGAY HLTH ST 26 MOBILE CLINIC 27 OTHER PUBLIC 28 PVT. MEDICAL SECTOR PRIVATE HOSPITAL 31 LYING-IN CLINIC/ BIRTHING HOME 32 PRIVATE CLINIC 33 PRIVATE PHARMACY 34 MOBILE CLINIC 35 OTHER PRIVATE .. 36 ALT. MEDICAL SECTOR HILOT/HERBALISTS.. 41 THERAPEUTIC MASSAGE CENTER 42 OTHER ALTERNATIVE HEALING 46 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET 51 FAITH HEALER 52 OTHER 96 (SPECIFY)	PUBLIC SECTOR REGIONAL HOSP/ PUBLIC MED CTR 21 PROVINCIAL HOSP 22 DISTRICT HOSP 23 MUNICIPAL HOSP .. 24 RHU/URBAN HEALTH CTR/LYING-IN .. 25 BARANGAY HLTH ST 26 MOBILE CLINIC 27 OTHER PUBLIC 28 PVT. MEDICAL SECTOR PRIVATE HOSPITAL 31 LYING-IN CLINIC/ BIRTHING HOME 32 PRIVATE CLINIC 33 PRIVATE PHARMACY 34 MOBILE CLINIC 35 OTHER PRIVATE .. 36 ALT. MEDICAL SECTOR HILOT/HERBALISTS.. 41 THERAPEUTIC MASSAGE CENTER 42 OTHER ALTERNATIVE HEALING 46 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET 51 FAITH HEALER 52 OTHER 96 (SPECIFY)	PUBLIC SECTOR REGIONAL HOSP/ PUBLIC MED CTR 21 PROVINCIAL HOSP 22 DISTRICT HOSP 23 MUNICIPAL HOSP .. 24 RHU/URBAN HEALTH CTR/LYING-IN .. 25 BARANGAY HLTH ST 26 MOBILE CLINIC 27 OTHER PUBLIC 28 PVT. MEDICAL SECTOR PRIVATE HOSPITAL 31 LYING-IN CLINIC/ BIRTHING HOME 32 PRIVATE CLINIC 33 PRIVATE PHARMACY 34 MOBILE CLINIC 35 OTHER PRIVATE .. 36 ALT. MEDICAL SECTOR HILOT/HERBALISTS.. 41 THERAPEUTIC MASSAGE CENTER 42 OTHER ALTERNATIVE HEALING 46 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET 51 FAITH HEALER 52 OTHER 96 (SPECIFY)
211	Si (NAME) ba gitambagan aron mag pa-ospital?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2

	LINE NUMBER FROM COLUMN 1 IN HOUSEHOLD SCHEDULE	OUT-PATIENT 1	OUT-PATIENT 2	OUT-PATIENT 3
		LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
212	Si (NAME) na-confine/na-admit niadto?	YES 1 GO TO 215 ← NO 2	YES 1 GO TO 215 ← NO 2	YES 1 GO TO 215 ← NO 2
213	Unsa unsa man ang hinungdan ngano si (NAME) dili nasulod sa ospotal/klinik?	FACILITY IS FAR A NO MONEY B WORRIED ABOUT TREATMENT COST .. C HOME REMEDY IS AVAILABLE D HEALTH FACILITY IS NOT PHILHEALTH ACCREDITED E NO NEED/REGULAR CHECK UP ONLY .. F OTHER X (SPECIFY)	FACILITY IS FAR A NO MONEY B WORRIED ABOUT TREATMENT COST .. C HOME REMEDY IS AVAILABLE D HEALTH FACILITY IS NOT PHILHEALTH ACCREDITED E NO NEED/REGULAR CHECK UP ONLY .. F OTHER X (SPECIFY)	FACILITY IS FAR A NO MONEY B WORRIED ABOUT TREATMENT COST .. C HOME REMEDY IS AVAILABLE D HEALTH FACILITY IS NOT PHILHEALTH ACCREDITED E NO NEED/REGULAR CHECK UP ONLY .. F OTHER X (SPECIFY)
215	Unsa kadugayon ang biyahe gikan sa balay nimo hantud sa (NAME OF SOURCE IN 210)?	a) HOURS .. <input type="text"/> <input type="text"/> b) MINUTES .. <input type="text"/> <input type="text"/> DON'T KNOW 98	a) HOURS .. <input type="text"/> <input type="text"/> b) MINUTES .. <input type="text"/> <input type="text"/> DON'T KNOW 98	a) HOURS .. <input type="text"/> <input type="text"/> b) MINUTES .. <input type="text"/> <input type="text"/> DON'T KNOW 98
216	Pila man tanan ang nagasto pag-adto sa (SOURCE IN 210) ug pagbalik sa inyo?	COST (PHP) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/FREE 000000 IN KIND ONLY 999995 DON'T KNOW 999998	COST (PHP) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/FREE 000000 IN KIND ONLY 999995 DON'T KNOW 999998	COST (PHP) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/FREE 000000 IN KIND ONLY 999995 DON'T KNOW 999998
217	Pila man tanan ang nagasto sa pagpa-tambal ni (NAME IN 210)'s sa (SOURCE IN 210)? IF AMOUNT PAID IS P999,990 OR MORE, RECORD 999990 IF THERE WAS NO COST, ASK IF DONATION WAS MADE AND ENTER.	a) COST (PHP) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b) DONATIONS (PHP) <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/FREE 000000 STILL IN HOSPITAL 999994 IN KIND ONLY 999995 DON'T KNOW 999998 (GO TO 219) ←	a) COST (PHP) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b) DONATIONS (PHP) <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/FREE 000000 STILL IN HOSPITAL 999994 IN KIND ONLY 999995 DON'T KNOW 999998 (GO TO 219) ←	a) COST (PHP) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b) DONATIONS (PHP) <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/FREE 000000 STILL IN HOSPITAL 999994 IN KIND ONLY 999995 DON'T KNOW 999998 (GO TO 219) ←
218	Karon, gusto ko mangutana kung diin gikan ang kwarta nga gibayad para pagpakonsulta o pagpa tambal sa (NAME OF SOURCE IN 210). Ning gamit ka ba: a) Sweldo/Kita? b) Utang/Prenda? c) Tinigum? d) Donasyon/Kawanggawa/Tulong? e) PhilHealth? f) SSS/GSIS/ECC? g) HMO/Private/Pre-Need Insurance? x) Lain pa?	a) SALARY Y N 1 2 b) LOAN 1 2 c) SAVINGS 1 2 d) DONATION .. 1 2 e) PHILHEALTH .. 1 2 f) SSS/GSIS/ECC 1 2 g) INSURANCE .. 1 2 x) OTHER 1 2 (SPECIFY)	a) SALARY Y N 1 2 b) LOAN 1 2 c) SAVINGS 1 2 d) DONATION .. 1 2 e) PHILHEALTH .. 1 2 f) SSS/GSIS/ECC 1 2 g) INSURANCE .. 1 2 x) OTHER 1 2 (SPECIFY)	a) SALARY Y N 1 2 b) LOAN 1 2 c) SAVINGS 1 2 d) DONATION .. 1 2 e) PHILHEALTH .. 1 2 f) SSS/GSIS/ECC 1 2 g) INSURANCE .. 1 2 x) OTHER 1 2 (SPECIFY)
219		GO BACK TO 209 IN NEXT COLUMN; OR, IF NO MORE OUTPATIENTS, GO TO 220.	GO BACK TO 209 IN NEXT COLUMN; OR, IF NO MORE OUTPATIENTS, GO TO 220.	GO TO 209 IN NEW QUESTIONNAIRE; OR, IF NO MORE OUTPATIENTS, GO TO 220.

SECTION 2. HEALTH CARE UTILIZATION
PERSONS CONFINED IN A HOSPITAL IN LAST 12 MONTHS

220	Sa miaging 12 ka bulan, aduna bay sakop sa imong panimalay nga na confine sa ospital o klinik?	YES 1 NO 2	→ 301	
221A	Pila man sa imong pamilya na confined sa ospital/klinik?	NUMBER OF PERSONS CONFINED IN A HOSPITAL/CLINIC <input type="text"/> <input type="text"/>		
221B	<p>Karon gusto nako kaomh pangutan-on mahitungod sa mga tawo nga na confined sa ospital sa miaging 12 ka bulan. Mahimo bang isulti nimo naku ang mga ngalan sa sakopa imong panimalay nga na confied sa ospital sa miaging 12 ka bulan?</p> <p>ENTER THE LINE NUMBER AND NAME OF EACH PERSON WHO WAS CONFINED IN A HOSPITAL. ENTER THE LINE NUMBERS IN ASCENDING ORDER IN 222A AND 222B.</p> <p>IF THE PERSON IS DECEASED OR NO LONGER IN THE HOUSEHOLD, ENTER '00' FOR LINE NUMBER. IF THERE ARE MORE THAN 3 PERSONS, USE AN ADDITIONAL QUESTIONNAIRE(S).</p>			
222A	LINE NUMBER FROM COLUMN 1 IN HOUSEHOLD SCHEDULE	IN-PATIENT 1 LINE NUMBER <input type="text"/> <input type="text"/>	IN-PATIENT 2 LINE NUMBER <input type="text"/> <input type="text"/>	IN-PATIENT 3 LINE NUMBER <input type="text"/> <input type="text"/>
222B	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	NAME	NAME	NAME
223	Diin sa katapusan na-confine si (NAME)? IF CONFINED MORE THAN ONCE, REPORT THE LAST ONE	PUBLIC SECTOR REGIONAL HOSP/ PUBLIC MED CTR 21 PROVINCIAL HOSP. 22 DISTRICT HOSP 23 MUNICIPAL HOSP. ... 24 PVT. MEDICAL SECTOR PRIVATE HOSPITAL 31 LYING-IN CLINIC/ BIRTHING HOME 32 PRIVATE CLINIC 33 OTHER 96 (SPECIFY) DON'T KNOW 98	PUBLIC SECTOR REGIONAL HOSP/ PUBLIC MED CTR 21 PROVINCIAL HOSP. 22 DISTRICT HOSP 23 MUNICIPAL HOSP. ... 24 PVT. MEDICAL SECTOR PRIVATE HOSPITAL 31 LYING-IN CLINIC/ BIRTHING HOME 32 PRIVATE CLINIC 33 OTHER 96 (SPECIFY) DON'T KNOW 98	PUBLIC SECTOR REGIONAL HOSP/ PUBLIC MED CTR 21 PROVINCIAL HOSP. 22 DISTRICT HOSP 23 MUNICIPAL HOSP. ... 24 PVT. MEDICAL SECTOR PRIVATE HOSPITAL 31 LYING-IN CLINIC/ BIRTHING HOME 32 PRIVATE CLINIC 33 OTHER 96 (SPECIFY) DON'T KNOW 98
224	Ngangong confine/na- admit si (NAME) sa ospital/klinika?	SICK/INJURED 1 GAVE BIRTH 2 EXECUTIVE CHECK-UP 3 OTHER 6 (SPECIFY)	SICK/INJURED 1 GAVE BIRTH 2 EXECUTIVE CHECK-UP 3 OTHER 6 (SPECIFY)	SICK/INJURED 1 GAVE BIRTH 2 EXECUTIVE CHECK-UP 3 OTHER 6 (SPECIFY)
225	Unsa kadugayon si (NAME) na-confine/na-admit? IF CONFINED MORE THAN ONCE, REPORT THE LAST ONE	DAYS .. <input type="text"/> <input type="text"/> <input type="text"/> STILL CONFINED994	DAYS .. <input type="text"/> <input type="text"/> <input type="text"/> STILL CONFINED994	DAYS .. <input type="text"/> <input type="text"/> <input type="text"/> STILL CONFINED994
228A	Aduna pa bay mga tambal nga gipalit nimo sa botika gawas sa imong gibayaran sa ospital diin ka na confined?	YES 1 NO 2 GO TO 228C ←	YES 1 NO 2 GO TO 228C ←	YES 1 NO 2 GO TO 228C ←
228B	Pila man ang nabayaran sa mga tambal?	COST (PHP) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	COST (PHP) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	COST (PHP) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

	LINE NUMBER FROM COLUMN 1 IN HOUSEHOLD SCHEDULE	IN-PATIENT 1	IN-PATIENT 2	IN-PATIENT 3
		LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
228C	Aduna pa bay mga laboratory nga gibayaran gawas sa imong gibayaran sa ospital diin ka na confined?	YES 1 NO 2 GO TO 228E ←	YES 1 NO 2 GO TO 228E ←	YES 1 NO 2 GO TO 228E ←
228D	Pila ang nabayaran sa mga laboratory?	COST (PHP) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	COST (PHP) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	COST (PHP) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
228E	CHECK 228A AND 228C:	AT LEAST ONE 'YES' <input type="checkbox"/> ↓ NOT A SINGLE YES' <input type="checkbox"/> (SKIP TO 231) ←	AT LEAST ONE 'YES' <input type="checkbox"/> ↓ NOT A SINGLE YES' <input type="checkbox"/> (SKIP TO 231) ←	AT LEAST ONE 'YES' <input type="checkbox"/> ↓ NOT A SINGLE YES' <input type="checkbox"/> (SKIP TO 231) ←
230A	Pila ang gibayaran para sa tambal ug laboratory ang gibayad gikan sa: a) Sweldo/utang/halin sa gibaligya nga kabtangan? b) PhilHealth?	COST (PHP) a) SALARY/LOANS/SALES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b) PHILHEALTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	COST (PHP) a) SALARY/LOANS/SALES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b) PHILHEALTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	COST (PHP) a) SALARY/LOANS/SALES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b) PHILHEALTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
231	Pila man ang kinatibuk ang nabayaran sa pagpaconfine sa ospital? IF AMOUNT PAID IS P999,990 OR MORE, RECORD 999990 IF THERE WAS NO COST, ASK IF DONATION WAS MADE AND ENTER.	a) COST (PHP) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b) DONATIONS (PHP) <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/FREE 000000 STILL IN HOSPITAL 999994 IN KIND ONLY 999995 DON'T KNOW 999998 (GO TO 235) ←	a) COST (PHP) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b) DONATIONS (PHP) <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/FREE 000000 STILL IN HOSPITAL 999994 IN KIND ONLY 999995 DON'T KNOW 999998 (GO TO 235) ←	a) COST (PHP) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b) DONATIONS (PHP) <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/FREE 000000 STILL IN HOSPITAL 999994 IN KIND ONLY 999995 DON'T KNOW 999998 (GO TO 235) ←
232	Pila man niani ang gibayad gikan sa : a) Sweldo/utang/halin sa gibaligya nga kabtangan? b) PhilHealth?	COST (PHP) a) SALARY/LOANS/SALES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b) PHILHEALTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	COST (PHP) a) SALARY/LOANS/SALES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b) PHILHEALTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	COST (PHP) a) SALARY/LOANS/SALES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b) PHILHEALTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
232A	CHECK 232b): AMOUNT PAID BY PHILHEALTH IS 000000? YES <input type="checkbox"/> NO <input type="checkbox"/> → 235			

	LINE NUMBER FROM COLUMN 1 IN HOUSEHOLD SCHEDULE	IN-PATIENT 1 LINE NUMBER <input type="text"/> <input type="text"/>	IN-PATIENT 2 LINE NUMBER <input type="text"/> <input type="text"/>	IN-PATIENT 3 LINE NUMBER <input type="text"/> <input type="text"/>
233	<p>Ngano wala mogamit ug benibisyo gikan sa Philhealth si (NAME)?</p> <p>Unsa pa ang ubang rason?</p>	<p>NOT A PHILHEALTH MEMBER A</p> <p>PHILHEALTH MEMBER BUT NOT ELIGIBLE FOR BENEFITS B</p> <p>PROBABLY USED PHIL-HEALTH BUT CANNOT REMEMBER AMOUNT BECAUSE BENEFIT WAS DEDUCTED UPON DISCHARGE FROM HOSPITAL .. C</p> <p>TOO MANY REQUIREMENTS TO COMPLY WITH BEFORE CAN AVAIL D</p> <p>LIMITED HOSPITAL-IZATION BENEFITS .. E</p> <p>CLAIMS PROCESSING TOO LONG F</p> <p>OTHER X</p> <p>DON'T KNOW Z</p>	<p>NOT A PHILHEALTH MEMBER A</p> <p>PHILHEALTH MEMBER BUT NOT ELIGIBLE FOR BENEFITS B</p> <p>PROBABLY USED PHIL-HEALTH BUT CANNOT REMEMBER AMOUNT BECAUSE BENEFIT WAS DEDUCTED UPON DISCHARGE FROM HOSPITAL .. C</p> <p>TOO MANY REQUIREMENTS TO COMPLY WITH BEFORE CAN AVAIL D</p> <p>LIMITED HOSPITAL-IZATION BENEFITS .. E</p> <p>CLAIMS PROCESSING TOO LONG F</p> <p>OTHER X</p> <p>DON'T KNOW Z</p>	<p>NOT A PHILHEALTH MEMBER A</p> <p>PHILHEALTH MEMBER BUT NOT ELIGIBLE FOR BENEFITS B</p> <p>PROBABLY USED PHIL-HEALTH BUT CANNOT REMEMBER AMOUNT BECAUSE BENEFIT WAS DEDUCTED UPON DISCHARGE FROM HOSPITAL .. C</p> <p>TOO MANY REQUIREMENTS TO COMPLY WITH BEFORE CAN AVAIL D</p> <p>LIMITED HOSPITAL-IZATION BENEFITS .. E</p> <p>CLAIMS PROCESSING TOO LONG F</p> <p>OTHER X</p> <p>DON'T KNOW Z</p>
235		GO BACK TO 223 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 301	GO BACK TO 223 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 301	GO BACK TO 223 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 301

SECTION 3. KNOWLEDGE ON LOCAL HEALTH PROGRAMS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	<p>Unsang mga programa sa panglawas nga gipasiugdahan sa inyong munisipyo, lungsod o barangay nga imong nahibaloan?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>FREE MEDICAL CONSULTATION A</p> <p>FREE MEDICINES B</p> <p>FREE LABORATORY/BLOOD TESTS C</p> <p>FREE IMMUNIZATION/VACCINES D</p> <p>FREE TEST SCREENING FOR DISEASES (EXAMPLE CANCER, HIV, ETC) E</p> <p>FREE MINOR SURGERIES (EXAMPLE EYE CATARACT, CIRCUMCISION) F</p> <p>FREE DENTAL CHECK UP G</p> <p>FREE DENTAL EXTRACTION H</p> <p>FAMILY PLANNING PROGRAMS I</p> <p>HEALTH AND WELLNESS PROGRAMS J</p> <p>MEDICAL ASSISTANCE ON HOSPITALIZATION/ LABORATORY TESTS K</p> <p>MENTAL HEALTH PROGRAMS L</p> <p>OTHER X (SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>→ 303</p>
302	<p>Unsa niining mga programa nga inyong nagipasiugdahan sa inyong munisipyo, lungsod o barangay nga ikaw o laing miyembro sa pamilya nga nakadawat sa miaging 30 ka adlaw.</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>FREE MEDICAL CONSULTATION A</p> <p>FREE MEDICINES B</p> <p>FREE LABORATORY/BLOOD TESTS C</p> <p>FREE IMMUNIZATION/VACCINES D</p> <p>FREE TEST SCREENING FOR DISEASES (EXAMPLE CANCER, HIV, ETC) E</p> <p>FREE MINOR SURGERIES (EXAMPLE EYE CATARACT, CIRCUMCISION) F</p> <p>FREE DENTAL CHECK UP G</p> <p>FREE DENTAL EXTRACTION H</p> <p>FAMILY PLANNING PROGRAMS I</p> <p>HEALTH AND WELLNESS PROGRAMS J</p> <p>MEDICAL ASSISTANCE ON HOSPITALIZATION/ LABORATORY TESTS K</p> <p>MENTAL HEALTH PROGRAMS L</p> <p>OTHER X (SPECIFY)</p> <p>NONE Y</p> <p>DON'T KNOW Z</p>	
303	<p>Sa miaging 30 ka adlaw, nakapalit ba ka o laing miyembro sa pamilya og medisina/tambal o vitamins?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 306</p>
304	<p>SA miaging 30 ka adlaw, asa man ka o laing miyembro sa pamilya kasagaran mupalit sa medisina/tambal ?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>PUBLIC HOSPITAL 11</p> <p>PRIVATE HOSPITAL 12</p> <p>DRUGSTORE 13</p> <p>SARI-SARI STORE 14</p> <p>SUPERMARKET/GROCERY 15</p> <p>BARANGAY HEALTH STATION 16</p> <p>RURAL HEALTH UNIT / URBAN HEALTH CENTER 17</p> <p>OTHER 96 (SPECIFY)</p>	

SECTION 4. NON-COMMUNICABLE DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<p>Now, I would like to ask about your knowledge and opinions regarding some diseases and health practices.</p> <p>Unsa man ang imong gihimo aron mapanatili ang imong himsog nga panglawas?</p> <p>PROBE: Anything else?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>AVOID TOO MUCH FAT/FATTY FOOD A</p> <p>AVOID EXCESS INTAKE OF SALT AND SALTY FOOD B</p> <p>AVOID EXCESSIVE INTAKE OF/ DRINK MODERATELY ALCOHOLIC BEVERAGES C</p> <p>AVOID SMOKING D</p> <p>BE PHYSICALLY ACTIVE E</p> <p>CHECK UP BY DOCTORS F</p> <p>CONSUME MILK /MILK PRODUCTS G</p> <p>EAT ADEQUATE/BALANCED DIET/ ON TIME H</p> <p>EAT FISH, LEAN MEAT, POULTRY AND SOYA BEANS I</p> <p>EAT PLENTY OF FRUITS, VEGETABLES AND ROOTCROPS J</p> <p>HAVE ENOUGH SLEEP K</p> <p>MAINTAIN GOOD HYGIENE L</p> <p>MAINTAIN HAPPY PERSONALITY M</p> <p>MONITOR BLOOD PRESSURE N</p> <p>TAKE VITAMINS/FOOD SUPPLEMENT O</p> <p>DRINK PLENTY OF WATER P</p> <p>OTHER X</p> <p>NONE Y</p>	
402	Nakadungog ka na ba sa sakit nga kanser?	<p>YES 1</p> <p>NO 2</p>	→ 407
403	<p>Unsa man ang mga sentomas nga imong gibaw-an para maingon nimo nga ang tawo duna'y sakit nga kanser?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>BLEEDING A</p> <p>CHANGE OF BOWEL MOVEMENT B</p> <p>HOARSENESS OF VOICE C</p> <p>IRREGULAR URINATION D</p> <p>LUMP OR MASS IN ANY PART OF THE BODY E</p> <p>PERSISTENT PAIN F</p> <p>SORE (WOUND) THAT DOES NOT HEAL G</p> <p>SUDDEN WEIGHT LOSS H</p> <p>WEAK/PALE I</p> <p>FEVER J</p> <p>HAIR LOSS K</p> <p>OTHER X</p> <p>NONE Y</p> <p>DON'T KNOW Z</p>	
404	Nag pa examin na ba mo sa sakit sa kanser?	<p>YES 1</p> <p>NO 2</p>	→ 407
405	<p>Unsa man parte sa imong lawas ang imong ipa eksamin?</p> <p>PROBE: Diin pa?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>BLOOD A</p> <p>BONE B</p> <p>BREAST C</p> <p>CERVIX D</p> <p>ESOPHAGUS E</p> <p>LARYNX F</p> <p>LIVER G</p> <p>LUNG H</p> <p>MOUTH/ORAL CAVITY I</p> <p>OVARY J</p> <p>PROSTATE K</p> <p>STOMACH L</p> <p>UTERUS M</p> <p>SKIN N</p> <p>OTHER X</p> <p>DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
406	<p>Diin mo nag pa examin?</p> <p>PROBE: Diin pa?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>PUBLIC/PRIVATE HOSPITAL A</p> <p>HEALTH CENTER B</p> <p>PRIVATE CLINIC C</p> <p>COMPANY CLINIC D</p> <p>SCHOOL CLINIC E</p> <p>HOME/SELF/HOME VISIT F</p> <p>SEMINAR ON RH G</p> <p>MOBILE CLINIC H</p> <p>OTHER X</p> <p>DON'T KNOW Z</p>	
407	<p>Naingnan o nahibalo-an ba nimo na usahay mo taas ang presyon sa imong dugo?</p>	<p>YES 1</p> <p>NO 2</p> <p>BLOOD PRESSURE WAS NEVER TAKEN 3</p>	
408	<p>Nakadungog ka ba mahitungod sa kasing-kasing?</p>	<p>YES 1</p> <p>NO 2</p>	→ 410
409	<p>Sa imong hunahuna, kinsa man ang ang dali nga mag kasakit sa kasing-kasing?</p> <p>PROBE: Aduna pa bay lain?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>THOSE WHO SMOKE HEAVILY A</p> <p>THOSE WHO ARE FAT (OBESE) B</p> <p>THOSE WHO DRINK HEAVILY C</p> <p>THOSE WHO EAT HIGH FAT, HIGH SALT DIET D</p> <p>THOSE WHO ARE UNDER STRESS E</p> <p>THOSE WHO DO NOT EXERCISE F</p> <p>THOSE WHO HAVE ELEVATED BLOOD PRESSURE G</p> <p>THOSE WITH FAMILY HISTORY OF HEART DISEASE H</p> <p>THOSE WHO LACK SLEEP I</p> <p>OTHER X</p> <p>DON'T KNOW Z</p>	
410	<p>Nakadungog ka ba mahitungod sa diabetes?</p>	<p>YES 1</p> <p>NO 2</p>	→ 501
411	<p>Sa imong hunahuna kinsa man ang dali magka diabetes?</p> <p>PROBE: Aduna pa bay lain?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>FAT/OBESE PEOPLE A</p> <p>HEAVY DRINKERS OF ALCOHOL B</p> <p>HEAVY SMOKERS C</p> <p>OLDER PEOPLE/MENOPAUSAL WOMEN D</p> <p>PEOPLE WHO EAT PLENTY OF SWEETS AND FATTY FOODS E</p> <p>THOSE WHO DO NOT EXERCISE REGULARLY F</p> <p>THOSE WITH HISTORY OF DIABETES G</p> <p>OTHER X</p> <p>DON'T KNOW Z</p>	

SECTION 5. INFECTIOUS DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
501	Nakadungog ka ba mahitungod sa dengue?	YES 1 NO 2	→ 505																		
502	Unsa man ang pinaagi aron dili kumalat ang dengue fever? PROBE: Aduna pa bay lain? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	BLOOD BORNE/BLOOD TRANSFUSION A CONTACT WITH DENGUE PATIENT B DRINKING CONTAMINATED WATER C DROPLETS/AIRBORNE D MOSQUITO BITE E POLLUTED AIR F OTHER X DON'T KNOW Z																			
503	Mahimo bang malikaya ang dengue?	YES 1 NO 2	→ 505																		
504	Sa unsang pina-agi malikaya ang dengue fever? PROBE: Aduna pa bay lain? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	CLEANING THE SURROUNDINGS A REMOVE BREEDING PLACES (STAGNANT WATER) OF MOSQUITOES INSIDE AND OUTSIDE THE HOUSE B SPRAYING/FOGGING/FUMIGATION C STAY AWAY FROM PEOPLE WITH DENGUE D TAKE VITAMINS SO AS NOT TO GET SICK E USE OF MOSQUITO COILS F USE OF MOSQUITO NETS G USE OF MOSQUITO REPELLANTS H WASH HANDS BEFORE EATING I OTHER X DON'T KNOW Z																			
505	Aduna ka na ba niining mosunod nga timailhan: a) Ubo nga duha na ka semana o kapin? b) Hilanat nga duha na ka semana o kapin? c) Sakit sa likod o sa dughan? d) Ubo nga naay dugo? e) Sing-ton sa gabii?	<table> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>COUGH FOR 2+ WEEKS</td><td>1</td><td>2</td></tr> <tr> <td>FEVER FOR 2+ WEEKS</td><td>1</td><td>2</td></tr> <tr> <td>CHEST/BACK PAIN</td><td>1</td><td>2</td></tr> <tr> <td>BLOOD IN SPUTUM</td><td>1</td><td>2</td></tr> <tr> <td>NIGHT SWEATS</td><td>1</td><td>2</td></tr> </table>		YES	NO	COUGH FOR 2+ WEEKS	1	2	FEVER FOR 2+ WEEKS	1	2	CHEST/BACK PAIN	1	2	BLOOD IN SPUTUM	1	2	NIGHT SWEATS	1	2	
	YES	NO																			
COUGH FOR 2+ WEEKS	1	2																			
FEVER FOR 2+ WEEKS	1	2																			
CHEST/BACK PAIN	1	2																			
BLOOD IN SPUTUM	1	2																			
NIGHT SWEATS	1	2																			
506	CHECK 505: <div> AT LEAST ONE <input type="checkbox"/> "YES" ↓ </div> <div> NOT A SINGLE <input type="checkbox"/> "YES" (ALL "NO") → </div>		→ 509																		
507	Nagpakonsulta ka ba o nangayo tamba para sa maong mga timailhan?	YES 1 NO 2	→ 509																		
508	Ngano nga wala mo nag pakonsulta sa mga sintomas?	SYMPTOMS HARMLESS A COST B DISTANCE C EMBARASSED D SELF MEDICATION E OTHER X (SPECIFY)																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	Nakadungog ka ba ug sakit nga gitawag ug TB?	YES 1 NO 2	→ 515A
510	Unsa man ang timailhan nga moabot sa imong hunahuna nga ang tawo adunay tuberculosis? PROBE: Aduna pay lain? RECORD ALL MENTIONED.	COUGHING A COUGHING WITH SPUTUM B COUGHING FOR SEVERAL WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHT SWEATING G PAIN IN CHEST OR BACK H TIREDNESS / FATIGUE I WEIGHT LOSS J OTHER X (SPECIFY) DON'T KNOW Z	
511	Unsa man sa imong hunahuna ang hinungdan sa TB? PROBE: Anything else? RECORD ALL MENTIONED.	MICROBES/GERMS/BACTERIA A INHERITED B LIFESTYLE C SMOKING D ALCOHOL DRINKING E FATIGUE F MALNUTRITION G UNHYGIENIC PRACTICES H POLLUTION I OTHER X (SPECIFY) DON'T KNOW Z	
512	Unsaon man pagtakod sa TB gikan sa usa ka tawo ngadto sa uban? PROBE: Aduna pay lain? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH SHARING FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F THROUGH SALIVA G OTHER X (SPECIFY) DON'T KNOW Z	
513	Matambalan ba ang tuberculosis?	YES 1 NO 2 DON'T KNOW 8	
514	Motugot ka ba makatrabaho kuyog ang usa ka tawong nag-agi sa sakit nga tuberculosis?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
515	Kung usa sa sakop sa imong pamilya nagsakit ug tuberculosis, gusto ba nimo kining itago lang?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
515A	RECORD THE TIME.	HOURS MINUTES	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
